



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

Loyal American Life Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 65722 Employer's ID Number 63-0343428
(Current) (Prior)

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 05/18/1955 Commenced Business 07/04/1955

Statutory Home Office 1300 East Ninth Street, Cleveland, OH, US 44114
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 Great Circle Road
(Street and Number)
Nashville, TN, US 37228 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 500 Great Circle Road, Nashville, TN, US 37228
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 Great Circle Road
(Street and Number)
Nashville, TN, US 37228 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman, 512-531-1465
(Name) (Area Code) (Telephone Number)
csbfinrpt@cignahealthcare.com 512-467-1399
(E-mail Address) (FAX Number)

OFFICERS

President Ryan David Kocher # Corporate Secretary Alicia Marie Morrow
Treasurer and Chief Accounting Officer Byron Keith Buescher Appointed Actuary Daniel Ernest Paffumi

OTHER

Gregory John Czar #, Chief Financial Officer and Vice President
Joanne Ruth Hart, Vice President and Assistant Treasurer
Scott Ronald Lambert, Vice President and Assistant Treasurer
Mark Edmund Ochal, General Manager
Kathleen Murphy O'Neil, Vice President
Elizabeth Anne Warford, Vice President and Assistant Treasurer
Minhe Yu #, Chief Actuary

DIRECTORS OR TRUSTEES

Renee Romanelli Cieslukowski # Gregory John Czar # Ryan David Kocher #
Tracy Lyn Labonte Mark Edmund Ochal

State of Tennessee SS
County of Davidson

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.

Byron Keith Buescher
Treasurer and Chief Accounting Officer

Daniel Ernest Paffumi
Appointed Actuary

Alicia Marie Morrow
Secretary

Subscribed and sworn to before me this _____ day of _____

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



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	281,077		10,150	238	104		10,492	308,200	10,400	116,076		434,676
3. Term	4,910									944		944
4. Indexed												
5. Universal	82,136							113,974		52,991		166,965
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	368,123		10,150	238	104		10,492	422,174	10,400	170,011		602,585
Group Life												
12. Whole												
13. Term	14,266							2,066				2,066
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life	14,266							2,066				2,066
Individual Annuities												
20. Fixed	1,957							8,650		42,218		50,868
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								52,521				52,521
25. Other												
26. Total Individual Annuities	1,957							61,171		42,218		103,389
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual	(d) 877,850							XXX	XXX	XXX		
35. Comprehensive group								XXX	XXX	XXX		
36. Medicare Supplement								XXX	XXX	XXX	420,773	420,773
37. Vision only								XXX	XXX	XXX		
38. Dental only								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan								XXX	XXX	XXX		
40. Title XVIII Medicare	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income	8,708							XXX	XXX	XXX	638	638
44. Long-term care								XXX	XXX	XXX		
45. Other health	3,361,700							XXX	XXX	XXX	1,476,631	1,476,631
46. Total Accident and Health	4,248,258							XXX	XXX	XXX	1,898,042	1,898,042
47. Total	4,632,604 (c)		10,150	238	104		10,492	485,411	10,400	212,229	1,898,042	2,606,082

24.AL

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Alabama

DURING THE YEAR

2024

NAIC Company Code

65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	285,587	55	308,342					55	308,342	41,393	23	188,500	(80)	(929,520)	1,367	15,672,320
3. Term													(14)	(293,403)	105	2,184,020
4. Indexed																
5. Universal	111,976	7	112,945					7	112,945	24,031			(14)	(168,167)	262	6,897,192
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	397,563	62	421,287					62	421,287	65,424	23	188,500	(108)	(1,391,090)	1,734	24,753,532
Group Life																
12. Whole																
13. Term	2,066	1	2,066					1	2,066				(4)	(130,500)	9	674,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life	2,066	1	2,066					1	2,066				(4)	(130,500)	9	674,000
Individual Annuities																
20. Fixed													(1)	(33,754)	7	278,600
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(9,936)	5	210,585
25. Other														(5,561)	3	67,504
26. Total Individual Annuities													(1)	(49,251)	15	556,689
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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			(78)	(240,256)	178	877,850
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 (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(6)	1	8,708
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,807	1,473,176	(1,399)	(1,167,493)	7,132	3,361,700
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,807	1,473,176	(1,477)	(1,407,755)	7,311	4,248,258
47. Total	399,629	63	423,353					63	423,353	65,424	1,830	1,661,676	(1,590)	(2,978,596)	9,069	30,232,479

(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: \$ _____ 160 Group: \$ _____ Total: \$ _____.

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

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



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	5,382		638		41			679			
3. Term											
4. Indexed											
5. Universal	360										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	5,742		638		41			679			
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	8										
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	8										
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)								XXX	XXX	XXX	
35. Comprehensive group (d)								XXX	XXX	XXX	
36. Medicare Supplement (d)	1,858,467							XXX	XXX	XXX	1,488,326
37. Vision only (d)								XXX	XXX	XXX	
38. Dental only (d)								XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX	
40. Title XVIII Medicare (d)								XXX	XXX	XXX	
41. Title XIX Medicaid (d)	(e)							XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income (d)								XXX	XXX	XXX	
44. Long-term care (d)								XXX	XXX	XXX	
45. Other health (d)	358,449							XXX	XXX	XXX	146,267
46. Total Accident and Health	2,216,916							XXX	XXX	XXX	1,634,593
47. Total	2,222,666 (c)		638		41			679			1,634,593

24.AK

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Alaska

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole													(1)	(19,950)	14	125,466
3. Term																
4. Indexed																
5. Universal															1	50,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life													(1)	(19,950)	15	175,466
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed														5,560	1	190,709
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities														5,560	1	190,709
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	29	33,115	(110)	12,315	813	1,858,467
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	188	146,267	(118)	(78,126)	564	358,449
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	217	179,382	(228)	(65,811)	1,377	2,216,916
47. Total											217	179,382	(228)	(80,201)	1,393	2,583,091

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

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

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

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

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

24.1.AK



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	44,829		1,715		316	2,031	52,136	1,035	20,703		73,874
3. Term	94										
4. Indexed											
5. Universal	12,178										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	57,101		1,715		316	2,031	52,136	1,035	20,703		73,874
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed							70,281		897,995		968,276
21. Indexed									9,600		9,600
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							11,674				11,674
25. Other											
26. Total Individual Annuities							81,955		907,595		989,550
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	1,399,039						XXX	XXX	XXX	1,146,775	1,146,775
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	2,089						XXX	XXX	XXX	9	9
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	2,096,766						XXX	XXX	XXX	785,833	785,833
46. Total Accident and Health	3,497,894						XXX	XXX	XXX	1,932,617	1,932,617
47. Total	3,554,995 (c)		1,715		316	2,031	134,091	1,035	928,298	1,932,617	2,996,041

24.AZ

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	54,689							5	49,689	5,000	20	139,500	(7)	(95,967)	116	994,415
3. Term														80,000	9	137,382
4. Indexed																
5. Universal													(1)	(51,623)	11	557,947
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	54,689							5	49,689	5,000	20	139,500	(8)	(67,590)	136	1,689,744
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	227,912							4	68,137	161,485			(14)	(1,043,608)	36	2,263,187
21. Indexed	16,615									16,615			(1)	(24,023)	2	90,613
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout											1	27,680		(7,861)	4	77,733
25. Other													(1)	(7,352)	1	14,953
26. Total Individual Annuities	244,527							4	68,137	178,100	1	27,680	(16)	(1,082,844)	43	2,446,486
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(32)	(6,298)	426	1,399,039
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(929)	1	2,089
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,143	785,833	(982)	(109,708)	4,349	2,096,766
47. Total	299,216							9	117,826	183,100	2,143	785,833	(1,038)	(1,267,369)	4,955	7,634,124

(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: \$ _____, 1,175 Group: \$ _____ Total: \$ _____, 1,175.

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

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

24.1.AZ



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	166,041		947	60		1,007	154,028	4,805	46,593		205,426
3. Term											
4. Indexed											
5. Universal	21,673										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	187,714		947	60		1,007	154,028	4,805	46,593		205,426
Group Life											
12. Whole											
13. Term	466										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	466										
Individual Annuities											
20. Fixed	133						52,560		65,802		118,362
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	133						52,560		65,802		118,362
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	1,697,134						XXX	XXX	XXX	1,233,185	1,233,185
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	1,756						XXX	XXX	XXX	7	7
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	2,193,545						XXX	XXX	XXX	853,293	853,293
46. Total Accident and Health	3,892,435						XXX	XXX	XXX	2,086,485	2,086,485
47. Total	4,080,748 (c)		947	60		1,007	206,588	4,805	112,395	2,086,485	2,410,273

24-AR

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Arkansas

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	176,013							23	156,714	63,698	13	140,000	(33)	(387,342)	482	5,655,385
3. Term												(2)	(33,039)	16	233,919	
4. Indexed																
5. Universal	5,050									5,050			(1)	13,802	92	2,142,432
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	181,063	23	156,714					23	156,714	68,748	13	140,000	(36)	(406,579)	590	8,031,736
Group Life																
12. Whole																
13. Term															1	75,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life															1	75,000
Individual Annuities																
20. Fixed	142,698	1	52,560					1	52,560	90,138			(3)	(203,980)	2	89,924
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities	142,698	1	52,560					1	52,560	90,138			(3)	(203,980)	2	89,924
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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			(219)	(675,930)	490	1,697,134
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				(188)	1,756	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	974	852,920	(941)	(706,903)	5,725	2,193,545
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	974	852,920	(1,160)	(1,383,021)	6,215	3,892,435
47. Total	323,761	24	209,274					24	209,274	158,886	987	992,920	(1,199)	(1,993,580)	6,808	12,089,095

(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: \$ _____ 390 Group: \$ _____ Total: \$ _____ 390.

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

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

24.1.AR



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF California

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	140,492		3,866		102	3,968	136,842	712	26,825			164,379
3. Term	5,182						2,244					2,244
4. Indexed												
5. Universal	18,228								10,087			10,087
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	163,902		3,866		102	3,968	139,086	712	36,912			176,710
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed	29						163,923		854,925			1,018,848
21. Indexed							38,685		125,526			164,211
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout							33,514					33,514
25. Other												
26. Total Individual Annuities	29						236,122		980,451			1,216,573
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)							XXX	XXX	XXX			
35. Comprehensive group (d)							XXX	XXX	XXX			
36. Medicare Supplement (d)	28,216,345						XXX	XXX	XXX	22,642,686		22,642,686
37. Vision only (d)							XXX	XXX	XXX			
38. Dental only (d)							XXX	XXX	XXX			
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX			
40. Title XVIII Medicare (d)							XXX	XXX	XXX			
41. Title XIX Medicaid (d)							XXX	XXX	XXX			
42. Credit A&H							XXX	XXX	XXX			
43. Disability income (d)	22,030						XXX	XXX	XXX	1,393		1,393
44. Long-term care (d)	3,397						XXX	XXX	XXX			
45. Other health (d)	4,528,750						XXX	XXX	XXX	1,754,839		1,754,839
46. Total Accident and Health	32,770,522						XXX	XXX	XXX	24,398,918		24,398,918
47. Total	32,934,453 (c)		3,866		102	3,968	375,208	712	1,017,363	24,398,918		25,792,201

24-CA

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

California

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	106,568							13	134,264	13,878	14	79,000	(36)	(478,692)	327	3,801,241
3. Term	2,210							1	2,210				(1)	(210)	30	647,810
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	108,778							14	136,474	13,878	14	79,000	(39)	(608,062)	392	6,164,062
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	310,880							1	99,790	211,090			(12)	(848,750)	53	4,407,807
21. Indexed													(2)	(124,072)	1	22,317
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(11,208)	3	123,262
25. Other													(1)	(53,283)	2	208,542
26. Total Individual Annuities	310,880							1	99,790	211,090			(15)	(1,037,313)	59	4,761,928
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	3,107	(2,454)	(2,959,518)	8,912	28,216,345
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 (d)	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)	(2,051)	10	22,030
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				633	2	3,397
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,548	1,750,189	(1,975)	(423,297)	7,522	4,528,750
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,549	1,753,296	(4,430)	(3,384,233)	16,446	32,770,522
47. Total	419,658							15	236,264	224,968	3,563	1,832,296	(4,484)	(5,029,608)	16,897	43,696,512

(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: \$ _____, 1,782 Group: \$ _____ Total: \$ _____, 1,782.

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

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

24.1.CA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2024

NAIC Company Code 65722

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			615			615	1,184		4,296		5,480
2. Whole	39,595										
3. Term	9,406										
4. Indexed											
5. Universal	2,490						13,105				13,105
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	51,491		615			615	14,289		4,296		18,585
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	15						3,659		59,678		63,337
21. Indexed							102,999		13,200		116,199
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							1,833				1,833
25. Other											
26. Total Individual Annuities	15						108,491		72,878		181,369
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	857,618						XXX	XXX	XXX	516,172	516,172
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	302						XXX	XXX	XXX	1	1
44. Long-term care (d)	14,106						XXX	XXX	XXX		
45. Other health (d)	1,851,285						XXX	XXX	XXX	775,018	775,018
46. Total Accident and Health	2,723,311						XXX	XXX	XXX	1,291,191	1,291,191
47. Total	2,774,817 (c)		615			615	122,780	122,780	77,174	1,291,191	1,491,145

24 CO

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Colorado

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	16,354							1,184		15,170	11	75,500	(12)	(65,959)	105	993,614
3. Term													(1)	(3,559)	13	1,040,146
4. Indexed																
5. Universal								13,028							3	195,180
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	16,354	2	14,212					2	14,212	15,170	11	75,500	(15)	(103,280)	121	2,228,940
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	(143)	1	3,659					1	3,659				(2)	(40,871)	8	755,890
21. Indexed														(6,227)	2	295,455
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(2,955)	1	16,644
25. Other																
26. Total Individual Annuities	(143)	1	3,659					1	3,659				(2)	(50,053)	11	1,067,989
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,746	775,007	(1,031)	(365,201)	3,890	1,851,285
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,746	775,007	(1,075)	(490,380)	4,084	2,723,311
47. Total	16,211	3	17,871					3	17,871	15,170	1,757	850,507	(1,092)	(643,713)	4,216	6,020,240

(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: \$ _____ 171 Group: \$ _____ Total: \$ _____ 171.

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

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

24.1.CO



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	36,247		170			170	27,104		1,808		28,912
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	36,247		170			170	27,104		1,808		28,912
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed							55,332		9,505		64,837
21. Indexed									21,528		21,528
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							986				986
25. Other											
26. Total Individual Annuities							56,318		31,033		87,351
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	1,547,348						XXX	XXX	XXX	1,018,815	1,018,815
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	4,476						XXX	XXX	XXX	19	19
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	1,727,239						XXX	XXX	XXX	468,276	468,276
46. Total Accident and Health	3,279,063						XXX	XXX	XXX	1,487,110	1,487,110
47. Total	3,315,310 (c)		170			170	83,422	83,422	32,841	1,487,110	1,603,373

24.CT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Connecticut

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	27,037	4	27,037					4	27,037	2,259	1	25,000	(7)	(69,698)	47	616,533
3. Term													(1)	(5,000)	4	25,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	27,037	4	27,037					4	27,037	2,259	1	25,000	(8)	(74,698)	51	641,533
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	55,332	2	55,332					2	55,332				(3)	(88,435)	8	478,983
21. Indexed													(1)	(21,127)	1	10,536
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(337)	1	8,399
25. Other																
26. Total Individual Annuities	55,332	2	55,332					2	55,332				(4)	(109,899)	10	497,918
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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			(57)	(162,938)	396	1,547,348
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				(158)		4,476
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	539	468,276	(480)	(390,923)	2,320	1,727,239
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	539	468,276	(537)	(554,019)	2,716	3,279,063
47. Total	82,369	6	82,369					6	82,369	2,259	540	493,276	(549)	(738,616)	2,777	4,418,514

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

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

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

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

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

24.1.CT



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	23,092				.96		.96	17,581				17,581
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	23,092				.96		.96	17,581				17,581
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed								6,272				6,272
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities								6,272				6,272
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	115,085							XXX	XXX	XXX	63,186	63,186
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	336,806							XXX	XXX	XXX	162,541	162,541
46. Total Accident and Health	451,891							XXX	XXX	XXX	225,727	225,727
47. Total	474,983 (c)				.96		.96	23,853			225,727	249,580

24 DE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Delaware

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	17,372																
3. Term		2	17,372						2	17,372		2	15,000	(2)	(22,253)	23	660,026
4. Indexed														(1)	(5,000)	9	45,000
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life	17,372	2	17,372						2	17,372		2	15,000	(3)	(27,253)	32	705,026
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(5)	10,041	27	115,085
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	312	162,541	(144)	(64,964)	584	336,806
47. Total	17,372	2	17,372						2	17,372		314	177,541	(152)	(82,176)	643	1,156,917

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

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

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

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

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

24.1.DE



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	8,713		305		117		422			264	
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	8,713		305		117		422			264	264
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed										33,333	33,333
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities										33,333	33,333
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual								XXX	XXX	XXX	
35. Comprehensive group								XXX	XXX	XXX	
36. Medicare Supplement								XXX	XXX	XXX	260,759
37. Vision only								XXX	XXX	XXX	
38. Dental only								XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan								XXX	XXX	XXX	
40. Title XVIII Medicare								XXX	XXX	XXX	
41. Title XIX Medicaid								XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income								XXX	XXX	XXX	
44. Long-term care								XXX	XXX	XXX	
45. Other health	91,842							XXX	XXX	XXX	25,128
46. Total Accident and Health	502,963							XXX	XXX	XXX	285,887
47. Total	511,676 (c)		305		117		422			33,597	285,887

24.DC

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

District of Columbia

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14	15	16	17	18	19	20	21		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount							
Individual Life																
1. Industrial																
2. Whole											1	10,000	(2)	(16,566)	26	237,579
3. Term															1	11
4. Indexed																
5. Universal															1	18,519
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life											1	10,000	(2)	(16,566)	28	256,109
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed															1	237,627
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities															1	237,627
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2,563	(10)	(25,093)	126	411,121
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	25,128	(45)	(24,614)	178	91,842
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	27,691	(55)	(49,707)	304	502,963
47. Total											41	37,691	(57)	(92,078)	333	996,699

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

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	155,298		11,974		2,856	14,830	464,958	22,610	127,457		615,025
3. Term	15,464								595		595
4. Indexed											
5. Universal	73,920						198,592		76,528		275,120
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	244,682		11,974		2,856	14,830	663,550	22,610	204,580		890,740
Group Life											
12. Whole											
13. Term	74										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	74										
Individual Annuities											
20. Fixed	70						343,015		1,688,967		2,031,982
21. Indexed							13,173		683,754		696,927
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							86,469				86,469
25. Other											
26. Total Individual Annuities	70						442,657		2,372,721		2,815,378
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	3,350,790						XXX	XXX	XXX	1,766,335	1,766,335
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	4,944						XXX	XXX	XXX	20	20
44. Long-term care (d)	6,547						XXX	XXX	XXX		
45. Other health (d)	32,958,393						XXX	XXX	XXX		13,394,523
46. Total Accident and Health	36,320,674						XXX	XXX	XXX	15,160,878	15,160,878
47. Total	36,565,500 (c)		11,974		2,856	14,830	1,106,207	22,610	2,577,301	15,160,878	18,866,996

24.FL

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Florida

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	440,005	76	474,001				76	474,001	101,646	4	14,000	(122)	(734,374)	1,561	10,673,474	
3. Term	51,840								51,840			(10)	(216,345)	104	1,999,812	
4. Indexed																
5. Universal	181,278	5	196,295				5	196,295				(11)	(976,016)	127	7,125,035	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	673,123	81	670,296				81	670,296	153,486	4	14,000	(143)	(1,926,735)	1,792	19,798,321	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life												1	50,000	2	53,000	
Individual Annuities																
20. Fixed	195,279	6	305,098				6	305,098				(17)	(1,406,730)	94	8,789,954	
21. Indexed	13,489	3	210,017				3	210,017				(3)	(620,052)	9	2,441,398	
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout												(3)	(67,208)	26	519,401	
25. Other										1	8,230		(101,096)	6	573,410	
26. Total Individual Annuities	208,768	9	515,115				9	515,115		1	8,230	(23)	(2,195,086)	135	12,324,163	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(47)	175,867	558	3,350,790	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			31	4,944	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2	6,547	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,192	13,394,378	(20,899)	(4,803,328)	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,192	13,394,378	(20,946)	(4,627,302)	
47. Total	881,891	90	1,185,411				90	1,185,411	153,486	34,197	13,416,608	(21,111)	(8,699,123)	68,807	68,496,158	

(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 Group: \$ _____ Total: \$ _____ 887.

(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 Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	237,277		45,104	1,615	1,968	48,687	432,613	38,815	82,182		553,610
3. Term	7,666										
4. Indexed											
5. Universal	35,648						75,839		6,299		82,138
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	280,591		45,104	1,615	1,968	48,687	508,452	38,815	88,481		635,748
Group Life											
12. Whole											
13. Term	1,264										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	1,264										
Individual Annuities											
20. Fixed	53						95,338		206,058		301,396
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							8,122				8,122
25. Other											
26. Total Individual Annuities	53						103,460		206,058		309,518
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	869,285						XXX	XXX	XXX	561,390	561,390
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	1,470						XXX	XXX	XXX	6	6
44. Long-term care (d)	2,138						XXX	XXX	XXX		
45. Other health (d)	6,757,959						XXX	XXX	XXX	2,395,230	2,395,230
46. Total Accident and Health	7,630,852						XXX	XXX	XXX	2,956,626	2,956,626
47. Total	7,912,760 (c)		45,104	1,615	1,968	48,687	611,912	38,815	294,539	2,956,626	3,901,892

24.GA

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Georgia

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	362,959	61	446,750			61	446,750	42,957	37	260,500	(27)	38,879	1,577	11,655,326		
3. Term											(11)	113,586	93	782,971		
4. Indexed																
5. Universal	55,979	4	73,846			4	73,846	(1,367)			(7)	(226,681)	79	2,661,957		
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	418,938	65	520,596			65	520,596	41,590	37	260,500	(45)	(74,216)	1,749	15,100,254		
Group Life																
12. Whole																
13. Term													3	75,500		
14. Universal																
15. Variable																
16. Variable universal																
17. Credit														(a)		
18. Other																
19. Total Group Life													3	75,500		
Individual Annuities																
20. Fixed	89,066	1	89,066			1	89,066	178			(5)	(331,024)	12	481,582		
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout												(1,921)	5	46,457		
25. Other																
26. Total Individual Annuities	89,066	1	89,066			1	89,066	178			(5)	(332,945)	17	528,039		
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(51)	(154,747)		
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)	(178)		
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	(2,904)		
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,605	2,395,216	(2,959)	(1,186,658)		
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,605	2,395,216	(3,013)	(1,344,487)		
47. Total	508,004	66	609,662			66	609,662	41,768	5,642	2,655,716	(3,063)	(1,751,648)	15,368	23,334,645		

(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: \$ _____, 2,210 Group: \$ _____ Total: \$ _____, 2,210

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

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

24.1 GA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	5,010		1,700			1,700	20,580		31,608		52,188
3. Term	142										
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	5,152		1,700			1,700	20,580		31,608		52,188
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	2								2,478		2,478
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	2								2,478		2,478
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	855,236						XXX	XXX	XXX	591,161	591,161
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	220,754						XXX	XXX	XXX	61,842	61,842
46. Total Accident and Health	1,075,990						XXX	XXX	XXX	653,003	653,003
47. Total	1,081,144 (c)		1,700			1,700	20,580		34,086	653,003	707,669

24.HI

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Hawaii

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term		1	20,000					1	20,000				(6)	(86,406)	26	251,913
4. Indexed													2	11,973	3	14,173
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life		1	20,000					1	20,000				(4)	(74,433)	29	266,086
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities															5	239,640
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61	61,842	(92)	(69,345)	416	220,754
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75	80,376	(141)	(88,606)	732	1,075,990
47. Total		1	20,000					1	20,000		75	80,376	(145)	(158,462)	766	1,581,716

(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: \$ _____ 744 Group: \$ _____ Total: \$ _____ 744

(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 Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	25,453		250			250			3,841		3,841
3. Term											
4. Indexed											
5. Universal	926										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	26,379		250			250			3,841		3,841
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed											
21. Indexed									14,263		14,263
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities									14,263		14,263
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)								XXX	XXX	XXX	
35. Comprehensive group (d)								XXX	XXX	XXX	
36. Medicare Supplement (d)	2,107,765							XXX	XXX	XXX	1,787,845
37. Vision only (d)								XXX	XXX	XXX	
38. Dental only (d)								XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX	
40. Title XVIII Medicare (d)								XXX	XXX	XXX	
41. Title XIX Medicaid (d)								XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income (d)								XXX	XXX	XXX	
44. Long-term care (d)								XXX	XXX	XXX	
45. Other health (d)	558,852							XXX	XXX	XXX	322,068
46. Total Accident and Health	2,666,617							XXX	XXX	XXX	2,109,913
47. Total	2,692,996 (c)		250			250			18,104	2,109,913	2,128,017

24.ID

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Idaho

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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	
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole										1	20,000	(1)	(21,416)	58	418,360		
3. Term														2	16,670		
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life										1	20,000	(2)	(61,590)	61	463,730		
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other															(a)		
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities												(1)	(10,440)	3	137,220		
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427	322,062	(127)	(87,460)	.866	558,852
47. Total										428	342,062	(219)	(253,703)	1,627	3,267,567		

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

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

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

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

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

24.1.ID



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	214,864		1,250			1,250	96,130		16,181		112,311
3. Term	186										
4. Indexed											
5. Universal	18,015						7,385				7,385
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	233,065		1,250			1,250	103,515		16,181		119,696
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	181						87,964		38,657		126,621
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							10,439				10,439
25. Other											
26. Total Individual Annuities	181						98,403		38,657		137,060
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	4,124,437						XXX	XXX	XXX	2,888,817	2,888,817
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	596						XXX	XXX	XXX		
44. Long-term care (d)	1,346						XXX	XXX	XXX	3	3
45. Other health (d)	5,412,060						XXX	XXX	XXX	2,036,894	2,036,894
46. Total Accident and Health	9,538,439						XXX	XXX	XXX	4,925,714	4,925,714
47. Total	9,771,685 (c)		1,250				1,250	201,918	54,838	4,925,714	5,182,470

24.LL

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Illinois

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount		
Individual Life																		
1. Industrial																		
2. Whole	83,850							17	95,429	14,202	20	124,000	(36)	(301,604)	460	4,224,767		
3. Term													(3)	(23,515)	11	74,098		
4. Indexed																		
5. Universal	82							2	7,215	(7,133)			(3)	22,197	64	1,335,501		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	83,932	19	102,644					19	102,644	7,069	20	124,000	(42)	(302,922)	535	5,634,366		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life																		
Individual Annuities																		
20. Fixed	19,209	1	19,209					1	19,209				(5)	(393,895)	12	1,151,645		
21. Indexed														13,877	3	453,229		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout														(8,632)	4	34,182		
25. Other														(19,927)	5	28,760		
26. Total Individual Annuities	19,209	1	19,209					1	19,209				(5)	(408,577)	24	1,667,816		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(225)	(864,546)	791	4,124,437		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				596		
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			3	1,346		
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,405	2,036,874	(1,803)	(1,157,502)	9,793	5,412,060
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,405	2,036,874	(2,028)	(2,021,459)	10,587	9,538,439
47. Total	103,141	20	121,853					20	121,853	7,069	3,425	2,160,874	(2,075)	(2,732,958)	11,146	16,840,621		

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

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	193,435		669			669	132,836		37,209		170,045
3. Term	346										
4. Indexed											
5. Universal	28,905						88,311		69,030		157,341
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	222,686		669			669	221,147		106,239		327,386
Group Life											
12. Whole											
13. Term	3,428										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	3,428										
Individual Annuities											
20. Fixed	239						5,292		241,436		246,728
21. Indexed									67,132		67,132
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							7,343				7,343
25. Other											
26. Total Individual Annuities	239						12,635		308,568		321,203
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	5,286,357						XXX	XXX	XXX	3,577,385	3,577,385
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	260						XXX	XXX	XXX	1	1
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	2,809,300						XXX	XXX	XXX	1,160,891	1,160,891
46. Total Accident and Health	8,095,917						XXX	XXX	XXX	4,738,277	4,738,277
47. Total	8,322,270 (c)		669			669	233,782	233,782	414,807	4,738,277	5,386,866

24.IN

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	155,474		19	131,308				19	131,308	105,011			7	61,000	(36)	(389,618)	551	6,161,455
3. Term															(2)	(20,769)	25	289,246
4. Indexed																		
5. Universal	82,666		6	82,666				6	82,666						(17)	(344,567)	115	2,644,960
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	238,140		25	213,974				25	213,974	105,011			7	61,000	(55)	(754,954)	691	9,095,661
Group Life																		
12. Whole																		
13. Term															(1)	(25,000)	2	150,000
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		(a)
18. Other																		
19. Total Group Life															(1)	(25,000)	2	150,000
Individual Annuities																		
20. Fixed															(3)	(271,862)	26	980,681
21. Indexed															(1)	(61,828)	4	115,092
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																(5,465)	2	98,467
25. Other																		
26. Total Individual Annuities															(4)	(339,155)	32	1,194,240
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,123	(455)	(1,236,028)	1,205	5,286,357
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	260
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,633	1,160,809	(1,226)	(782,189)	5,336	2,809,300
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,641	1,162,932	(1,681)	(2,018,217)	6,542	8,095,917
47. Total	238,140		25	213,974				25	213,974	105,011			1,641	1,223,932	(1,741)	(3,137,326)	7,267	18,535,818

(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: \$ _____ 509 Group: \$ _____ Total: \$ _____ 509.

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

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

24.1.IN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	72,188				6	6	44,284		5,655		49,939
3. Term											
4. Indexed											
5. Universal	259										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	72,447				6	6	44,284		5,655		49,939
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed							19,774		48,177		67,951
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							11,721				11,721
25. Other											
26. Total Individual Annuities							31,495		48,177		79,672
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	944,582						XXX	XXX	XXX	818,050	818,050
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	1,963						XXX	XXX	XXX	9	9
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	1,797,530						XXX	XXX	XXX	614,467	614,467
46. Total Accident and Health	2,744,075						XXX	XXX	XXX	1,432,526	1,432,526
47. Total	2,816,522 (c)				6	6	75,779		53,832	1,432,526	1,562,137

24.1A

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	53,623	6	44,284				6	44,284	14,339	12	69,500	(12)	(108,637)	106	870,683	
3. Term														5	36,444	
4. Indexed																
5. Universal														5	171,029	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	53,623	6	44,284				6	44,284	14,339	12	69,500	(12)	(108,637)	116	1,078,156	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other															(a)	
19. Total Group Life																
Individual Annuities																
20. Fixed	26,461	1	26,461				1	26,461				(2)	(56,080)	18	595,070	
21. Indexed													1,317	2	46,786	
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(8,411)	1	83,709	
25. Other													(3,630)	1	7,591	
26. Total Individual Annuities	26,461	1	26,461				1	26,461				(2)	(66,804)	22	733,156	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(46)	183	944,582	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(224)		1,963	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	928	614,451	(818)	1,797,530	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	928	614,451	(878)	2,744,075	
47. Total	80,084	7	70,745				7	70,745	14,339	940	683,951	(878)	(861,188)	3,377	4,555,387	

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

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

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

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

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

24.1.1A



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	135,599		47	190	56	293	108,654		15,277		123,931
3. Term	5,374										
4. Indexed											
5. Universal	3,087										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	144,060		47	190	56	293	108,654		15,277		123,931
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed							123,752		310,838		434,590
21. Indexed									760		760
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities							123,752		311,598		435,350
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	3,291,977						XXX	XXX	XXX	1,874,388	1,874,388
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	878						XXX	XXX	XXX		
44. Long-term care (d)	4,962						XXX	XXX	XXX	2	2
45. Other health (d)	5,260,377						XXX	XXX	XXX	3,310,840	3,310,840
46. Total Accident and Health	8,558,194						XXX	XXX	XXX	5,185,230	5,185,230
47. Total	8,702,254 (c)		47	190	56	293	232,406	232,406	326,875	5,185,230	5,744,511

24.KS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	89,621								14	106,398								
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	89,621	14	106,398						14	106,398	7,108	11	85,500	(32)	(372,581)	243	1,880,482	
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life																		
Individual Annuities																		
20. Fixed	(1,056)	1	178,532						1	178,532	(1)			(2)	(306,697)	2	50,464	
21. Indexed														(1)	(157,853)	2	138,955	
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other												1	138,032		(44,126)	2	160,630	
26. Total Individual Annuities	(1,056)	1	178,532						1	178,532	(1)	1	138,032	(3)	(508,676)	6	350,049	
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5,417	(174)	(416,379)	650	3,291,977	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(30)	1	878	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2	4,962	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,619	3,283,406	(2,244)	(3,009,648)	10,112	5,260,377	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,621	3,288,823	(2,418)	(3,421,095)	10,765	8,558,194	
47. Total	88,565	15	284,930						15	284,930	7,107	1,633	3,512,355	(2,458)	(4,611,890)	11,045	11,617,958	

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

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

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

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

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

24.1.KS



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	193,980		1,556		365	1,921	34,190	1,072	13,484		48,746
3. Term											
4. Indexed											
5. Universal	3,928						88,874				88,874
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	197,908		1,556		365	1,921	123,064	1,072	13,484		137,620
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	93						17,996		27,439		45,435
21. Indexed							45,815				45,815
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							29,976				29,976
25. Other											
26. Total Individual Annuities	93						93,787		27,439		121,226
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d) 2,807,229						XXX	XXX	XXX		
35. Comprehensive group							XXX	XXX	XXX		
36. Medicare Supplement							XXX	XXX	XXX	2,025,340	2,025,340
37. Vision only							XXX	XXX	XXX		
38. Dental only							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan							XXX	XXX	XXX		
40. Title XVIII Medicare							XXX	XXX	XXX		
41. Title XIX Medicaid	(e) 1,102						XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income							XXX	XXX	XXX	5	5
44. Long-term care							XXX	XXX	XXX		
45. Other health	1,220,095						XXX	XXX	XXX	456,407	456,407
46. Total Accident and Health	4,028,426						XXX	XXX	XXX	2,481,752	2,481,752
47. Total	4,226,427 (c)		1,556		365	1,921	216,851	1,072	40,923	2,481,752	2,740,598

24 KY

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Kentucky

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	41,230							5	35,261	16,000	7	72,500	(22)	(135,293)	327	3,136,306
3. Term																
4. Indexed																
5. Universal	88,119							2	88,119				(3)	(112,385)	16	747,546
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	129,349	7	123,380					7	123,380	16,000	7	72,500	(25)	(247,678)	343	3,883,852
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	17,996	1	17,996					1	17,996				(2)	(35,613)	5	313,440
21. Indexed		1	45,815					1	45,815							
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(35,014)	3	196,673
25. Other																
26. Total Individual Annuities	17,996	2	63,811					2	63,811				(2)	(70,627)	8	510,113
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	147,345	9	187,191					9	187,191	16,000	664	532,291	(718)	(1,453,970)	3,583	8,422,391

(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: \$ _____ 224 Group: \$ _____ Total: \$ _____.

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

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

24.1.KY



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	123,641		4,283			4,283	83,327	26	36,575		119,928
3. Term	468										
4. Indexed											
5. Universal	77,606						128,906		26,911		155,817
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	201,715		4,283			4,283	212,233	26	63,486		275,745
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	138						61,334		296,225		357,559
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	138						61,334		296,225		357,559
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	763,400						XXX	XXX	XXX	302,466	302,466
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	1,641						XXX	XXX	XXX	2	2
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	3,546,190						XXX	XXX	XXX	1,298,386	1,298,386
46. Total Accident and Health	4,311,231						XXX	XXX	XXX	1,600,854	1,600,854
47. Total	4,513,084 (c)		4,283			4,283	273,567	26	359,711	1,600,854	2,234,158

24.LA

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Louisiana

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	117,071		13	76,470				13	76,470	85,611			21	187,002	(35)	(604,710)	447	7,174,835
3. Term																(64,143)	15	78,480
4. Indexed																		
5. Universal	112,589		5	128,189				5	128,189						(17)	(387,391)	199	5,823,622
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	229,660		18	204,659				18	204,659	85,611			21	187,002	(52)	(1,056,244)	661	13,076,937
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life																		
Individual Annuities																		
20. Fixed	61,334		1	61,334				1	61,334						(2)	(350,950)	2	145,070
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total Individual Annuities	61,334		1	61,334				1	61,334						(2)	(350,950)	2	145,070
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,179	1,291,638	(1,111)	(1,118,753)	7,889	3,546,190
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,179	1,291,638	(1,175)	(1,400,888)	8,016	4,311,231
47. Total	290,994		19	265,993				19	265,993	85,611			1,200	1,478,640	(1,229)	(2,808,082)	8,679	17,533,238

(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: \$ _____, 477 Group: \$ _____, Total: \$ _____, 477.

(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 Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	35,479		224		53	277	72,290		65,656		137,946
3. Term	257										
4. Indexed											
5. Universal	7,990						20,439		20,782		41,221
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	43,726		224		53	277	92,729		86,438		179,167
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	172								3,750		3,750
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	172								3,750		3,750
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	1,966,194						XXX	XXX	XXX	1,236,974	1,236,974
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	186						XXX	XXX	XXX	1	1
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	373,576						XXX	XXX	XXX	133,557	133,557
46. Total Accident and Health	2,339,956						XXX	XXX	XXX	1,370,532	1,370,532
47. Total	2,383,854 (c)		224		53	277	92,729		90,188	1,370,532	1,553,449

24 ME

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Maine

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	77,064																	
3. Term		12	70,277															
4. Indexed																		
5. Universal	60,356																	
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	137,420	13	90,633							46,787			(18)	(226,884)	187	2,675,527		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total Individual Annuities													1	24	2	53,041		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16,584	(83)	(179,347)	698	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					186	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157	133,551	(165)	(97,878)	658	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173	150,135	(248)	(277,225)	1,356	
47. Total	137,420	13	90,633							46,787			173	150,135	(265)	(504,085)	1,545	

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

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

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

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

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

24.1.ME



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	68,514		1,925		44	1,969	64,566		24,130		88,696
3. Term	332										
4. Indexed											
5. Universal	24,426						30,050				30,050
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	93,272		1,925		44	1,969	94,616		24,130		118,746
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	417						43,796		(8,250)		35,546
21. Indexed									6,316		6,316
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	417						43,796		(1,934)		41,862
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	191,306						XXX	XXX	XXX	111,839	111,839
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	85						XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	2,271,930						XXX	XXX	XXX	845,866	845,866
46. Total Accident and Health	2,463,321						XXX	XXX	XXX	957,705	957,705
47. Total	2,557,010 (c)		1,925		44	1,969	138,412		22,196	957,705	1,118,313

24-MD

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	33,407	64,384					9	64,384	(1,352)	5	32,000	(17)	(204,082)	179	1,859,512	
3. Term														9	41,566	
4. Indexed																
5. Universal	30,000	30,000					1	30,000					(14,225)	14	521,269	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	63,407	94,384					10	94,384	(1,352)	5	32,000	(17)	(218,307)	202	2,422,347	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed													(1)	3	257,680	
21. Indexed													(3,546)	1	86,515	
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other										1	8,307	(3)	(38,542)	1	8,307	
26. Total Individual Annuities										1	8,307	(4)	(39,926)	5	352,502	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,879	845,824	(1,021)	67,150	4,741	2,271,930	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,879	845,824	(1,031)	77,014	4,846	2,463,321	
47. Total	63,407	94,384					10	94,384	(1,352)	2,885	886,131	(1,052)	(181,219)	5,053	5,238,170	

(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: \$ _____, 2,468 Group: \$ _____ Total: \$ _____, 2,468.

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

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

24.1.MD



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	32,949		320			320	54,871	2,856	37,952		95,679
3. Term	160										
4. Indexed											
5. Universal	5,694										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	38,803		320			320	54,871	2,856	37,952		95,679
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	159						23,573		478,944		502,517
21. Indexed									16,449		16,449
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							1,706				1,706
25. Other											
26. Total Individual Annuities	159						25,279		495,393		520,672
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	264,824						XXX	XXX	XXX	130,629	130,629
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	225,597						XXX	XXX	XXX	22,138	22,138
46. Total Accident and Health	490,421						XXX	XXX	XXX	152,767	152,767
47. Total	529,383 (c)		320			320	80,150	2,856	533,345	152,767	769,118

24-MA

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Massachusetts

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount		
Individual Life																		
1. Industrial																		
2. Whole	55,362							9	56,987	13,090			(12)	(119,304)	180	2,894,919		
3. Term													(3)	(54,349)	16	121,746		
4. Indexed																		
5. Universal														(14)	12	580,317		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	55,362							9	56,987	13,090			(15)	(173,667)	208	3,596,982		
Group Life																		
12. Whole																		
13. Term														(1)	(11,100)			
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life													(1)	(11,100)				
Individual Annuities																		
20. Fixed	(590)							1	32,145					(5)	(434,630)	11	1,306,748	
21. Indexed															(9,908)	3	193,631	
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout															(669)	2	16,228	
25. Other																		
26. Total Individual Annuities	(590)							1	32,145				(5)	(445,207)	16	1,516,607		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(100)	(13,992)	655	225,597	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(104)	543	704	490,421	
47. Total	54,772							10	89,132	13,090			69	22,138	(125)	(629,431)	928	5,604,010

(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: \$ _____ 420 Group: \$ _____ Total: \$ _____ 420.

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

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

24-1-MA



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	116,506		1,289			1,289	60,325		3,959		64,284
3. Term											
4. Indexed											
5. Universal	1,883						50,166				50,166
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	118,389		1,289			1,289	110,491		3,959		114,450
Group Life											
12. Whole											
13. Term	920										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	920										
Individual Annuities											
20. Fixed	18						81,253		157,926		239,179
21. Indexed									8,512		8,512
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	18						81,253		166,438		247,691
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	5,172,602						XXX	XXX	XXX	3,391,423	3,391,423
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	3,124,671						XXX	XXX	XXX	932,328	932,328
46. Total Accident and Health	8,297,273						XXX	XXX	XXX	4,323,751	4,323,751
47. Total	8,416,600 (c)		1,289			1,289	191,744	170,397	170,397	4,323,751	4,685,892

24 MI

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	75,190	4	60,190				4	60,190	35,000	23	232,500	(19)	(244,973)	207	2,624,511	
3. Term												(1)	(50,000)	7	24,241	
4. Indexed																
5. Universal	50,000	1	50,000				1	50,000				(1)	(50,000)	7	252,779	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	125,190	5	110,190				5	110,190	35,000	23	232,500	(21)	(344,973)	221	2,901,531	
Group Life																
12. Whole																
13. Term												(1)	(50,000)			
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life												(1)	(50,000)			
Individual Annuities																
20. Fixed	67,020	1	67,020				1	67,020				(3)	(165,861)	30	1,906,587	
21. Indexed												(1)	(4,526)	2	129,028	
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout												(1)	(15,642)			
25. Other													(12,818)	3	32,784	
26. Total Individual Annuities	67,020	1	67,020				1	67,020				(5)	(198,847)	35	2,068,399	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(264)	(732,866)	1,329	5,172,602	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,414	932,328	(1,372)	(392,082)	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,414	932,328	(1,636)	(1,124,948)	
47. Total	192,210	6	177,210				6	177,210	35,000	2,437	1,164,828	(1,663)	(1,718,768)	6,939	13,267,203	

(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: \$ _____ 102 Group: \$ _____ Total: \$ _____.

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

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

24.1.M1



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	34,230		463		32	495	57,446	1,481	8,059		66,986
3. Term											
4. Indexed											
5. Universal	660										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	34,890		463		32	495	57,446	1,481	8,059		66,986
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	37,617						103,477		644,362		747,839
21. Indexed							366,767		389,182		755,949
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	37,617						470,244		1,033,544		1,503,788
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	4,860,936						XXX	XXX	XXX	3,275,949	3,275,949
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	701,491						XXX	XXX	XXX	201,413	201,413
46. Total Accident and Health	5,562,427						XXX	XXX	XXX	3,477,362	3,477,362
47. Total	5,634,934 (c)		463		32	495	527,690	1,481	1,041,603	3,477,362	5,048,136

24-MIN

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Minnesota

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pals/ Certs	24 Amount	25 Number of Pals/ Certs	26 Amount	27 Number of Pals/ Certs	28 Amount
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	53,963	12	58,039					12	58,039	2,370	3	9,500	(19)	(131,977)	170	1,359,378
3. Term															16	141,774
4. Indexed																
5. Universal															1	58,885
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	53,963	12	58,039					12	58,039	2,370	3	9,500	(19)	(131,977)	187	1,560,037
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	27,118	2	27,118					2	27,118				(7)	(642,804)	26	2,110,614
21. Indexed	(1,549)	2	205,513					2	205,513				(6)	(324,068)	34	2,097,568
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other											2	60,856	(1)	(81,630)	7	132,794
26. Total Individual Annuities	25,569	4	232,631					4	232,631		2	60,856	(14)	(1,048,502)	67	4,340,976
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	3,657	(117)	(60,338)	1,448	4,860,936
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 (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	523	201,413	(291)	(94,476)	1,464	701,491
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	525	205,070	(408)	(154,814)	2,912	5,562,427
47. Total	79,532	16	290,670					16	290,670	2,370	530	275,426	(441)	(1,335,293)	3,166	11,463,440

(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: \$ _____ 53 Group: \$ _____ Total: \$ _____ 53.

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

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

24.1 MN



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	183,721		3,376	179		3,555	260,594		60,119		320,713
3. Term	448										
4. Indexed											
5. Universal	44,173						137,795		26,455		164,250
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	228,342		3,376	179		3,555	398,389		86,574		484,963
Group Life											
12. Whole											
13. Term	242										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	242										
Individual Annuities											
20. Fixed	1,758						41,920		1,881		43,801
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							16,012				16,012
25. Other											
26. Total Individual Annuities	1,758						57,932		1,881		59,813
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	2,634,133						XXX	XXX	XXX	1,853,189	1,853,189
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	2,367,374						XXX	XXX	XXX	1,000,192	1,000,192
46. Total Accident and Health	5,001,507						XXX	XXX	XXX	2,853,381	2,853,381
47. Total	5,231,849 (c)		3,376	179		3,555	456,321	88,455	2,853,381	3,398,157	

24 MS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Mississippi

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	278,481		30	257,238				30	257,238	81,241			19	118,500	(48)	(628,654)	591	6,782,848
3. Term														(8)	(66,775)		50	580,613
4. Indexed																		
5. Universal	85,924		7	136,716				7	136,716	(20,619)				(10)	(165,310)		143	3,690,155
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	364,405		37	393,954				37	393,954	60,622			19	118,500	(66)	(860,739)	784	11,053,616
Group Life																		
12. Whole																		
13. Term															(1)	(2,220)	3	9,000
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		(a)
18. Other																		
19. Total Group Life															(1)	(2,220)	3	9,000
Individual Annuities																		
20. Fixed	(347)		1	41,920				1	41,920	(1)						3,675	2	189,598
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																(520)	2	11,631
25. Other																		
26. Total Individual Annuities	(347)		1	41,920				1	41,920	(1)						3,155	4	201,229
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(254)	(803,131)	538	2,634,133
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,223	999,927	(1,169)	(792,507)	6,371	2,367,374
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,223	999,927	(1,423)	(1,595,636)	6,909	5,001,507
47. Total	364,058		38	435,874				38	435,874	60,621			1,242	1,118,427	(1,490)	(2,455,442)	7,700	16,265,352

(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: \$ _____ 256 Group: \$ _____ Total: \$ _____.

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

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

24.1.MS



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	139,269		2,393		61	2,454	139,606	145	43,577		183,328
3. Term	3,582										
4. Indexed											
5. Universal	19,796						42,523		52,514		95,037
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	162,647		2,393		61	2,454	182,129	145	96,091		278,365
Group Life											
12. Whole											
13. Term	284										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	284										
Individual Annuities											
20. Fixed	160						81,782		4,009		85,791
21. Indexed									1,882		1,882
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							3,899				3,899
25. Other											
26. Total Individual Annuities	160						85,681		5,891		91,572
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	1,592,040						XXX	XXX	XXX	1,246,594	1,246,594
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	794						XXX	XXX	XXX		
44. Long-term care (d)	10,931						XXX	XXX	XXX	3	3
45. Other health (d)	3,897,467						XXX	XXX	XXX	1,223,167	1,223,167
46. Total Accident and Health	5,501,232						XXX	XXX	XXX	2,469,764	2,469,764
47. Total	5,664,323 (c)		2,393		61	2,454	267,810	145	101,982	2,469,764	2,839,701

24-MO

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Missouri

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		23 Number of Pals/ Certs	24 Amount	25 Number of Pals/ Certs	26 Amount	27 Number of Pals/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	144,497								10,175									
3. Term		24	138,927							11	146,000	(45)	(503,437)	429	3,945,569			
4. Indexed												(6)	(128,955)	27	816,415			
5. Universal	41,062																	
6. Universal with secondary guarantees		3	42,145										(14)	(242,342)	95	1,724,952		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	185,559	27	181,072						24,359	11	146,000	(65)	(874,734)	551	6,486,936			
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total Individual Annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	185,559	27	181,072						24,359	1,999	1,361,083	(3,115)	(1,761,951)	9,084	12,866,914			

(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: \$ _____ Group: \$ _____ Total: \$ _____.

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

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

24.1 MO



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	16,754		201			201					
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	16,754		201			201					
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed							159,333		2,921		162,254
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							3,305				3,305
25. Other											
26. Total Individual Annuities							162,638		2,921		165,559
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	731,223						XXX	XXX	XXX	434,985	434,985
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	448,729						XXX	XXX	XXX	209,934	209,934
46. Total Accident and Health	1,179,952						XXX	XXX	XXX	644,919	644,919
47. Total	1,196,706 (c)		201			201	162,638	2,921	644,919	810,478	

24-MT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	(3,000)								(3,000)	6	22,000		(7,000)	34	184,382	
3. Term														2	10,000	
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	(3,000)								(3,000)	6	22,000		(7,000)	36	194,382	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	159,333	1	159,333					1	159,333				(1)	(158,043)	3	167,640
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(1)	(6,452)		
25. Other																
26. Total Individual Annuities	159,333	1	159,333					1	159,333				(2)	(164,495)	3	167,640
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	156,333	1	159,333					1	159,333	(3,000)	316	231,934	(160)	(333,235)	916	1,541,974

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

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

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

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

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

24.1.MT



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	51,700		356		4	360	47,168	131	960		48,259
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	51,700		356		4	360	47,168	131	960		48,259
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	8						122,330		24,118		146,448
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	8						122,330		24,118		146,448
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)						XXX	XXX	XXX		
35. Comprehensive group	(d)						XXX	XXX	XXX		
36. Medicare Supplement	(d)	1,031,979					XXX	XXX	XXX	726,994	726,994
37. Vision only	(d)						XXX	XXX	XXX		
38. Dental only	(d)						XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan	(d)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e)					XXX	XXX	XXX		
41. Title XIX Medicaid	(d)						XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income	(d)						XXX	XXX	XXX		
44. Long-term care	(d)	2,070					XXX	XXX	XXX		
45. Other health	(d)	1,709,520					XXX	XXX	XXX	643,819	643,819
46. Total Accident and Health		2,743,569					XXX	XXX	XXX	1,370,813	1,370,813
47. Total		2,795,277 (c)	356		4	360	169,498	131	25,078	1,370,813	1,565,520

24-NE

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	47,198	5	47,198				5	47,198		7	67,500	(13)	(143,859)	95	836,702	
3. Term																
4. Indexed																
5. Universal														2	50,000	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	47,198	5	47,198				5	47,198		7	67,500	(13)	(143,859)	97	886,702	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit															(a)	
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	18,078	2	122,330				2	122,330				(2)	(32,462)	5	339,602	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities	18,078	2	122,330				2	122,330				(2)	(32,462)	5	339,602	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(29)	(20,212)	173	1,031,979	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2	2,070	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	596	641,832	(780)	(445,987)	2,508	1,709,520	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	596	641,832	(809)	(466,199)	2,683	2,743,569	
47. Total	65,276	7	169,528				7	169,528		603	709,332	(824)	(642,520)	2,785	3,969,873	

(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: \$ _____, 4,288 Group: \$ _____ Total: \$ _____, 4,288

(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 Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	31,325		1,191			1,191	27,968		7,289		35,257
3. Term	4,710										
4. Indexed											
5. Universal	180										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	36,215		1,191			1,191	27,968		7,289		35,257
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	104,321						110,245		9,564		119,809
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	104,321						110,245		9,564		119,809
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	403,580						XXX	XXX	XXX	335,627	335,627
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	130						XXX	XXX	XXX	1	1
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	896,546						XXX	XXX	XXX	311,274	311,274
46. Total Accident and Health	1,300,256						XXX	XXX	XXX	646,902	646,902
47. Total	1,440,792 (c)		1,191			1,191	138,213		16,853	646,902	801,968

24-NV

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		Policy Exhibit Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pals/ Certs	24 Amount	25 Number of Pals/ Certs	26 Amount	27 Number of Pals/ Certs	28 Amount	
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	63,873	3	27,855					3	27,855	56,018	5	25,500	(6)	(40,011)	67	663,228	
3. Term													(1)	(22,254)	8	399,820	
4. Indexed																	
5. Universal															2	146,900	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life	63,873	3	27,855					3	27,855	56,018	5	25,500	(7)	(62,265)	77	1,209,948	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed														(1)	(24,753)	2	77,011
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other											1	90,759			1	90,759	
26. Total Individual Annuities											1	90,759	(1)	(24,753)	3	167,770	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
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)	(12,511)	122	403,580	
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 (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						130	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	670	311,274	(741)	(80,013)	1,799	896,546	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	670	311,274	(757)	(92,524)	1,921	1,300,256	
47. Total	63,873	3	27,855					3	27,855	56,018	676	427,533	(765)	(179,542)	2,001	2,677,974	

(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: \$ _____, 4,746 Group: \$ _____ Total: \$ _____, 4,746.

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

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

24.1.NV



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	3,626		169			169	1,848				1,848
3. Term											
4. Indexed											
5. Universal	6,246										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	9,872		169			169	1,848				1,848
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	8						3,978		75,258		79,236
21. Indexed									79,807		79,807
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	8						3,978		155,065		159,043
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)							XXX	XXX	XXX	
35. Comprehensive group	(d)							XXX	XXX	XXX	
36. Medicare Supplement	(d)	101,389						XXX	XXX	XXX	74,489
37. Vision only	(d)							XXX	XXX	XXX	
38. Dental only	(d)							XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan	(d)							XXX	XXX	XXX	
40. Title XVIII Medicare	(d)							XXX	XXX	XXX	
41. Title XIX Medicaid	(d)	(e)						XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income	(d)							XXX	XXX	XXX	
44. Long-term care	(d)							XXX	XXX	XXX	
45. Other health	(d)	505,624						XXX	XXX	XXX	246,887
46. Total Accident and Health		607,013						XXX	XXX	XXX	321,376
47. Total	(c)	616,893	169				169	5,826	155,065	321,376	482,267

24.NH

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pol/ Certs	15 Amount	16 Number of Pol/ Certs	17 Amount	18 Number of Pol/ Certs	19 Amount	20 Number of Pol/ Certs	21 Amount		Number of Pol/ Certs	Amount	Number of Pol/ Certs	Amount	Number of Pol/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	3,223												(2)	(23,837)	24	211,774
3. Term		1,688						1	1,688	3,223						
4. Indexed																
5. Universal																
6. Universal with secondary guarantees														1,076	20	580,651
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	3,223	1,688						1	1,688	3,223			(2)	(22,761)	44	792,425
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed													(1)	(71,345)	3	121,911
21. Indexed													(2)	(78,029)		
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other														(2,526)	4	35,760
26. Total Individual Annuities													(3)	(151,900)	7	157,671
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	264	246,887	(182)	(144,512)	714	505,624
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	264	246,887	(182)	(135,927)	748	607,013
47. Total	3,223	1,688						1	1,688	3,223	264	246,887	(187)	(310,588)	799	1,557,109

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

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	134,776		728		43		771	133,101		33,669	
3. Term											
4. Indexed											
5. Universal	328									12,031	
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	135,104		728		43		771	133,101		45,700	
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	584							28,578		102,559	
21. Indexed								182,336		24,106	
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	584							210,914		126,665	
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual								XXX	XXX	XXX	
35. Comprehensive group								XXX	XXX	XXX	
36. Medicare Supplement								XXX	XXX	XXX	
37. Vision only								XXX	XXX	XXX	
38. Dental only								XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan								XXX	XXX	XXX	
40. Title XVIII Medicare								XXX	XXX	XXX	
41. Title XIX Medicaid								XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income								XXX	XXX	XXX	
44. Long-term care								XXX	XXX	XXX	
45. Other health	929,698							XXX	XXX	XXX	
46. Total Accident and Health	18,648,143							XXX	XXX	XXX	
47. Total	18,783,831 (c)		728		43		771	344,015		172,365	

24 NJ

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

New Jersey

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	121,449									49,000	15	147,000	(34)	(317,752)	640	4,087,427	
3. Term		22	128,942						22				(30)	(143,355)	331	1,685,056	
4. Indexed																	
5. Universal													(1)	(51,155)	2	73,342	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life	121,449	22	128,942						22	49,000	15	147,000	(65)	(512,262)	973	5,845,825	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed													(3)	(56,699)	9	1,522,350	
21. Indexed	380	2	146,746						2	146,746			(1)	(23,464)	1	3,953	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout														(538)	1	559	
25. Other														(17,723)	1	182,312	
26. Total Individual Annuities	380	2	146,746						2	146,746			(4)	(98,424)	12	1,709,174	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
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			(800)	523,247	5,045	17,718,445	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,764	195,536	(572)	411,962	3,302	929,698	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,764	195,536	(1,372)	935,209	8,347	18,648,143	
47. Total	121,829	24	275,688						24	275,688	49,000	2,779	342,536	(1,441)	324,523	9,332	26,203,142

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

24.1.NJ



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	54,057		572			572	27,217		2,828		30,045
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	54,057		572			572	27,217		2,828		30,045
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	8										
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	8										
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	398,757						XXX	XXX	XXX	211,321	211,321
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	1,312,466						XXX	XXX	XXX	291,230	291,230
46. Total Accident and Health	1,711,223						XXX	XXX	XXX	502,551	502,551
47. Total	1,765,288 (c)		572			572	27,217		2,828	502,551	532,596

24-NM

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

New Mexico

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	32,217		4	27,217				4	27,217	10,000	4	62,500	(10)	(66,881)	83	690,258
3. Term													(2)	(10,000)	2	11,025
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	32,217		4	27,217				4	27,217	10,000	4	62,500	(12)	(76,881)	85	701,283
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed															2	78,742
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities														2,298	2	78,742
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	32,217		4	27,217				4	27,217	10,000	133	353,730	(306)	(419,954)	2,603	2,491,248

(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: \$ _____ 317 Group: \$ _____ Total: \$ _____ 317.

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

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

24.1.NM



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	6,631		1,585		39	1,624	14,468		2,437		16,905
3. Term											
4. Indexed											
5. Universal	2,869										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	9,500		1,585		39	1,624	14,468		2,437		16,905
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	23						9,701		86,341		96,042
21. Indexed									32,843		32,843
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	23						9,701		119,184		128,885
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)						XXX	XXX	XXX		
35. Comprehensive group	(d)						XXX	XXX	XXX		
36. Medicare Supplement	(d)	214,443					XXX	XXX	XXX	126,881	126,881
37. Vision only	(d)						XXX	XXX	XXX		
38. Dental only	(d)						XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan	(d)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e)					XXX	XXX	XXX		
41. Title XIX Medicaid	(d)						XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income	(d)						XXX	XXX	XXX		
44. Long-term care	(d)						XXX	XXX	XXX		
45. Other health	(d)	36,207					XXX	XXX	XXX	11,392	11,392
46. Total Accident and Health		250,650					XXX	XXX	XXX	138,273	138,273
47. Total		260,173 (c)	1,585		39	1,624	24,169		121,621	138,273	284,063

24.NY

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

New York

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	3,782															
3. Term		6	12,836					6	12,836				(10)	(46,239)	65	507,744
4. Indexed													1	5,000	20	105,940
5. Universal													1	11,724	7	304,298
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	3,782	6	12,836					6	12,836				(8)	(29,515)	92	917,982
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed														(235,205)	12	1,016,254
21. Indexed													(2)	(31,761)	2	39,461
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other														(9,285)	1	4,781
26. Total Individual Annuities													(2)	(276,251)	15	1,060,496
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	12,757	63	214,443
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	11,392	(3)	(6,926)
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	11,392	(4)	5,831
47. Total	3,782	6	12,836					6	12,836				25	11,392	(14)	(299,935)

(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: \$ _____, 1,435 Group: \$ _____, Total: \$ _____, 1,435.

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

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

24.1.NY



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	349,747		11,546		2,913	14,459	541,199	12,017	80,980		634,196
3. Term	7,443										
4. Indexed											
5. Universal	73,926						282,376		44,886		327,262
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	431,116		11,546		2,913	14,459	823,575	12,017	125,866		961,458
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	130						69,226		96,460		165,686
21. Indexed									20,962		20,962
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							26,690				26,690
25. Other											
26. Total Individual Annuities	130						95,916		117,422		213,338
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	2,092,644						XXX	XXX	XXX	1,453,452	1,453,452
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	2,953						XXX	XXX	XXX	4,214	4,214
44. Long-term care (d)	7,871						XXX	XXX	XXX	144,243	144,243
45. Other health (d)	3,291,620						XXX	XXX	XXX	1,126,876	1,126,876
46. Total Accident and Health	5,395,088						XXX	XXX	XXX	2,728,785	2,728,785
47. Total	5,826,334 (c)		11,546		2,913	14,459	919,491	12,017	243,288	2,728,785	3,903,581

24-NC

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

North Carolina

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	550,933	546,774						59	546,774	144,134	30	339,500	(107)	(1,082,288)	1,333	11,999,604
3. Term	2	774						1	2			(5)	(71,230)	69	1,144,505	
4. Indexed																
5. Universal	209,221	274,855						7	274,855	(14,634)			(19)	(798,094)	128	5,687,201
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	760,156	821,631						67	821,631	129,500	30	339,500	(131)	(1,951,612)	1,530	18,831,310
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	40,490									40,490			(5)	(101,103)	25	1,170,162
21. Indexed														(12,188)	3	284,573
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(1)	(8,782)	6	96,312
25. Other														(7,677)	3	43,156
26. Total Individual Annuities	40,490									40,490			(6)	(129,750)	37	1,594,203
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,797	1,126,650	(1,677)	362,058	7,912	3,291,620
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,797	1,126,650	(1,798)	(2,432)	8,340	5,395,088
47. Total	800,646	821,631	67					67	821,631	169,990	4,827	1,466,150	(1,935)	(2,083,794)	9,907	25,820,601

(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: \$ _____, 7,157 Group: \$ _____ Total: \$ _____, 7,157.

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

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

24.1.NC



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	9,358		149			149				432	
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	9,358		149			149				432	432
Group Life											
12. Whole											
13. Term	215										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	215										
Individual Annuities											
20. Fixed										3,148	3,148
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities										3,148	3,148
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)							XXX	XXX	XXX	
35. Comprehensive group	(d)							XXX	XXX	XXX	
36. Medicare Supplement	(d)	55,814						XXX	XXX	XXX	42,895
37. Vision only	(d)							XXX	XXX	XXX	
38. Dental only	(d)							XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan	(d)							XXX	XXX	XXX	
40. Title XVIII Medicare	(d)	(e)						XXX	XXX	XXX	
41. Title XIX Medicaid	(d)							XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income	(d)							XXX	XXX	XXX	
44. Long-term care	(d)							XXX	XXX	XXX	
45. Other health	(d)	247,635						XXX	XXX	XXX	118,818
46. Total Accident and Health		303,249						XXX	XXX	XXX	161,713
47. Total	312,822 (c)		149					149		3,580	161,713

24.ND

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

North Dakota

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole											8	52,000	(1)	64,350	26	195,547	
3. Term													(1)	(75,000)			
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											8	52,000	(2)	(10,650)	26	195,547	
Group Life																	
12. Whole																	
13. Term														(1)	(125,000)		
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total Group Life													(1)	(125,000)			
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities															(1,492)	2	55,411
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
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			(9)	(32,876)	17	55,614	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	158	118,818	(98)	(64,978)	463	247,635	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	158	118,818	(107)	(97,854)	480	303,249	
47. Total											166	170,818	(110)	(234,996)	508	554,207	

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

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

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

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

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

24.1.ND



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	139,864		868			868	225,539		18,527		244,066
3. Term	10,906										
4. Indexed											
5. Universal	32,612						43,604				43,604
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	183,382		868			868	269,143		18,527		287,670
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	27						13,745		271,620		285,365
21. Indexed									6,111		6,111
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							10,367				10,367
25. Other											
26. Total Individual Annuities	27						24,112		277,731		301,843
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)							XXX	XXX	XXX	1,317,529	1,317,529
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	1,785						XXX	XXX	XXX	592	592
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	2,961,270						XXX	XXX	XXX	1,000,916	1,000,916
46. Total Accident and Health	4,853,383						XXX	XXX	XXX	2,319,037	2,319,037
47. Total	5,036,792 (c)		868			868	293,255	296,258	2,319,037	2,319,037	2,908,550

24 OH

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Ohio

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	233,455							18	224,089	82,519	13	82,500	(37)	(463,916)	281	2,896,644
3. Term													2	14,206	18	1,656,416
4. Indexed																
5. Universal	74,658							2	42,796	31,862			(3)	(71,623)	71	3,128,315
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	308,113	20	266,885					20	266,885	114,381	13	82,500	(38)	(521,333)	370	7,681,375
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed													(2)	(231,643)	19	1,345,588
21. Indexed														(2,275)	2	112,437
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(8,512)	2	69,541
25. Other														(12,739)	3	22,624
26. Total Individual Annuities													(2)	(255,169)	26	1,550,190
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,452	1,000,897	(1,410)	(377,667)	5,811	2,961,270
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,452	1,000,897	(1,516)	(821,224)	6,234	4,853,383
47. Total	308,113	20	266,885					20	266,885	114,381	2,465	1,083,397	(1,556)	(1,597,726)	6,630	14,084,948

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

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

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

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

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

24.1 OH



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	113,659		751		9	760	130,795		13,552		144,347
3. Term	477										
4. Indexed											
5. Universal	1,937										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	116,073		751		9	760	130,795		13,552		144,347
Group Life											
12. Whole											
13. Term	133										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	133										
Individual Annuities											
20. Fixed	65								183,730		183,730
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							6,845				6,845
25. Other											
26. Total Individual Annuities	65						6,845		183,730		190,575
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)						XXX	XXX	XXX		
35. Comprehensive group	(d)						XXX	XXX	XXX		
36. Medicare Supplement	(d)	697,046					XXX	XXX	XXX	466,157	466,157
37. Vision only	(d)						XXX	XXX	XXX		
38. Dental only	(d)						XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan	(d)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e)					XXX	XXX	XXX		
41. Title XIX Medicaid	(d)						XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income	(d)						XXX	XXX	XXX		
44. Long-term care	(d)						XXX	XXX	XXX		
45. Other health	(d)	3,591,035					XXX	XXX	XXX	1,381,408	1,381,408
46. Total Accident and Health		4,288,081					XXX	XXX	XXX	1,847,565	1,847,565
47. Total	4,404,352 (c)		751		9	760	137,640	197,282	197,282	1,847,565	2,182,487

24 OK

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Oklahoma

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	157,184							14	129,963	48,808	11	74,500	(28)	(260,944)	243	2,083,355	
3. Term															7	36,221	
4. Indexed																	
5. Universal														(15,348)	3	231,211	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life	157,184	14	129,963					14	129,963	48,808	11	74,500	(29)	(276,292)	253	2,350,787	
Group Life																	
12. Whole																	
13. Term															2	6,000	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life															2	6,000	
Individual Annuities																	
20. Fixed														(1)	(181,322)	2	66,356
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout														(4,912)	1	48,885	
25. Other																	
26. Total Individual Annuities														(1)	(186,234)	3	115,241
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,727	1,381,394	(1,348)	(1,050,170)	6,868	3,591,035	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,727	1,381,394	(1,395)	(1,191,891)	7,029	4,288,081	
47. Total	157,184	14	129,963					14	129,963	48,808	1,738	1,455,894	(1,425)	(1,654,417)	7,287	6,760,109	

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

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

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

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

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

24.1 OK



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	42,521		435			435	12,335		1,006		13,341
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	42,521		435			435	12,335		1,006		13,341
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	8						9,145		716		9,861
21. Indexed									111,019		111,019
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							1,833				1,833
25. Other											
26. Total Individual Annuities	8						10,978		111,735		122,713
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	12,286,137						XXX	XXX	XXX	9,419,576	9,419,576
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	549,076						XXX	XXX	XXX	165,606	165,606
46. Total Accident and Health	12,835,213						XXX	XXX	XXX	9,585,182	9,585,182
47. Total	12,877,742 (c)		435			435	23,313	23,313	112,741	9,585,182	9,721,236

24 OR

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	(4,926)								(10,000)	5	38,000	(7)	(44,693)	81	644,320	
3. Term		2	12,074					2	12,074					7	35,000	
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	(4,926)	2	12,074					2	12,074	(10,000)	5	38,000	(7)	(44,693)	88	679,320
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed	(5,317)		102,999					1	102,999	(1)		(2)	(107,621)	1	61,744	
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other													(8,178)	2	18,437	
26. Total Individual Annuities	(5,317)	1	102,999					1	102,999	(1)		(2)	(99,203)	8	673,156	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	8	17,777	(897)	(2,003,211)	3,721	12,286,137
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677	165,606	(218)	139,224	1,074	549,076
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685	183,383	(1,115)	(1,863,987)	4,795	12,835,213
47. Total	(10,243)	3	115,073					3	115,073	(10,001)	690	221,383	(1,124)	(2,007,883)	4,891	14,187,689

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

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

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

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

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

24.1 OR



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	208,429		1,342			1,342	132,104	1	12,087		144,192
3. Term	2,571										
4. Indexed											
5. Universal	4,223								6,158		6,158
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	215,223		1,342			1,342	132,104	1	18,245		150,350
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	38						107,754		123,495		231,249
21. Indexed									30,418		30,418
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							44,293				44,293
25. Other											
26. Total Individual Annuities	38						152,047		153,913		305,960
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)						XXX	XXX	XXX		
35. Comprehensive group	(d)						XXX	XXX	XXX		
36. Medicare Supplement	(d)	2,353,845					XXX	XXX	XXX	1,596,911	1,596,911
37. Vision only	(d)						XXX	XXX	XXX		
38. Dental only	(d)						XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan	(d)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(e)					XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income	(d)	2,890					XXX	XXX	XXX	13	13
44. Long-term care	(d)						XXX	XXX	XXX		
45. Other health	(d)	3,337,813					XXX	XXX	XXX	1,400,429	1,400,429
46. Total Accident and Health		5,694,348					XXX	XXX	XXX	2,997,353	2,997,353
47. Total	5,909,609 (c)		1,342				1,342	284,151	1	172,158	2,997,353

24.PA

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Pennsylvania

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	154,358							15	131,051	45,000	23	198,000	(38)	(491,745)	414	3,382,559
3. Term													(1)	(5,000)	33	413,257
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	154,358	15	131,051					15	131,051	45,000	23	198,000	(40)	(507,947)	467	4,228,884
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	7,401	2	100,967					2	100,967				(5)	(106,956)	27	1,244,435
21. Indexed		1	38,685					1	38,685					(21,736)	8	323,087
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	4,928	1	4,928					1	4,928		1	12,665	(1)	(35,652)	8	259,382
25. Other														(812)		
26. Total Individual Annuities	12,329	4	144,580					4	144,580		1	12,665	(7)	(165,156)	43	1,826,904
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(73)	(199,848)	648	2,353,645
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(97)		2,890
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,995	1,400,426	(1,715)	(586,834)
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,995	1,400,426	(1,788)	(786,779)
47. Total	166,687	19	275,631					19	275,631	45,000	3,019	1,611,091	(1,835)	(1,459,882)	7,438	11,750,136

(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: \$ _____ 75 Group: \$ _____ Total: \$ _____.

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

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

24.1.PA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	5,575							39,514	6,615	51,261		97,390
3. Term	2,882							458,016				458,016
4. Indexed												
5. Universal	2,747							56,300				56,300
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	11,204							553,830	6,615	51,261		611,706
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed	30							55,163		110,169		165,332
21. Indexed										39,419		39,419
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								18,979				18,979
25. Other												
26. Total Individual Annuities	30							74,142		149,588		223,730
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	23,061							XXX	XXX	XXX	10,420	10,420
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	25,496							XXX	XXX	XXX	16,570	16,570
46. Total Accident and Health	48,557							XXX	XXX	XXX	26,990	26,990
47. Total	59,791 (c)							627,972	6,615	200,849	26,990	862,426

24.RI

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Rhode Island

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		23 Number of Pals/ Certs	24 Amount	25 Number of Pals/ Certs	26 Amount	27 Number of Pals/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	15,211							6	44,625									
3. Term	452,000							1	452,000									
4. Indexed																		
5. Universal	55,579							2	55,579									
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total Individual Life	522,790	9	552,204					9	552,204			(13)	(651,979)	90	1,407,336			
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life																		
Individual Annuities																		
20. Fixed	55,163	1	55,163					1	55,163			(3)	(154,250)	3	352,257			
21. Indexed											(1)	(39,053)						
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total Individual Annuities	55,163	1	55,163					1	55,163			(4)	(193,303)	3	352,257			
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total Group Annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	10,354	5	23,061			
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16,570	(23)	(14,667)	123	25,496	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16,570	(21)	(4,313)	128	48,557	
47. Total	577,953	10	607,367					10	607,367			16	16,570	(38)	(849,595)	221	1,808,150	

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

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

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

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

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

24.1.R1



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	232,254		9,485		499			284,417			340,298
3. Term	19,823										
4. Indexed											
5. Universal	58,576							54,417			79,795
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	310,653		9,485		499		9,984	338,834		81,259	420,093
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	582							2,555		77,629	80,184
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout								1,486			1,486
25. Other											
26. Total Individual Annuities	582							4,041		77,629	81,670
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)							XXX	XXX	XXX	
35. Comprehensive group	(d)							XXX	XXX	XXX	
36. Medicare Supplement	(d)	2,646,279						XXX	XXX	XXX	1,997,986
37. Vision only	(d)							XXX	XXX	XXX	
38. Dental only	(d)							XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan	(d)							XXX	XXX	XXX	
40. Title XVIII Medicare	(d)							XXX	XXX	XXX	
41. Title XIX Medicaid	(d)	(e)						XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income	(d)	1,321						XXX	XXX	XXX	5
44. Long-term care	(d)							XXX	XXX	XXX	
45. Other health	(d)	2,718,471						XXX	XXX	XXX	1,185,916
46. Total Accident and Health		5,366,071						XXX	XXX	XXX	3,183,907
47. Total	5,677,306 (c)		9,485		499		9,984	342,875		158,888	3,183,907

24.SC

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

South Carolina

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	226,300	48	279,467				48	279,467	4,604	28	228,000	(63)	(669,447)	959	7,415,046	
3. Term												(2)	(11,384)	62	2,576,279	
4. Indexed																
5. Universal	32,146	3	53,625				3	53,625				(16)	(403,360)	138	3,748,910	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	258,446	51	333,092				51	333,092	4,604	28	228,000	(81)	(1,084,191)	1,159	13,740,235	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed												(1)	(61,627)	13	454,726	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(269)	1	5,491	
25. Other												(1)	(2,528)			
26. Total Individual Annuities												(2)	(64,424)	14	460,217	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	1	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	258,446	51	333,092				51	333,092	4,604	2,408	1,413,757	(1,437)	(2,233,837)	6,914	19,566,523	

(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: \$ _____, 1,662 Group: \$ _____, Total: \$ _____, 1,662.

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

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

24.1.SC



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	37,306				85	85	16,586		223		16,809
3. Term											
4. Indexed											
5. Universal	708								14,051		14,051
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	38,014				85	85	16,586		14,274		30,860
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed											
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities											
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)						XXX	XXX	XXX		
35. Comprehensive group	(d)						XXX	XXX	XXX		
36. Medicare Supplement	(d)	305,958					XXX	XXX	XXX	210,465	210,465
37. Vision only	(d)						XXX	XXX	XXX		
38. Dental only	(d)						XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan	(d)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e)					XXX	XXX	XXX		
41. Title XIX Medicaid	(d)						XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income	(d)						XXX	XXX	XXX		
44. Long-term care	(d)						XXX	XXX	XXX		
45. Other health	(d)	361,154					XXX	XXX	XXX	146,591	146,591
46. Total Accident and Health		667,112					XXX	XXX	XXX	357,056	357,056
47. Total		705,126 (c)			85	85	16,586		14,274	357,056	387,916

24.SD

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

South Dakota

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	27,719								11,191							
3. Term		3	16,528					3	16,528	6	42,500	(6)	(38,424)	68	563,268	
4. Indexed														2	10,995	
5. Universal														1	26,040	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	27,719	3	16,528					3	16,528	6	42,500	(9)	(104,267)	71	600,303	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities														3	349,070	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	152	146,578	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	152	146,578	
47. Total	27,719	3	16,528					3	16,528	11,191	158	189,078	(171)	(303,959)	775	1,616,485

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

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

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

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

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

24.1.SD



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	282,297		3,377		45	3,422	476,132	2,689	54,244		533,065
3. Term	930						10,084				10,084
4. Indexed											
5. Universal	57,947		141			141	135,788		111,358		247,146
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	341,174		3,518		45	3,563	622,004	2,689	165,602		790,295
Group Life											
12. Whole											
13. Term	2,454										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	2,454										
Individual Annuities											
20. Fixed	324								523,001		523,001
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							1,785				1,785
25. Other											
26. Total Individual Annuities	324						1,785		523,001		524,786
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	5,586,797						XXX	XXX	XXX	3,947,813	3,947,813
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	1,134						XXX	XXX	XXX	5	5
44. Long-term care (d)	4,492						XXX	XXX	XXX		
45. Other health (d)	3,269,655						XXX	XXX	XXX	1,376,111	1,376,111
46. Total Accident and Health	8,862,078						XXX	XXX	XXX	5,323,929	5,323,929
47. Total	9,206,030 (c)		3,518		45	3,563	623,789	2,689	688,603	5,323,929	6,639,010

24.TN

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Tennessee

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	411,050	70	471,011				70	471,011	53,624	38	387,000	(87)	(828,443)	1,157	11,564,967	
3. Term	10,000	1	10,000				1	10,000				(8)	(21,001)	62	650,492	
4. Indexed																
5. Universal	145,295	9	134,858				9	134,858	21,118			(18)	(304,028)	162	4,463,783	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	566,345	80	615,869				80	615,869	74,742	38	387,000	(113)	(1,153,472)	1,381	16,679,242	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life												(1)	(2,082)	10	265,098	
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities												(5)	(496,702)	7	579,128	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	566,345	80	615,869				80	615,869	74,742	2,697	1,747,562	(2,196)	(3,221,129)	10,665	26,403,574	

(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: \$ _____, 1,013 Group: \$ _____, Total: \$ _____, 1,013.

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

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

24.1.TN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	855,085		7,358		428	7,786	777,876	14	95,752		873,642
3. Term	4,282										
4. Indexed											
5. Universal	11,246						15,579				15,579
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	870,613		7,358		428	7,786	793,455	14	95,752		889,221
Group Life											
12. Whole											
13. Term	920										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	920										
Individual Annuities											
20. Fixed	138						162,032		407,346		569,378
21. Indexed									256,059		256,059
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							20,239				20,239
25. Other											
26. Total Individual Annuities	138						182,271		663,405		845,676
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	8,842,464						XXX	XXX	XXX	5,957,900	5,957,900
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	8,445						XXX	XXX	XXX	501	501
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	25,892,739						XXX	XXX	XXX	9,212,949	9,212,949
46. Total Accident and Health	34,743,648						XXX	XXX	XXX	15,171,350	15,171,350
47. Total	35,615,319 (c)		7,358		428	7,786	975,726	14	759,157	15,171,350	16,906,247

24.TX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Texas

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	833,737	88	761,111				88	761,111	340,379	165	1,619,500	(179)	(1,933,809)	1,503	13,315,992	
3. Term													(12,361)	39	801,374	
4. Indexed																
5. Universal		1	15,529				1	15,529	(15,529)			(4)	(57,080)	40	1,223,219	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	833,737	89	776,640				89	776,640	324,850	165	1,619,500	(183)	(2,003,250)	1,582	15,340,585	
Group Life																
12. Whole																
13. Term														1	50,000	
14. Universal																
15. Variable																
16. Variable universal																
17. Credit															(a)	
18. Other																
19. Total Group Life														1	50,000	
Individual Annuities																
20. Fixed	(43,180)	3	162,032				3	162,032				(6)	(607,293)	30	2,450,326	
21. Indexed												(5)	(245,308)	11	322,437	
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(13,409)	5	134,842	
25. Other																
26. Total Individual Annuities	(43,180)	3	162,032				3	162,032				(11)	(866,010)	46	2,907,605	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	790,557	92	938,672				92	938,672	324,850	19,748	10,827,450	(13,464)	(9,041,498)	53,137	53,042,440	

(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: \$ _____, 2,879 Group: \$ _____ Total: \$ _____, 2,879.

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

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

24.1.TX



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	24,751		570			570	13,036				13,036
3. Term											
4. Indexed											
5. Universal	192										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	24,943		570			570	13,036				13,036
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	15						52,434		193,065		245,499
21. Indexed									1,263		1,263
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							3,180				3,180
25. Other											
26. Total Individual Annuities	15						55,614		194,328		249,942
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	510,644						XXX	XXX	XXX	330,608	330,608
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	265						XXX	XXX	XXX	1	1
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	1,539,173						XXX	XXX	XXX	674,863	674,863
46. Total Accident and Health	2,050,082						XXX	XXX	XXX	1,005,472	1,005,472
47. Total	2,075,040 (c)		570			570	68,650	194,328	194,328	1,005,472	1,268,450

24. UT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	(1,992)								(5,000)	2	6,000	(3)	(31,000)	48	402,154	
3. Term		2	13,008											1	4,573	
4. Indexed																
5. Universal														1	18,009	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	(1,992)	2	13,008					2	(5,000)	2	6,000	(3)	(31,000)	50	424,736	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	20,785	2	52,434					2	21,270			(6)	(182,903)	14	972,638	
21. Indexed													(209)	2	41,046	
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(2,945)	2	34,244	
25. Other																
26. Total Individual Annuities	20,785	2	52,434					2	21,270			(6)	(186,057)	18	1,047,928	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(21)	147	510,644	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				265	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,189	674,863	(1,038)	1,539,173	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,189	674,863	(1,059)	2,050,082	
47. Total	18,793	4	65,442					4	16,270	2,191	680,863	(1,068)	(235,729)	2,982	3,522,746	

(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: \$ _____ 120 Group: \$ _____ Total: \$ _____.

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

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

24.1.UT



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	16,227		104			104	21,620		18,389		40,009
3. Term											
4. Indexed											
5. Universal	62,811						245,933		50,713		296,646
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	79,038		104			104	267,553		69,102		336,655
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	206								6,474		6,474
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	206								6,474		6,474
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	2,613,638						XXX	XXX	XXX	2,247,034	2,247,034
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	189,788						XXX	XXX	XXX	81,834	81,834
46. Total Accident and Health	2,803,426						XXX	XXX	XXX	2,328,868	2,328,868
47. Total	2,882,670 (c)		104			104	267,553	267,553	75,576	2,328,868	2,671,997

24.VT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	21,357									1	20,000	(7)	(53,569)	73	1,098,206	
3. Term		3	21,357					3	21,357			(2)	(23,752)	6	38,165	
4. Indexed																
5. Universal	243,268															
6. Universal with secondary guarantees		6	243,268					6	243,268			(10)	(408,605)	163	5,667,319	
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	264,625	9	264,625					9	264,625	1	20,000	(19)	(485,926)	242	6,803,690	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed														1	218,687	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities														1	218,687	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	1,035	(108)	(127,407)	927	2,613,638	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	81,827	(59)	(65,881)	361	189,788
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	82,862	(167)	(193,286)	1,288	2,803,426
47. Total	264,625	9	264,625					9	264,625	86	102,862	(186)	(679,214)	1,531	9,825,803	

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

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

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

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

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

24.1.VT



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	165,501		12,185	49	811	13,045	186,228		24,175		210,403
3. Term	933										
4. Indexed											
5. Universal	31,547		131			131	100,795		642		101,437
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	197,981		12,316	49	811	13,176	287,023		24,817		311,840
Group Life											
12. Whole											
13. Term	74										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	74										
Individual Annuities											
20. Fixed	51						19,201		4,021		23,222
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							2,759				2,759
25. Other											
26. Total Individual Annuities	51						21,960		4,021		25,981
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	918,572						XXX	XXX	XXX	704,715	704,715
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	45						XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	262,105						XXX	XXX	XXX	48,617	48,617
46. Total Accident and Health	1,180,722						XXX	XXX	XXX	753,332	753,332
47. Total	1,378,828 (c)		12,316	49	811	13,176	308,983		28,838	753,332	1,091,153

24 VA

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Virginia

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit								
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount			
Individual Life																			
1. Industrial																			
2. Whole	162,444								27	183,337									
3. Term																			
4. Indexed																			
5. Universal	100,183								4	100,183									
6. Universal with secondary guarantees																			
7. Variable																			
8. Variable universal																			
9. Credit																			
10. Other																			
11. Total Individual Life	262,627	31	283,520						31	283,520			12,063	14	112,500	(52)	(666,381)	925	9,009,654
Group Life																			
12. Whole																			
13. Term																			
14. Universal																			
15. Variable																			
16. Variable universal																			
17. Credit																			
18. Other																			
19. Total Group Life																			
Individual Annuities																			
20. Fixed	63	1	15,062						1	15,062									
21. Indexed																			
22. Variable with guarantees																			
23. Variable without guarantees																			
24. Life contingent payout																			
25. Other																			
26. Total Individual Annuities	63	1	15,062						1	15,062									
Group Annuities																			
27. Fixed																			
28. Indexed																			
29. Variable with guarantees																			
30. Variable without guarantees																			
31. Life contingent payout																			
32. Other																			
33. Total Group Annuities																			
Accident and Health																			
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225	48,432	(143)	11,281	825	262,105
47. Total	262,690	32	298,582						32	298,582			12,063	239	160,932	(222)	(693,380)	1,994	10,321,076

(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: \$ _____, 867 Group: \$ _____, Total: \$ _____, 867.

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

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

24.1.VA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	92,677		1,377	106	40	1,523	79,542		5,313		84,855
3. Term	329										
4. Indexed											
5. Universal	1,576										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	94,582		1,377	106	40	1,523	79,542		5,313		84,855
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed							26,342		105,702		132,044
21. Indexed									36,855		36,855
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							2,866				2,866
25. Other											
26. Total Individual Annuities							29,208		142,557		171,765
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	21,200,888						XXX	XXX	XXX	17,338,399	17,338,399
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)							XXX	XXX	XXX		
45. Other health (d)	638,401						XXX	XXX	XXX	131,935	131,935
46. Total Accident and Health	21,839,289						XXX	XXX	XXX	17,470,334	17,470,334
47. Total	21,933,871 (c)		1,377	106	40	1,523	108,750		147,870	17,470,334	17,726,954

24-W/A

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Washington

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	69,823		10	78,844				10	78,844	11,979	7	65,000	(19)	(166,926)	202	1,396,500
3. Term													(2)	(10,000)	6	31,866
4. Indexed																
5. Universal															5	228,009
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	69,823		10	78,844				10	78,844	11,979	7	65,000	(21)	(176,926)	213	1,656,375
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed													(2)	(244,603)	6	184,187
21. Indexed														(1,423)	16	1,351,053
22. Variable with guarantees																
23. Variable without guarantees														(2,072)	1	20,364
24. Life contingent payout														(8,344)	6	143,901
25. Other											1	121,882	(1)		6	143,901
26. Total Individual Annuities											1	121,882	(3)	(256,442)	29	1,699,505
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	13	20,791	(1,691)	(3,131,025)	7,043	21,200,888
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 (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(10,200)	1	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	131,935	(164)	(139,778)	1,108	638,401
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	198	152,726	(1,855)	(3,281,003)	8,152	21,839,289
47. Total	69,823		10	78,844				10	78,844	11,979	206	339,608	(1,879)	(3,714,371)	8,394	25,195,169

(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: \$ _____ 181 Group: \$ _____ Total: \$ _____.

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

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

24.1.WA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	111,377		1,595			1,595	143,126		76,696		219,822
3. Term	1,413										
4. Indexed											
5. Universal	20,342						25,075		53,655		78,730
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	133,132		1,595			1,595	168,201		130,351		298,552
Group Life											
12. Whole											
13. Term	48										
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life	48										
Individual Annuities											
20. Fixed	286								1,687		1,687
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities	286								1,687		1,687
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d) 292,118						XXX	XXX	XXX		
35. Comprehensive group							XXX	XXX	XXX		
36. Medicare Supplement							XXX	XXX	XXX	178,878	178,878
37. Vision only							XXX	XXX	XXX		
38. Dental only							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan							XXX	XXX	XXX		
40. Title XVIII Medicare							XXX	XXX	XXX		
41. Title XIX Medicaid	(e)						XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income							XXX	XXX	XXX		
44. Long-term care							XXX	XXX	XXX		
45. Other health	(d) 856,166						XXX	XXX	XXX	225,358	225,358
46. Total Accident and Health	(c) 1,148,284						XXX	XXX	XXX	404,236	404,236
47. Total	(c) 1,281,750		1,595			1,595	168,201		132,038	404,236	704,475

24-WV

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

West Virginia

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	155,430							22	166,877	5,304	7	24,000	(35)	(362,439)	499	5,126,135
3. Term													(1)	(22,980)	25	159,511
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	155,430							22	166,877	5,304	7	24,000	(43)	(492,513)	585	6,792,572
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life															1	500
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities															2	34,815
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	394	225,336	(350)	(130,852)	2,130	856,166
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	394	225,336	(381)	(192,237)	2,303	1,148,284
47. Total	155,430							22	166,877	5,304	401	249,336	(424)	(685,415)	2,891	7,976,171

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

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

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

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

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

24.1.WV



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	37,132		176		54	230	2,555		6,252		8,807
3. Term											
4. Indexed											
5. Universal	1,329										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	38,461		176		54	230	2,555		6,252		8,807
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed	15						166,677		307,487		474,164
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout							2,743				2,743
25. Other											
26. Total Individual Annuities	15						169,420		307,487		476,907
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	296,771						XXX	XXX	XXX	144,561	144,561
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)							XXX	XXX	XXX		
44. Long-term care (d)	7,004						XXX	XXX	XXX	16,320	16,320
45. Other health (d)	1,411,609						XXX	XXX	XXX	548,970	548,970
46. Total Accident and Health	1,715,384						XXX	XXX	XXX	709,851	709,851
47. Total	1,753,860 (c)		176		54	230	171,975		313,739	709,851	1,195,565

24-W1

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Wisconsin

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	2,500										2	13,500	(5)	(45,715)	67	765,946
3. Term															3	12,871
4. Indexed																
5. Universal															1	25,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	2,500	1	2,500					1	2,500		2	13,500	(5)	(45,715)	71	803,817
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	26,455	2	231,447					2	231,447				(5)	(274,451)	11	963,197
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout											1	13,594		(1,572)	2	18,742
25. Other																
26. Total Individual Annuities	26,455	2	231,447					2	231,447		1	13,594	(5)	(276,023)	13	981,939
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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			(42)	(35,914)	248	296,771
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(2,501)	4	7,004
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,096	548,970	(452)	(249,142)	2,764	1,411,609
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,096	548,970	(494)	(287,557)	3,016	1,715,384
47. Total	28,955	3	233,947					3	233,947		1,099	576,064	(504)	(609,295)	3,100	3,501,140

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

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

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

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

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

24.1.WI



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	16,910		200			200	10,011		423		10,434
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	16,910		200			200	10,011		423		10,434
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed									2,540		2,540
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities									2,540		2,540
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)							XXX	XXX	XXX		
35. Comprehensive group (d)							XXX	XXX	XXX		
36. Medicare Supplement (d)	219,627						XXX	XXX	XXX	181,600	181,600
37. Vision only (d)							XXX	XXX	XXX		
38. Dental only (d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)							XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income (d)	619						XXX	XXX	XXX	2	2
44. Long-term care (d) (55)	(55)						XXX	XXX	XXX	55,293	55,293
45. Other health (d)	351,649						XXX	XXX	XXX	111,468	111,468
46. Total Accident and Health	571,840						XXX	XXX	XXX	348,363	348,363
47. Total	588,750 (c)		200			200	10,011		2,963	348,363	361,337

24-WY

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	10,011																
3. Term		2	10,011						2	10,011		2	27,500	(3)	(35,000)	22	200,690
4. Indexed																3	15,000
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life	10,011	2	10,011						2	10,011		2	27,500	(3)	(35,000)	25	215,690
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities															3,885	3	219,932
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	10,011	2	10,011						2	10,011		270	138,968	(144)	(105,414)	739	1,007,462

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

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

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

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

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

24.1.WY



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2024

NAIC Company Code 65722

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

NONE

24.AS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

American Samoa

DURING THE YEAR 2024

NAIC Company Code 65722

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

NONE

24.1.AS

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Loyal American Life Insurance Company**
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole .....163			78									
3. Term .....720												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	883		78					78				
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,108							XXX	XXX	XXX	6,245	6,245
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health	1,108							XXX	XXX	XXX	6,245	6,245
47. Total	1,991 (c)		78					78			6,245	6,245

24-GU

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Guam

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		Policy Exhibit Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															11,000	
3. Term															4,900	
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life														2	15,900	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit															(a)	
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed														157	1	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities														157	1	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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				1,108	1,108	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1,108	1,108	
47. Total														1,265	3	

(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: \$ _____ 219 Group: \$ _____ Total: \$ _____ 219

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

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

24.1.GU



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	2,649		135		45			180			
3. Term											
4. Indexed											
5. Universal	466										
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	3,115		135		45			180			
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed											
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities											
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)								XXX	XXX	XXX	
35. Comprehensive group (d)								XXX	XXX	XXX	
36. Medicare Supplement (d)	2,605							XXX	XXX	XXX	432
37. Vision only (d)								XXX	XXX	XXX	
38. Dental only (d)								XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX	
40. Title XVIII Medicare (d)								XXX	XXX	XXX	
41. Title XIX Medicaid (d)	(e)							XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income (d)								XXX	XXX	XXX	
44. Long-term care (d)								XXX	XXX	XXX	
45. Other health (d)	3,417							XXX	XXX	XXX	3,103
46. Total Accident and Health	6,022							XXX	XXX	XXX	3,535
47. Total	9,137 (c)		135		45			180			3,535

24.PR

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Puerto Rico

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term (736)									.736 (736)							
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life (736)													1	10,051	11	210,867
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed									.701				1	2,676	2	4,701
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities									.701				1	2,676	2	4,701
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	3,103	2	3,417
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3,103	3	6,022
47. Total (736)										701			1	3,103	16	221,590

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

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

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

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

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



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0901

BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole	2,681		32		78	110	24,381		2,545		26,926
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	2,681		32		78	110	24,381		2,545		26,926
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed											
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities											
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual	(d)						XXX	XXX	XXX		
35. Comprehensive group	(d)						XXX	XXX	XXX		
36. Medicare Supplement	(d)	200					XXX	XXX	XXX		
37. Vision only	(d)						XXX	XXX	XXX		
38. Dental only	(d)						XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan	(d)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e)					XXX	XXX	XXX		
41. Title XIX Medicaid	(d)						XXX	XXX	XXX		
42. Credit A&H							XXX	XXX	XXX		
43. Disability income	(d)						XXX	XXX	XXX		
44. Long-term care	(d)						XXX	XXX	XXX		
45. Other health	(d)	1,266					XXX	XXX	XXX	40	40
46. Total Accident and Health		1,466					XXX	XXX	XXX	40	40
47. Total	4,147 (c)		32		78	110	24,381		2,545	40	26,966

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

U.S. Virgin Islands

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	25,595	3	24,173					3	24,173	1,595			(3)	(23,209)	16	134,257
3. Term																
4. Indexed																
5. Universal													(1)	(4,669)		
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	25,595	3	24,173					3	24,173	1,595			(4)	(27,878)	16	134,257
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																(a)
Individual Annuities																
20. Fixed	1,871									3,417			(2)	(2,933)	5	16,061
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities	1,871									3,417			(2)	(2,933)	5	16,061
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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)	(9,160)		200
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		40	2	530	5	1,266
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		40		(8,630)	5	1,466
47. Total	27,466	3	24,173					3	24,173	5,012		40	(6)	(39,441)	26	151,784

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

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

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

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

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

24.1.VI



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2024

NAIC Company Code 65722

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

NONE

24.MP

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Northern Mariana Islands

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

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

NONE

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

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

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

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

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

24.1.MP



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2024

NAIC Company Code 65722

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

NONE

24-CN

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Canada

DURING THE YEAR 2024

NAIC Company Code 65722

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

NONE

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

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

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

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

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

24.1 CN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life											
1. Industrial											
2. Whole 4,761			1,325	.292			1,617			2,091	2,091
3. Term 11,962											
4. Indexed											
5. Universal 71,039										57,958	57,958
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total Individual Life	87,762		1,325	.292			1,617			60,049	60,049
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total Group Life											
Individual Annuities											
20. Fixed											
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total Individual Annuities											
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual (d)								XXX	XXX	XXX	
35. Comprehensive group (d)								XXX	XXX	XXX	
36. Medicare Supplement (d)								XXX	XXX	XXX	
37. Vision only (d)								XXX	XXX	XXX	
38. Dental only (d)								XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX	
40. Title XVIII Medicare (d)								XXX	XXX	XXX	
41. Title XIX Medicaid (d)								XXX	XXX	XXX	
42. Credit A&H								XXX	XXX	XXX	
43. Disability income (d)								XXX	XXX	XXX	
44. Long-term care (d)								XXX	XXX	XXX	
45. Other health (d)								XXX	XXX	XXX	
46. Total Accident and Health	604							XXX	XXX	XXX	
47. Total	88,366 (c)		1,325	.292			1,617			60,049	60,049

24.0T

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Other Aliens

DURING THE YEAR 2024

NAIC Company Code 65722

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pals/ Certs	24 Amount	26 Number of Pals/ Certs	26 Amount	28 Number of Pals/ Certs	28 Amount
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal	100,000															
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	100,000								100,000				(8)	(1,035,006)	91	11,218,693
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities													2	230,662	4	252,211
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	100,000								100,000				(6)	(812,710)	131	12,046,884

(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: \$ 36 Group: \$ Total: \$ 36

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

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

24.1.OT



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0901

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	5,762,674		153,119	2,729	11,310		167,158	6,193,111	105,424	1,396,498		7,695,033
3. Term	123,398							470,344		1,539		471,883
4. Indexed												
5. Universal	926,828		272				272	1,955,826		718,427		2,674,253
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	6,812,900		153,391	2,729	11,310		167,430	8,619,261	105,424	2,116,464		10,841,169
Group Life												
12. Whole												
13. Term	24,788							2,066				2,066
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life	24,788							2,066				2,066
Individual Annuities												
20. Fixed	150,086							2,609,382		8,825,404		11,434,786
21. Indexed								749,775		1,996,966		2,746,741
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								423,585				423,585
25. Other												
26. Total Individual Annuities	150,086							3,782,742		10,822,370		14,605,112
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	161,499,060							XXX	XXX	XXX	120,385,569	120,385,569
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	72,867							XXX	XXX	XXX	7,453	7,453
44. Long-term care (d)	64,809							XXX	XXX	XXX	215,856	215,856
45. Other health (d)	147,388,930							XXX	XXX	XXX	56,726,485	56,726,485
46. Total Accident and Health	309,025,666							XXX	XXX	XXX	177,335,363	177,335,363
47. Total	316,013,440 (c)		153,391	2,729	11,310		167,430	12,404,089	105,424	12,938,834	177,335,363	202,783,710

24.GT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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

NAIC Group Code 0901

BUSINESS IN THE STATE OF

Grand Total

DURING THE YEAR 2024

NAIC Company Code 65722

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	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
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	6,064,348	849	6,193,081			849	6,193,081	1,537,760	665	5,759,502	(1,436)	(14,490,081)	18,646	172,595,095		
3. Term	515,316	4	464,212			4	464,212	51,104			(125)	(1,994,398)	1,374	20,708,323		
4. Indexed																
5. Universal	1,865,431	79	1,902,213			79	1,902,213	176,963			(207)	(6,510,287)	2,358	83,292,486		
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	8,445,095	932	8,559,506			932	8,559,506	1,765,827	665	5,759,502	(1,768)	(22,994,766)	22,378	276,595,904		
Group Life																
12. Whole																
13. Term	2,066	1	2,066			1	2,066				(9)	(295,902)	36	1,461,098		
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life	2,066	1	2,066			1	2,066				(9)	(295,902)	36	1,461,098		
Individual Annuities																
20. Fixed	1,524,628	40	2,044,145			40	2,044,145	528,770			(132)	(9,246,299)	601	42,800,991		
21. Indexed	23,618	10	749,775			10	749,775	16,614			(30)	(1,917,130)	116	8,814,152		
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	4,928	1	4,928			1	4,928		3	53,939	(7)	(291,142)	95	2,273,084		
25. Other									7	428,066	(9)	(460,671)	56	1,870,804		
26. Total Individual Annuities	1,553,174	51	2,798,848			51	2,798,848	545,384	10	482,005	(178)	(11,915,242)	868	55,759,031		
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	90	128,292	(10,155)	(18,799,250)		
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 (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(4)	(7,514)	43	72,867		
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(5)	(9,906)	42	64,809		
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117,049	56,651,746	(73,485)	(28,051,159)		
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117,139	56,780,038	(83,649)	(46,867,829)		
47. Total	10,000,335	984	11,360,420			984	11,360,420	2,311,210	117,814	63,021,545	(85,604)	(82,073,739)	362,032	642,841,697		

(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: \$ _____ 37,023 Group: \$ _____ Total: \$ _____ 37,023

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

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

24.1.GT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	(172,687)
2. Current year's realized pre-tax capital gains/(losses) of \$62 transferred into the reserve net of taxes of \$ 13	49
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(172,638)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(8,320)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(164,318)

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	(8,369)	49		(8,320)
2. 2025	(14,537)			(14,537)
3. 2026	(24,188)			(24,188)
4. 2027	(29,803)			(29,803)
5. 2028	(28,945)			(28,945)
6. 2029	(31,166)			(31,166)
7. 2030	(29,896)			(29,896)
8. 2031	(20,979)			(20,979)
9. 2032	(10,952)			(10,952)
10. 2033	(1,899)			(1,899)
11. 2034	4,232			4,232
12. 2035	6,575			6,575
13. 2036	7,074			7,074
14. 2037	4,958			4,958
15. 2038	2,717			2,717
16. 2039	1,695			1,695
17. 2040	763			763
18. 2041	74			74
19. 2042	(42)			(42)
20. 2043				
21. 2044				
22. 2045				
23. 2046				
24. 2047				
25. 2048				
26. 2049				
27. 2050				
28. 2051				
29. 2052				
30. 2053				
31. 2054 and Later				
32. Total (Lines 1 to 31)	(172,688)	49		(172,639)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	3,275,056		3,275,056				3,275,056
2. Realized capital gains/(losses) net of taxes - General Account							
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	653,784		653,784				653,784
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	3,928,840		3,928,840				3,928,840
9. Maximum reserve	3,347,278		3,347,278				3,347,278
10. Reserve objective	1,961,391		1,961,391				1,961,391
11. 20% of (Line 10 - Line 8)	(393,490)		(393,490)				(393,490)
12. Balance before transfers (Lines 8 + 11)	3,535,350		3,535,350				3,535,350
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero	(188,072)		(188,072)				(188,072)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	3,347,278		3,347,278				3,347,278

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	3,678,190	XXX	XXX	3,678,190	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A	3,998,004	XXX	XXX	3,998,004	0.0002	800	0.0007	2,799	0.0013	5,197
2.2	1	NAIC Designation Category 1.B	2,299,121	XXX	XXX	2,299,121	0.0004	920	0.0011	2,529	0.0023	5,288
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D	8,319,658	XXX	XXX	8,319,658	0.0007	5,824	0.0022	18,303	0.0044	36,606
2.5	1	NAIC Designation Category 1.E	6,145,614	XXX	XXX	6,145,614	0.0009	5,531	0.0027	16,593	0.0055	33,801
2.6	1	NAIC Designation Category 1.F	21,925,601	XXX	XXX	21,925,601	0.0011	24,118	0.0034	74,547	0.0068	149,094
2.7	1	NAIC Designation Category 1.G	34,155,766	XXX	XXX	34,155,766	0.0014	47,818	0.0042	143,454	0.0085	290,324
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	76,843,764	XXX	XXX	76,843,764	XXX	85,010	XXX	258,225	XXX	520,311
3.1	2	NAIC Designation Category 2.A	69,559,553	XXX	XXX	69,559,553	0.0021	146,075	0.0063	438,225	0.0105	730,375
3.2	2	NAIC Designation Category 2.B	121,154,322	XXX	XXX	121,154,322	0.0025	302,886	0.0076	920,773	0.0127	1,538,660
3.3	2	NAIC Designation Category 2.C	25,713,032	XXX	XXX	25,713,032	0.0036	92,567	0.0108	277,701	0.0180	462,835
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	216,426,907	XXX	XXX	216,426,907	XXX	541,528	XXX	1,636,699	XXX	2,731,870
4.1	3	NAIC Designation Category 3.A	1,284,331	XXX	XXX	1,284,331	0.0069	8,862	0.0183	23,503	0.0262	33,649
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	1,284,331	XXX	XXX	1,284,331	XXX	8,862	XXX	23,503	XXX	33,649
5.1	4	NAIC Designation Category 4.A	999,156	XXX	XXX	999,156	0.0184	18,384	0.0430	42,964	0.0615	61,448
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	999,156	XXX	XXX	999,156	XXX	18,384	XXX	42,964	XXX	61,448
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	299,232,348	XXX	XXX	299,232,348	XXX	653,784	XXX	1,961,391	XXX	3,347,278
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	299,232,348	XXX	XXX	299,232,348	XXX	653,784	XXX	1,961,391	XXX	3,347,278

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		0.0011		0.0057		0.0074	
36.		Farm Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
37.		Farm Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39.		Farm Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
40.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41.		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
42.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
54.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
56.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
57.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	
59.		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 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)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	100,051,870	XXX	XXX	100,051,870	0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	100,051,870			100,051,870	XXX		XXX		XXX	
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
31.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
32.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
33.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
34.	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38.		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
39.		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
40.		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
41.		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42.		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
43.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
44.		Residential Mortgages - All Other		XXX	XXX		0.0015		0.0034		0.0046	
45.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
Overdue, Not in Process Affiliated:												
46.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
In Process of Foreclosure Affiliated:												
51.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
52.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
53.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
54.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
56.		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57.		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0011		0.0057		0.0074	
59.		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
60.		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
61.		Unaffiliated - Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
62.		Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1942		0.1942	
63.		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
66.		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
67.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
69.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
72.		Investment Properties					0.0000		0.0912		0.0912	
73.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80.		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
RESIDUAL TRanches OR INTERESTS												
81.		Fixed Income Instruments - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
82.		Fixed Income Instruments - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
83.		Common Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
84.		Common Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
85.		Preferred Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
86.		Preferred Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
87.		Real Estate - Unaffiliated					0.0000		0.1580		0.1580	
88.		Real Estate - Affiliated					0.0000		0.1580		0.1580	
89.		Mortgage Loans - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
90.		Mortgage Loans - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
91.		Other - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
92.		Other - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)					XXX		XXX		XXX	
ALL OTHER INVESTMENTS												
94.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042		0.0042	
95.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
96.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
97.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX		XXX		XXX	
99.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)					XXX		XXX		XXX	

(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

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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	344,937,611	XXX	72,278	XXX		XXX	186,999,631	XXX		XXX	137,293	XXX		XXX
2. Premiums earned	345,232,867	XXX	72,452	XXX		XXX	187,630,906	XXX		XXX	138,778	XXX		XXX
3. Incurred claims	211,078,112	61.1	73,148	101.0			145,095,525	77.3			90,434	65.2		
4. Cost containment expenses	153,049	0.0					153,049	0.1						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	211,231,161	61.2	73,148	101.0			145,248,574	77.4			90,434	65.2		
6. Increase in contract reserves	1,930,682	0.6	(5,941)	(8.2)			(32,912)	0.0						
7. Commissions (a)	63,896,225	18.5	109	0.2			7,976,645	4.3			(2,793)	(2.0)		
8. Other general insurance expenses	39,100,273	11.3	3,974	5.5			9,531,206	5.1			20,929	15.1		
9. Taxes, licenses and fees	9,607,321	2.8	1,758	2.4			4,747,347	2.5			3,094	2.2		
10. Total other expenses incurred	112,603,819	32.6	5,841	8.1			22,255,198	11.9			21,230	15.3		
11. Aggregate write-ins for deductions	483,807	0.1	3	0.0			57,107	0.0			117	0.1		
12. Gain from underwriting before dividends or refunds	18,983,399	5.5	(599)	(0.8)			20,102,939	10.7			26,997	19.5		
13. Dividends or refunds														
14. Gain from underwriting after dividends or refunds	18,983,399	5.5	(599)	(0.8)			20,102,939	10.7			26,997	19.5		
DETAILS OF WRITE-INS														
1101. Loading	454,861	0.1					49,986	0.0			101	0.1		
1102. Penalties	28,799	0.0	3	0.0			7,020	0.0			15	0.0		
1103. Express Script rebates	147	0.0		0.0			101	0.0				0.0		
1198. Summary of remaining write-ins for Line 11 from overflow page		0.0												
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	483,807	0.1	3	0.0			57,107	0.0			117	0.1		

	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	490,879	XXX		XXX	157,237,530	XXX
2. Premiums earned		XXX		XXX		XXX	502,205	XXX		XXX	156,888,526	XXX
3. Incurred claims							905,002	180.2			64,914,003	41.4
4. Cost containment expenses												
5. Incurred claims and cost containment expenses (Lines 3 and 4)							905,002	180.2			64,914,003	41.4
6. Increase in contract reserves							(302,549)	(60.2)			2,272,084	1.4
7. Commissions (a)							(3,480)	(0.7)			55,925,743	35.6
8. Other general insurance expenses							51,973	10.3			29,492,191	18.8
9. Taxes, licenses and fees							13,291	2.6	1,122		4,840,709	3.1
10. Total other expenses incurred							61,784	12.3	1,122		90,258,643	57.5
11. Aggregate write-ins for deductions							(51)	0.0			426,630	0.3
12. Gain from underwriting before dividends or refunds							(161,982)	(32.3)	(1,122)		(982,834)	(0.6)
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds							(161,982)	(32.3)	(1,122)		(982,834)	(0.6)
DETAILS OF WRITE-INS												
1101. Loading							(90)	0.0			404,863	0.3
1102. Penalties							38	0.0			21,722	0.0
1103. Express Script rebates							1	0.0			45	0.0
1198. Summary of remaining write-ins for Line 11 from overflow page								0.0				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)							(51)	0.0			426,630	0.3

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	8,785,880	8,556		4,222,941		5,971					57,203		4,491,209
2. Advance premiums	1,483,248	338		771,107		2,275					1,467		708,061
3. Reserve for rate credits													
4. Total premium reserves, current year	10,269,128	8,894		4,994,048		8,246					58,670		5,199,270
5. Total premium reserves, prior year	11,262,793	8,731		6,254,533		13,149					71,362		4,915,018
6. Increase in total premium reserves	(993,665)	163		(1,260,485)		(4,903)					(12,692)		284,252
B. Contract Reserves:													
1. Additional reserves (a)	174,859,312	4,953		16,125,879							1,396,413		157,332,067
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	174,859,312	4,953		16,125,879							1,396,413		157,332,067
4. Total contract reserves, prior year	172,928,630	10,894		16,158,791							1,698,962		155,059,983
5. Increase in contract reserves	1,930,682	(5,941)		(32,912)							(302,549)		2,272,084
C. Claim Reserves and Liabilities:													
1. Total current year	59,414,079	54,514		16,956,707		33,557					7,779,569		34,589,732
2. Total prior year	56,877,489	33,506		16,583,494		34,653					8,578,674		31,647,162
3. Increase	2,536,590	21,008		373,213		(1,096)					(799,105)		2,942,570

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	42,187,043	30,807		14,557,050		5,299					1,675,998		25,917,889
1.2 On claims incurred during current year	166,354,479	21,333		130,165,262		86,231					28,109		36,053,544
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	14,408,961	5,814		313,996							6,900,727		7,188,424
2.2 On claims incurred during current year	45,005,118	48,700		16,642,711		33,557					878,842		27,401,308
3. Test:													
3.1 Lines 1.1 and 2.1	56,596,004	36,621		14,871,046		5,299					8,576,725		33,106,313
3.2 Claim reserves and liabilities, December 31, prior year	56,877,489	33,506		16,583,494		34,653					8,578,674		31,647,162
3.3 Line 3.1 minus Line 3.2	(281,485)	3,115		(1,712,448)		(29,354)					(1,949)		1,459,151

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written	41,849,200	72,278		29,980,477		137,293					486,120		11,173,032
2. Premiums earned	42,315,983	72,452		30,322,339		138,778					497,426		11,284,988
3. Incurred claims	34,850,835	73,150		24,047,339		90,434					900,227		9,739,685
4. Commissions	4,804,346	109		860,684		(2,793)					(3,615)		3,949,961
B. Reinsurance Ceded:													
1. Premiums written	7,152,768										67,970	70,041	7,014,757
2. Premiums earned	7,159,729										68,122	79,816	7,011,791
3. Incurred claims	4,484,178										1,468	(34,385)	4,517,095
4. Commissions	1,104,922										7,181	945	1,096,796

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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			121,048,186							6,243	(34,385)	59,691,438	180,711,482
2. Beginning claim reserves and liabilities			13,581,645							21,764	868,468	26,983,566	41,455,443
3. Ending claim reserves and liabilities			14,244,258							20,555	618,227	29,948,522	44,831,562
4. Claims paid			120,385,573							7,452	215,856	56,726,482	177,335,363
B. Assumed Reinsurance:													
1. Incurred claims	73,150		24,047,339		90,434					900,227		9,739,685	34,850,835
2. Beginning claim reserves and liabilities	33,505		1,961,293		14,093					8,512,639		6,944,878	17,466,408
3. Ending claim reserves and liabilities	54,514		1,924,692		16,858					7,711,103		6,685,866	16,393,033
4. Claims paid	52,141		24,083,940		87,669					1,701,763		9,998,697	35,924,210
C. Ceded Reinsurance:													
1. Incurred claims										1,468	(34,385)	4,517,095	4,484,178
2. Beginning claim reserves and liabilities										11,861	868,468	2,303,411	3,183,740
3. Ending claim reserves and liabilities										10,838	618,227	2,095,391	2,724,456
4. Claims paid										2,491	215,856	4,725,115	4,943,462
D. Net:													
1. Incurred claims	73,150		145,095,525		90,434					905,002		64,914,028	211,078,139
2. Beginning claim reserves and liabilities	33,505		15,542,938		14,093					8,522,542		31,625,033	55,738,111
3. Ending claim reserves and liabilities	54,514		16,168,950		16,858					7,720,820		34,538,997	58,500,139
4. Claims paid	52,141		144,469,513		87,669					1,706,724		62,000,064	208,316,111
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	73,148		145,248,574		90,434					905,002		64,914,003	211,231,161
2. Beginning reserves and liabilities	33,505		15,859,287		14,093					8,522,542		31,625,033	56,054,460
3. Ending reserves and liabilities	54,514		16,250,589		16,858					7,720,819		34,538,997	58,581,776
4. Paid claims and cost containment expenses	52,139		144,857,272		87,669					1,706,725		62,000,039	208,703,844

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates												
0699999. Total - Non-U.S. Affiliates												
0799999. Total - Affiliates												
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	LTDI						
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	SD	6,848	366	11,314	3,921		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	A	702	214	1,895	79		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	LTDI	1,612	567	41,834	467		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	MS	1,586,548	78,885	1,055,933	148,483		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	OM	1,269	419	13,781	396		
66583	39-0493780	11/15/2017	National Guardian Life Insurance Company	WI	OTH/I	MS	6,313,570	90,595		559,574		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	A	450,745	37,110	378,304	56,764		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	CMM	72,278	8,556	4,953	54,514		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	D	85,710	5,601		978		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	LTDI	484,508	56,324	8,336,717	767,419		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	MS	21,972,375	1,801,423	4,049,487	1,995,636		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	OM	144,842	11,550	311,715	76,915		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	SD	11,418,102	890,980	99,953,460	6,384,293		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	STM	11,803	1,754	81,193	3,694		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	D	51,583	370		32,579		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	MS	76,735	1,818	5,753	8,742		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	OM	14,842	599	7,966	5,461		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	LTDI						
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	SD	(876,122)	32,768	5,966,979	205,065		
0899999. U.S. Non-Affiliates							41,817,950	3,019,899	120,221,284	10,304,980		
1099999. Total - Non-Affiliates							41,817,950	3,019,899	120,221,284	10,304,980		
1199999. Total U.S. (Sum of 0399999 and 0899999)							41,817,950	3,019,899	120,221,284	10,304,980		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)												
9999999 - Totals							41,817,950	3,019,899	120,221,284	10,304,980		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
4099999			Total General Account - Reciprocal Jurisdiction Affiliates											
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates											
4499999			Total General Account Reciprocal Jurisdiction											
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				222,543,000	155,639,678	170,529,871	2,672,689				
4899999			Total Separate Accounts - Authorized U.S. Affiliates											
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates											
5299999			Total Separate Accounts - Authorized Affiliates											
5599999			Total Separate Accounts - Authorized Non-Affiliates											
5699999			Total Separate Accounts Authorized											
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates											
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates											
6399999			Total Separate Accounts - Unauthorized Affiliates											
6699999			Total Separate Accounts - Unauthorized Non-Affiliates											
6799999			Total Separate Accounts Unauthorized											
7099999			Total Separate Accounts - Certified U.S. Affiliates											
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates											
7499999			Total Separate Accounts - Certified Affiliates											
7799999			Total Separate Accounts - Certified Non-Affiliates											
7899999			Total Separate Accounts Certified											
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates											
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates											
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates											
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates											
8999999			Total Separate Accounts Reciprocal Jurisdiction											
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified											
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				222,543,000	155,639,678	170,529,871	2,672,689				
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)											
9999999			- Totals				222,543,000	155,639,678	170,529,871	2,672,689				

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates													
0699999. Total General Account - Authorized Non-U.S. Affiliates													
0799999. Total General Account - Authorized Affiliates													
...	99724	..73-1155182	06/01/2008	LifeShield National Insurance Company	OK	..OTH/G	LTDI	1,314					
...	99724	..73-1155182	06/01/2008	LifeShield National Insurance Company	OK	..OTH/G	OM	183,492	2,341	259,532			
...	99724	..73-1155182	06/01/2008	LifeShield National Insurance Company	OK	..OTH/G	SD	879,012	13,995	357,350			
...	99724	..73-1155182	06/01/2008	LifeShield National Insurance Company	OK	..OTH/I	A	815,097	24,692	728,612			
...	99724	..73-1155182	06/01/2008	LifeShield National Insurance Company	OK	..OTH/I	LTDI	66,656	2,884	38,905			
...	99724	..73-1155182	06/01/2008	LifeShield National Insurance Company	OK	..OTH/I	OM	1,319,101	34,352	4,448,419			
...	99724	..73-1155182	06/01/2008	LifeShield National Insurance Company	OK	..OTH/I	SD	3,818,056	110,535	8,606,915			
...	71404	..47-0463747	01/01/2009	Continental General Insurance Company	TX	..OTH/I	LTDI	70,041	10,729	1,640,686			
...	62308	..06-0303370	01/01/1984	Connecticut General Life Insurance Co	CT	..OTH/I	A						
0899999. General Account - Authorized U.S. Non-Affiliates							7,152,769	199,528	16,080,419				
1099999. Total General Account - Authorized Non-Affiliates							7,152,769	199,528	16,080,419				
1199999. Total General Account Authorized							7,152,769	199,528	16,080,419				
1499999. Total General Account - Unauthorized U.S. Affiliates													
1799999. Total General Account - Unauthorized Non-U.S. Affiliates													
1899999. Total General Account - Unauthorized Affiliates													
2199999. Total General Account - Unauthorized Non-Affiliates													
2299999. Total General Account Unauthorized													
2599999. Total General Account - Certified U.S. Affiliates													
2899999. Total General Account - Certified Non-U.S. Affiliates													
2999999. Total General Account - Certified Affiliates													
3299999. Total General Account - Certified Non-Affiliates													
3399999. Total General Account Certified													
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates													
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates													
4099999. Total General Account - Reciprocal Jurisdiction Affiliates													
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates													
4499999. Total General Account Reciprocal Jurisdiction													
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							7,152,769	199,528	16,080,419				
4899999. Total Separate Accounts - Authorized U.S. Affiliates													
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates													
5299999. Total Separate Accounts - Authorized Affiliates													
5599999. Total Separate Accounts - Authorized Non-Affiliates													
5699999. Total Separate Accounts Authorized													
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates													
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
6399999. Total Separate Accounts - Unauthorized Affiliates													
6699999. Total Separate Accounts - Unauthorized Non-Affiliates													
6799999. Total Separate Accounts Unauthorized													
7099999. Total Separate Accounts - Certified U.S. Affiliates													
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates													
7499999. Total Separate Accounts - Certified Affiliates													
7799999. Total Separate Accounts - Certified Non-Affiliates													
7899999. Total Separate Accounts Certified													
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates													
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates													
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates													
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates													
8999999. Total Separate Accounts Reciprocal Jurisdiction													
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						7,152,769	199,528	16,080,419				
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)												
9999999	- Totals						7,152,769	199,528	16,080,419				

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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	9,825	10,840	11,037	13,879	16,157
2. Commissions and reinsurance expense allowances	1,152	1,163	1,189	1,915	2,334
3. Contract claims	13,990	17,559	15,903	19,776	18,416
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	480	548	725	688	1,040
9. Aggregate reserves for life and accident and health contracts	171,920	187,023	210,249	222,278	235,072
10. Liability for deposit-type contracts		8,960	8,803	9,177	9,640
11. Contract claims unpaid	5,189	6,688	6,385	8,007	7,159
12. Amounts recoverable on reinsurance	1,055	1,254	1,332	1,592	1,818
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)	423,344,086		423,344,086
2. Reinsurance (Line 16)	1,421,815	(1,421,815)	
3. Premiums and considerations (Line 15)	850,238	480,210	1,330,448
4. Net credit for ceded reinsurance	XXX	178,049,764	178,049,764
5. All other admitted assets (balance)	47,093,908		47,093,908
6. Total assets excluding Separate Accounts (Line 26)	472,710,047	177,108,158	649,818,205
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	472,710,047	177,108,158	649,818,205
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	198,773,307	162,982,875	361,756,182
10. Liability for deposit-type contracts (Line 3)	62	8,936,752	8,936,814
11. Claim reserves (Line 4)	52,144,848	5,188,531	57,333,379
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	1,486,054		1,486,054
14. Other contract liabilities (Line 9)	3,118,004		3,118,004
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	30,463,792		30,463,792
20. Total liabilities excluding Separate Accounts (Line 26)	285,986,067	177,108,158	463,094,225
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	285,986,067	177,108,158	463,094,225
23. Capital & surplus (Line 38)	186,723,980	XXX	186,723,980
24. Total liabilities, capital & surplus (Line 39)	472,710,047	177,108,158	649,818,205
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	162,982,875		
26. Claim reserves	5,188,531		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts	8,936,752		
30. Other contract liabilities			
31. Reinsurance ceded assets	1,421,815		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	178,529,973		
34. Premiums and considerations	480,210		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	480,210		
41. Total net credit for ceded reinsurance	178,049,764		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					6 Totals
		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	
States, Etc.							
1. Alabama	AL	382,389	1,957	8,708		160	393,215
2. Alaska	AK	5,742	8				5,750
3. Arizona	AZ	57,102		2,089		1,175	60,366
4. Arkansas	AR	188,180	133	1,756		390	190,459
5. California	CA	163,902	29	22,030	3,397	1,782	191,140
6. Colorado	CO	51,491	15	302	14,106	171	66,085
7. Connecticut	CT	36,247		4,476			40,723
8. Delaware	DE	23,092					23,092
9. District of Columbia	DC	8,713					8,713
10. Florida	FL	244,756	70	4,944	6,547	887	257,204
11. Georgia	GA	281,855	53	1,470	2,138	2,210	287,725
12. Hawaii	HI	5,151	2			744	5,897
13. Idaho	ID	26,378					26,378
14. Illinois	IL	233,065	181	596	1,346		235,188
15. Indiana	IN	226,114	239	260		509	227,122
16. Iowa	IA	72,447		1,963			74,410
17. Kansas	KS	144,060	2	878	4,962		149,902
18. Kentucky	KY	197,908	93	1,102		224	199,327
19. Louisiana	LA	201,715	138	1,641		477	203,971
20. Maine	ME	43,725	172	186			44,083
21. Maryland	MD	93,272	417	85		2,468	96,242
22. Massachusetts	MA	38,803	159			420	39,381
23. Michigan	MI	119,309	18			102	119,429
24. Minnesota	MN	34,890	37,615			53	72,558
25. Mississippi	MS	228,584	1,758			256	230,598
26. Missouri	MO	162,931	160	794	10,931		174,816
27. Montana	MT	16,754					16,754
28. Nebraska	NE	51,700	8		2,070	4,288	58,066
29. Nevada	NV	36,216	104,321	130		4,746	145,412
30. New Hampshire	NH	9,872	8				9,880
31. New Jersey	NJ	135,103	584				135,687
32. New Mexico	NM	54,057	8			317	54,382
33. New York	NY	9,500	23			1,435	10,958
34. North Carolina	NC	431,116	130	2,953	7,871	7,157	449,227
35. North Dakota	ND	9,573					9,573
36. Ohio	OH	183,382	27	1,785			185,195
37. Oklahoma	OK	116,206	65				116,270
38. Oregon	OR	42,521	8				42,529
39. Pennsylvania	PA	215,222	38	2,890		75	218,225
40. Rhode Island	RI	11,205	30				11,235
41. South Carolina	SC	310,653	582	1,321		1,662	314,218
42. South Dakota	SD	38,014					38,014
43. Tennessee	TN	343,628	324	1,134	4,492	1,013	350,591
44. Texas	TX	871,535	138	8,445		2,879	882,997
45. Utah	UT	24,943	15	265		120	25,343
46. Vermont	VT	79,038	206				79,244
47. Virginia	VA	198,055	51	45		867	199,019
48. Washington	WA	94,582				181	94,763
49. West Virginia	WV	133,180	286				133,466
50. Wisconsin	WI	38,461	15		7,004		45,480
51. Wyoming	WY	16,910		619	(55)		17,474
52. American Samoa	AS						
53. Guam	GU	883				219	1,102
54. Puerto Rico	PR	3,115					3,115
55. U.S. Virgin Islands	VI	2,681					2,681
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT	87,761				36	87,797
59. Total		6,837,688	150,082	72,867	64,809	37,023	7,162,470

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	88-1945947				73 Pond Street Apartments Venture, L.L.C.	DE	NIA	CARING Waltham Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-2153426				9am Health Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.300	The Cigna Group	NO	
.0901	Cigna Group	00000	82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	47-3828401				ABD Group, Inc.	DE	NIA	Priority Healthcare Corporaiton	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-1712743				ABL Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	88-4202407				ABL Holding Co., L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	73.000	The Cigna Group	NO	
.0901	Cigna Group	00000	88-3747773				ABL Townhomes Venture, L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	75.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-1046126				ABS Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-4355549				AGA Apartments Venture, L.L.C.	DE	NIA	CARING Galleria Investor LLC	Ownership	70.000	The Cigna Group	NO	
.0901	Cigna Group	00000	92-1596970				AGS Apartments Venture, L.L.C.	DE	NIA	CARING Glenwood Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	03-0507057				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	IA	IA	Benefit Management Corp.	Ownership	95.000	The Cigna Group	NO	
.0901	Cigna Group	00000	26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	DS	Loyal American Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-4023291				AOP II Apartments Venture, L.L.C.	DE	IA	CARING Optimist Park II Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	47-3883928				Apothecary by Design Acquisition Co., LLC	DE	NIA	ABD Group, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-3315524				Arbor Heights Venture LLC	DE	NIA	LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	13.900	The Cigna Group	NO	
.0901	Cigna Group	00000	86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-1304984				ASE Apartments Venture, L.L.C.	DE	NIA	CARING St. Elmo Investor, LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-1750832				ASM Apartments Venture, L.L.C.	DE	NIA	CARING St. Matthew's Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				ATX Merrililtown, LP	DE	NIA	CARING EndOptII-MIA Investor LLC	Ownership	40.289	The Cigna Group	NO	
.0901	Cigna Group	00000	81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-2650133				Berwick Apartments LLC	DE	NIA	LLC	Ownership	85.000	The Cigna Group	NO	
.0901	Cigna Group	00000	43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral, Inc.	DE	IA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral of Texas, Inc.	TX	IA	Breakthrough Behavioral, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	47-4991296				Bright Health Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	15.500	The Cigna Group	NO	
.0901	Cigna Group	00000	61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				CareAllies Accountable Care Solutions LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship 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 Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	00000	26-0180898			CareAllies, Inc.	CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	10144	20-1089572			CareCore NJ, LLC	CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-1400586			CARING 18th & Salmon Investor LLC	CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-2562994			CARING 500 Ygnacio Investor LLC	CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-1960231			CARING 3130 Investor LLC	CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-2318410			CARING 9171 Wilshire Investor LLC	CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-4247420			CARING ABS Investor LLC	CARING ABS Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-2851501			CARING Alta Duraleigh Investor LLC	CARING Alta Duraleigh Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-2851501			CARING Alta Englewood Investor LLC	CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-2966766			CARING Alta Leander Investor LLC	CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-2563284			CARING Alta Woodson Investor LLC	CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-1992977			CARING Berwyn Investor LLC	CARING Berwyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-1885283			CARING Brinkman Investor LLC	CARING Brinkman Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	99-0930736			CARING Brixton Windsor Investor TIC, LLC	CARING Brixton Windsor Investor TIC, LLC	DE	NIA	CARING Windsor Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	99-0973949			CARING Brixton Windsor Manager, LLC	CARING Brixton Windsor Manager, LLC	DE	NIA	CARING Windsor TIC Manager, LLC	Ownership	50.000	The Cigna Group	NO	
.0901	Cigna Group	00000	99-0945998			CARING Brixton Windsor Owner TIC, LLC	CARING Brixton Windsor Owner TIC, LLC	DE	NIA	CARING Windsor Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	32-0570889			CARING Capitol Hill GP LLC	CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	37-1903297			CARING Capitol Hill LP LLC	CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-2851364			CARING Century Plaza Investor LLC	CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-5402196			CARING Continental Investor LLC	CARING Continental Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-4265529			CARING Deco Investor LLC	CARING Deco Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-2912145			CARING Elan I Investor LLC	CARING Elan I Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-0928526			CARING Elan II Investor LLC	CARING Elan II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	88-2276875			CARING EndOpII-MIA Investor, LLC	CARING EndOpII-MIA Investor, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-3701937			CARING Firestone Investor LLC	CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-4803572			CARING Galleria Investor LLC	CARING Galleria Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	92-0571674			CARING Glenwood Investor LLC	CARING Glenwood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000			CARING JA Lofts Investor LP LLC	CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
. 0901	Cigna Group	00000	00-0000000				CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	85-4265529				CARING Montclair Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	86-2627703				CARING Optimist Park II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	27-5402196				CARING Rock Island Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	99-4129808				CARING Rosslyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	87-2031777				CARING Slabtown Investor, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	86-3275381				CARING St. Elmo Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	88-2629352				CARING Tasman East Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	88-2431671				CARING Towers Crescent Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	88-2074593				CARING Waltham Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	27-5402196				CARING Windsor Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	27-5402196				CARING Windsor TIC Manager LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
. 0901	Cigna Group	00000	83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	45-2604992				CCN MIO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	The Cigna Group	NO	
.0901	Cigna Group	00000	85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-2928410				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-1280312				CG/Wood Alta 601, LLC	DE	NIA	LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	61-1797835				CGGL Orange Collection LLC	DE	NIA	LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-2964997				CI-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-3726159				CI-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-4774243				CI-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	The Cigna Group	NO	
.0901	Cigna Group	00000	82-1612980				CI-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	88-3907567				CI-GS Slabtown, LLC	DE	NIA	CARING Slabtown Investor LLC	Ownership	85.000	The Cigna Group	NO	
.0901	Cigna Group	00000	92-2089889				CI-GS Tasman East Apartments, LLC	DE	NIA	CARING Tasman East Investor LLC	Ownership	85.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Apac Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	01-0947889		1489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	00-000000				Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-3396038				Cigna Corporate Services, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-4991898		1739940	US	The Cigna Group (A Delaware corporation and ultimate parent company) Cigna Data Services (Shanghai) Company Limited	.DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	NO	
.0901	Cigna Group	00000	00-000000				Cigna Hong Kong Holdings Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	59-2600475				Cigna Dental Health Of California, Inc.	.CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	.CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	.DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	.FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	.KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	.KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	.MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	.MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	.NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	.NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	.OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	.PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	.TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	.VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	.AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	59-2308055				Cigna Dental Health, Inc.	.FL	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	58-1136865				Cigna Direct Marketing Company, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	98-1155943				Cigna Elmwood Holdings, SPRL	.BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-000000				Cigna Europe Insurance Company S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	The Cigna Group	NO	
.0901	Cigna Group	00000	00-000000				Cigna European Services (UK) Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-2732455				Cigna-Evernorth Services, Inc.	.DE	NIA	The Cigna Group	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	62-1724116				Cigna Federal Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	51-0389196				Cigna Global Holdings, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	68-0676638				Cigna Global Insurance Company Limited	.GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	The Cigna Group	NO	
.0901	Cigna Group	00000	98-0210110				Cigna Global Reinsurance Company, Ltd.	.BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-000000				Cigna Global Wellbeing Holdings Limited	.GBR	NIA	Connecticut General Corporation	Ownership	70.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-000000				Cigna Global Wellbeing Solutions Limited	.GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	.CT	UDP	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	62-1312478				Cigna Health Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	23-1728483				Cigna Health Management, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-000000				Cigna Health Solution India Pvt. Ltd.	.IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	The Cigna Group	NO	
.0901	Cigna Group	00000	23-2741293				Cigna Healthcare Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-000000				Cigna Healthcare Eastern Technology Services Company	.HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-0985843				Cigna Healthcare Holdings, Inc.	.CO	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	.AZ	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	59-3310115				Cigna HealthCare of California, Inc.	.CA	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	.CO	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	95680	06-1141174				Cigna HealthCare of Connecticut, Inc.	.CT	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	.FL	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	.GA	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship 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 Re-quired? (Yes/No)	*
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	..IL.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	..IN.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	..NH.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	..NJ.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	..NC.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	..SC.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	..MO.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	..TN.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	..TX.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	02-0495422				Cigna Healthcare, Inc.	..VT.....	..NIA.....	Cigna Healthcare Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	06-1058331				Cigna Holding Company	..DE.....	..UIP.....	The Cigna Group	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	23-3009279				Cigna Holdings Overseas, Inc.	..DE.....	..NIA.....	Cigna Global Reinsurance Company, Ltd.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	06-1072796				Cigna Holdings, Inc.	..DE.....	..UIP.....	Cigna Holding Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Hong Kong Holdings Company Limited	..HKG.....	..NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	27-1903785				Cigna Insurance Agency, LLC	..CT.....	..NIA.....	Cigna Health and Life Insurance Company Provident American Life and Health Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	65269	75-2305400				Cigna Insurance Company Cigna Insurance Management Services (DIFC), Ltd.	..OH.....	..IA.....	Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Insurance Middle East S.A.L.	..ARE.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Insurance Services (Europe) Limited	..LBN.....	..IA.....	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Integratedcare, Inc.	..GBR.....	..NIA.....	Cigna Willow Holdings, LTD.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	23-2924152				Cigna Intellectual Property, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	51-0402128				Cigna International Corporation, Inc.	..DE.....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	51-0111677				Cigna International Finance, Inc.	..DE.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	52-0291385				Cigna International Health Services Kenya Limited	..DE.....	..NIA.....	Cigna Investment Group, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services Sdn. Bhd.	..KEN.....	..NIA.....	Cigna International Health Services, BVBA	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services, BVBA	..MYS.....	..NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Marketing (Thailand) Limited	..BEL.....	..NIA.....	Cigna Elmwood Holdings, Ltd.	Ownership.....	51.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Services Australia Pty Ltd.	..FL.....	..NIA.....	Cigna International Health Services, BVBA	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Services, Inc.	..THA.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	99.900	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	06-1095823				Cigna Investment Group, Inc.	..AUS.....	..NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	06-0861092				Cigna Investments, Inc.	..DE.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	98-1146864				Cigna Laurel Holdings, Ltd.	..DE.....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Legal Protection U.K. Ltd.	..DE.....	..NIA.....	Cigna Investment Group, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	AA-1560515				Cigna Life Insurance Company of Canada	..BMU.....	..NIA.....	Cigna Linden Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	AA-1240009				Cigna Life Insurance Company of Europe S.A.- N.V.	..GBR.....	..NIA.....	Cigna Willow Holdings, LTD.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	46-4110289				Cigna Linden Holdings, Inc.	..CAN.....	..IA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	23-2741294				Cigna Managed Care Benefits Company	..BEL.....	..IA.....	Cigna Beechwood Holdings	Ownership.....	99.993	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	87-3374500				Cigna Management Company LLC	..DE.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	82.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	98-1154657				Cigna Myrtle Holdings, Ltd.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	..DE.....	..NIA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Nederland Gamma B.V.	..MLT.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	99.999	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Oak Holdings, Ltd.	..OH.....	..IA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Oak Holdings, Ltd.	..NLD.....	..NIA.....	Cigna Walnut Holdings, Ltd.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Oak Holdings, Ltd.	..GBR.....	..NIA.....	Cigna Elmwood Holdings, SPRL	Ownership.....	100.000	The Cigna Group	..NO.....	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship 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 Re-quired? (Yes/No)	*
.0901	Cigna Group	00000	98-1232443				Cigna Palmetto Holdings, Ltd.	.BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	46-4099800				Cigna Poplar Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1071502				Cigna RE Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1567902				Cigna Resource Manager, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Services Middle East FZE	.ARE	NIA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Spruce Holdings GmbH	.CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Teak Holdings, LLC	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	83-1069280				Cigna Ventures, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Walnut Holdings, Ltd.	.GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Willow Holdings, Ltd.	.GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Worldwide General Insurance Company Limited	.HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	.DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Claims and Risk Services Limited	.SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				ManipaCigna Health Insurance Company Limited	.IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	NO	
.0901	Cigna Group	00000	84-1461840				Community Health Network, LLC	.MT	NIA	Benefit Management Corp.	Ownership	50.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1252419				Connecticut General Benefit Payments, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-0840391				Connecticut General Corporation	.CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	.CT	UIP	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	99-2781951				Constellation Continental Owner, LLC	.DE	NIA	CARING Continental Investor LLC	Ownership	80.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-4936006				CPI-C11 9171 Wilshire JV LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-3555688				CR Washington Street Investors LP	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	NO	
.0901	Cigna Group	00000	36-4369972				CuraScript, Inc.	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-1305728				Deco Apartments JV LLC	.DE	NIA	CARING Deco Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-1334095				Deco Apartments Owner LLC	.DE	NIA	CARING Deco Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	16-1526641				Diversified NY IPA, Inc.	.NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	41-1627938				Diversified Pharmaceutical Services, Inc.	.IN	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-3542089				Econdisc Contracting Solutions, LLC	.DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Egyptian Emirates Administration Services SAE	.EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				ESI Canada	.CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				ESI GP Canada ULC	.CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	43-1925556				ESI GP Holdings, Inc.	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				ESI GP2 Canada ULC	.CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	43-1867735				ESI Mail Pharmacy Service, Inc.	.DE	NIA	Express Scripts, Inc. (82%); ESI-GP	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	43-1925562				ESI Partnership	.DE	NIA	Holdings, Inc. (18%)	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	41-2006555				ESI Resources, Inc.	.MN	NIA	ESI Partnership	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	92-1016132				ESSCH Holdings, Inc.	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	93-1916563				Evernorth Accountable Care, LLC	.DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Evernorth Accountable Care One, LLC	.DE	NIA	Evernorth Accountable Care, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	94-3107309				Evernorth Behavioral Health of California, Inc.	.CA	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	75-2751090				Evernorth Behavioral Health of Texas, Inc.	.TX	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	41-1648670				Evernorth Behavioral Health, Inc.	..MN.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	99-1584892				Evernorth Care Group, LLC	..DE.....	..NIA.....	Cigna HealthCare of Arizona, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	86-1465626				Evernorth Care Solutions, Inc.	..DE.....	..NIA.....	Evernorth Health, Inc. Connecticut General Life Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	32-0222252				Evernorth Direct Health, LLC	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	33-2256054				Evernorth Federal Services, Inc.	..DE.....	..NIA.....	The Cigna Group	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	45-2884094				Evernorth Health, Inc.	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Evernorth Ireland Limited	..IRL.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	99-1207331				Evernorth Network Services, LLC	..DE.....	..NIA.....	Evernorth Accountable Care, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	85-2759151				Evernorth Sales Operations, Inc.	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	85-2717903				Evernorth Strategic Development, Inc.	..DE.....	..NIA.....	The Cigna Group Evernorth-VillageMD Care Alliance of Texas, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	93-2676484				Evernorth-VillageMD Health Organization of Texas, Inc.	..TX.....	..NIA.....	Evernorth-VillageMD Care Alliance of AZ, LLC	Ownership.....	85.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	93-1946921				Evernorth-VillageMD Care Alliance of AZ, LLC	..DE.....	..NIA.....	Evernorth Accountable Care, LLC	Ownership.....	85.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	93-3088901				Evernorth-VillageMD Care Alliance of CT, LLC	..DE.....	..NIA.....	Evernorth Accountable Care, LLC	Ownership.....	85.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	93-1971121				Evernorth-VillageMD Care Alliance of GA, LLC	..DE.....	..NIA.....	Evernorth Accountable Care, LLC	Ownership.....	85.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	93-2000610				Evernorth-VillageMD Care Alliance of NJ, LLC	..NJ.....	..NIA.....	Evernorth Accountable Care, LLC	Ownership.....	85.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	93-2024744				Evernorth-VillageMD Care Alliance of TX, LLC	..DE.....	..NIA.....	Evernorth Accountable Care, LLC	Ownership.....	85.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	93-3608409				Evernorth Wholesale Distribution, Inc.	..DE.....	..NIA.....	Priority Healthcare Distribution, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	46-4676347				eviCore 1, LLC	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	62-1615395				eviCore healthcare MSI, LLC	..TN.....	..NIA.....	MedSolutions Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	..MO.....	..IA.....	Express Scripts, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	41-2063830				Express Scripts Administrators LLC	..DE.....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Co.	..CAN.....	..NIA.....	Express Scripts Canada Holding Co.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	43-1942542				Express Scripts Canada Holding Co.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	27-1490640				Express Scripts Canada Holding, LLC	..DE.....	..NIA.....	Express Scripts Canada Holding Co.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Services	..CAN.....	..NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Wholesale	..CAN.....	..NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	84-5003423				Express Scripts Health Information Network Partners, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	20-5826948				Express Scripts Pharmaceutical Procurement, LLC	..DE.....	..NIA.....	Express Scripts, Inc. (50%); ESI Mail Pharmacy Service, Inc. (50%)	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Central, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Ontario, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy West, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	30-0789911				Express Scripts Pharmacy, Inc.	..DE.....	..NIA.....	Medco Health Services, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	22-3114423				Express Scripts Sales Operations, Inc.	..NJ.....	..NIA.....	ESI Mail Pharmacy Service, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	20-3126104				Express Scripts Senior Care Holdings LLC	..DE.....	..NIA.....	ESSCH Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	20-3126075				Express Scripts Senior Care, Inc.	..DE.....	..NIA.....	ESSCH Holdings, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	43-1832983				Express Scripts Services Co.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	43-1869712				Express Scripts Specialty Distribution Services, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	22-2230703				Express Scripts Strategic Development, Inc. Express Scripts Utilization Management Company	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	43-1869714				Express Scripts, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	43-1420563				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	88-3762943				Forsyth Health, LLC	DE	NIA	Express Scripts, Inc.	Ownership	50.100	The Cigna Group	NO	
.0901	Cigna Group	00000	02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-5244279				Global Pharmacy LLC	CA	NIA	ABD Group, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3650143				Hartford Community Lender Holding LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3686301				Hartford Community Lender I LLC	DE	NIA	Hartford Community Lender Holding LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	46-2086778				Health-Lynx, LLC	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	47-5651517				Healy Pharmacy, LLC	DE	NIA	ABD Group, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Borrower LLC	DE	NIA	CARING Heights At Bear Creek Investor LLC	Ownership	80.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Mezzanine LLC	DE	NIA	CARING Heights At Bear Creek Investor LLC	Ownership	80.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	37-1708015				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	The Cigna Group	NO	
.0901	Cigna Group	00000	95-4838551				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	The Cigna Group	NO	
.0901	Cigna Group	00000	35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Independent Health Information Technology Services L.L.C.	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	46-5556043				Integrity Rx Specialty Pharmacy LLC	AZ	NIA	ABD Group, Inc.	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	81-0425785				Intermountain Underwriters, Inc. International Pharmaceutical Solutions, GmbH	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000					OH	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3406799				JA Lofts Holdings, LLC	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3395923				JA Lofts JV Limited Partnership	DE	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000					KWT	NIA	NAS Administrative Services Company LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	47-5292506				L&C Investments, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	The Cigna Group	NO	
.0901	Cigna Group	00000	51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrix Holdings, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-2790325				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	11-3715243				MSINH I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-1749446				MSINJ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	20-1761914				MSINW I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	55-0840806				MSISC II, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	26-0336736				MSIVT I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	20-2536458				MSIWA, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	36-4833284				MyM Technology Services, LLC	..FL.....	..NIA.....	MyMatrixx Holdings, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	82-1350878				myMatrixx Holdings, LLC	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	46-2589799				myMatrixx-B, LLC	..FL.....	..NIA.....	Matrix Healthcare Services, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				NAS Administrative Services Company LLC	..ARE.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	99.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				NAS Neuron Health Services, L.L.C.	..ARE.....	..NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	49.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				NAS United SPV	..CYM.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Neuron LLC	..ARE.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	99.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	52-1929677				NewQuest Management Northeast, LLC	..DE.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	33-1033586				NewQuest Management of Alabama, LLC	..AL.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	20-4954206				NewQuest Management of Florida, LLC	..FL.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	77-0632665				NewQuest Management of Illinois, LLC	..IL.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	76-0628370				NewQuest, LLC	..TX.....	..NIA.....	HealthSpring, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				NNS India Private Limited	..IND.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	82-5244890				Octave Health Group, Inc.	..DE.....	..NIA.....	Cigna Ventures, LLC	Ownership.....	14.100	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	80-0818758				Patient Provider Alliance, Inc.	..DE.....	..NIA.....	Brighter, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	35-1927379				Priority Healthcare Corporation	..IN.....	..NIA.....	CuraScript, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	59-3761140				Priority Healthcare Distribution, Inc.	..FL.....	..NIA.....	Priority Healthcare Corp	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	..OH.....	..IA.....	Cigna National Health Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				PT GAR Indonesia	..IDN.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	99.160	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	45-5046449				PUR Arbors Apartments Venture LLC	..DE.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	87.500	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	46-1801639				QualCare Management Resources Limited Liability Company	..NJ.....	..NIA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Qualient Pharmaceuticals Holdings LP	..CYM.....	..NIA.....	Cigna Spruce Holdings GmbH	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				Qualient Pharmaceuticals Health LLC	..CYM.....	..NIA.....	Qualient Pharmaceuticals Holdings LP	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	45-5569416				QPID Health, LLC	..DE.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	83-1460134				Rise-CG Capitol Hill, LP	..DE.....	..NIA.....	CARING Capitol Hill LP LLC	Ownership.....	90.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	84-3254168				Rise-CG JA Lofts Limited Partnership	..DE.....	..NIA.....	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	99-3690790				Rock Island Owner, LLC	..DE.....	..NIA.....	CARING Rock Island Investor LLC	Ownership.....	80.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	99-4491221				Rosslyn Owner, LLC	..DE.....	..NIA.....	CARING Rosslyn Investor, LLC	Ownership.....	90.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	35-1641636				Sagamore Health Network, Inc.	..IN.....	..NIA.....	Cigna Health Corporation	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	46-3593103				SB-SNH LLC	..DE.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	85.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	95-2876207				Secon Properties, LP	..CA.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	50.000	South Coast Plaza Associates, LLC (non-affiliate)	..NO.....	
.0901	Cigna Group	00000	82-1732483				SOMA Apartments Venture LLC	..DE.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	90.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	82-4405071				Specialty Products Acquisitions, LLC	..DE.....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	61-1317695				SpectraCare Health Care Ventures, Inc.	..KY.....	..NIA.....	SpectraCare, Inc.	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	61-1147068				SpectraCare, Inc.	..KY.....	..NIA.....	Priority Healthcare Corp	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	..IL.....	..IA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	47-2658932				Strategic Pharmaceutical Investments, LLC	..DE.....	..NIA.....	Priority Healthcare Corp	Ownership.....	100.000	The Cigna Group	..NO.....	
.0901	Cigna Group	00000	00-0000000				SureScripts, LLC	..VA.....	..NIA.....	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership.....	33.400	The Cigna Group	..NO.....	

53.10

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship 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 Re-quired? (Yes/No)	*
.0901	Cigna Group	00000	87-0903685				Swedesford Road Apartments, LLC	DE	NIA	CARING Berwyn Investor LLC	Ownership	68.600	The Cigna Group	NO	
.0901	Cigna Group	00000	22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc. Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	23-3074013				Tel-Drug of Pennsylvania, LLC	PA	NIA		Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Temple Insurance Company Limited	BMJ	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-1955731				The Flats at Interbay Holdings, LLC The Flats at Interbay JV Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-1955075					DE	NIA	CARING Interbay Investor LP LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	85-1962013				The Flats at Interbay Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	99.500	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C. Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA		Ownership	7.616	The Cigna Group	NO	
.0901	Cigna Group	00000	98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	81-3492421				Village Fertility Pharmacy, LLC	DE	NIA	ABD Group, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	92-3642270				Village West Coast LLC	DE	NIA	ABD Group, Inc.	Ownership	100.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Verity Solutions Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	YES	
.0901	Cigna Group	00000	00-0000000				Westcore CG AC, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Camelback, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Cedar Port, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Dove Valley I, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Dove Valley II, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Eisenhauer, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Fountain Lakes, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Gateway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG I-35, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Navy, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Potomac Park, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Raceway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Solano, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Susana, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Westcore CG Venture, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG Venture II, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II AC, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II Denton, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II Milan, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II Park 225, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II Union Cross, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
.0901	Cigna Group	00000	00-0000000				Willow DSP LLC	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	

NONE

Asterisk	
----------	--

53.11

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	88-1945947	73 Pond Street Apartments Venture, L.L.C.										
00000	00-0000000	680 Investors LLC										
00000	00-0000000	685 New Hampshire LLC										
00000	82-2153426	9am Health Inc.										
00000	82-4794800	9171 Wilshire CPI-CII LLC										
00000	47-3828401	ABD Group, Inc.										
00000	86-1712743	ABL Apartments Venture, L.L.C.										
00000	88-4202407	ABL Holding Co., L.L.C.										
00000	88-3747773	ABL Townhomes Venture, L.L.C.										
00000	85-1046126	ABS Apartments Venture, L.L.C.										
00000	11-3358535	Accredo Health Group, Inc.										
00000	55-0894449	Accredo Health, Incorporated										
00000	87-4355549	AGA Apartments Venture, L.L.C.										
00000	92-1596970	AGS Apartments Venture, L.L.C.										
00000	13-3888838	AHG of New York, Inc.										
00000	75-3040465	Airport Holdings, LLC										
00000	35-2562415	Alegis Care Services, LLC										
00000	85-0909305	Alegis Care Services of Colorado, LLC										
00000	81-0400550	Allegiance Benefit Plan Management, Inc.	(12,000,000)				17,046,251				5,046,251	
00000	03-0507057	Allegiance Care Management, LLC					138				138	
00000	71-0916514	Allegiance COBRA Services, Inc.										
12814	20-4433475	Allegiance Life & Health Insurance Company					5,309	663			5,972	
00000	26-2201582	Allegiance Provider Direct, LLC										
00000	20-3851464	Allegiance Re, Inc.										
88366	59-2760189	American Retirement Life Insurance Company		(35,000,000)			(13,547,111)				(48,547,111)	
00000	87-4023291	AOP II Apartments Venture, L.L.C.										
00000	47-3883928	Apothecary by Design Acquisition Co., LLC										
00000	82-3315524	Arbor Heights Venture LLC										
00000	46-4080861	AristaMD, Inc.										
00000	86-3581583	Arizona Health Plan, Inc.										
00000	00-0000000	Ascent Health Services LLC					(247,415)				(247,415)	
00000	87-1304984	ASE Apartments Venture, L.L.C.										
00000	86-1750832	ASM Apartments Venture, L.L.C.										
00000	00-0000000	ATX Merriltown, LP										
00000	81-0585518	Benefit Management Corp.										
00000	81-2650133	Berewick Apartments LLC										
00000	43-1815573	Biopartners in Care, Inc.										
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(45,468,881)	(54,695)			(45,523,576)	
11524	52-2363406	Bravo Health Pennsylvania, Inc.		118,000,000			(113,048,235)	(149,521)			4,802,244	
00000	00-0000000	Breakthrough Behavioral, Inc.										
00000	00-0000000	Breakthrough Behavioral of Texas, Inc.										

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	27-1713977	Brighter, Inc.										
00000	47-4991296	Bright Health Group, Inc.										
00000	61-1162797	Care Continuum, Inc.										
00000	85-0954556	CareAllies Accountable Care Collaborative LLC										
00000	00-0000000	CareAllies Accountable Care Solutions LLC										
00000	26-0180898	CareAllies, Inc.					(1,342)				(1,342)	
10144	20-1089572	CareCore NJ, LLC					(8,495,891)				(8,495,891)	
00000	83-1400586	CARING 18th & Salmon Investor LLC										
00000	83-2562994	CARING 500 Ygnacio Investor LLC										
00000	84-1960231	CARING 3130 Investor LLC										
00000	83-2318410	CARING 9171 Wilshire Investor LLC										
00000	85-4247420	CARING ABS Investor LLC										
00000	83-2851501	CARING Alta Duraleigh Investor LLC										
00000	83-2851501	CARING Alta Englewood Investor LLC										
00000	85-2966766	CARING Alta Leander Investor LLC										
00000	83-2563284	CARING Alta Woodson Investor LLC										
00000	87-1992977	CARING Berwyn Investor LLC										
00000	86-1885283	CARING Brinkman Investor LLC										
00000	99-0930736	CARING Brixton Windsor Investor TIC, LLC										
00000	99-0973949	CARING Brixton Windsor Manager, LLC										
00000	99-0945998	CARING Brixton Windsor Owner TIC, LLC										
00000	32-0570889	CARING Capitol Hill GP LLC										
00000	37-1903297	CARING Capitol Hill LP LLC										
00000	83-2851364	CARING Century Plaza Investor LLC										
00000	27-5402196	CARING Continental Investor LLC										
00000	85-4265529	CARING Deco Investor LLC										
00000	85-2912145	CARING Elan I Investor LLC										
00000	87-0928526	CARING Elan II Investor LLC										
00000	88-2276875	CARING EndOpII-MIA Investor, LLC										
00000	83-3701937	CARING Firestone Investor LLC										
00000	87-4803572	CARING Galleria Investor LLC										
00000	92-0571674	CARING Glenwood Investor LLC										
00000	00-0000000	CARING JA Lofts Investor LP LLC										
00000	00-0000000	CARING JA Lofts Investor GP LLC										
00000	83-2318233	CARING Heights at Bear Creek Investor LLC										
00000	83-1400482	CARING Hillcrest Investor LLC										
00000	84-4410554	CARING IBP Investor LLC										
00000	85-1961034	CARING Interbay Investor GP LLC										
00000	85-1984627	CARING Interbay Investor LP LLC										
00000	83-2339522	CARING Mallory Square Investor LLC										
00000	85-4265529	CARING Montclair Investor LLC										
00000	83-2563138	CARING Soma Investor LLC										

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	83-2633790	CARING Alexan Enclave Investor LLC										
00000	83-2633886	CARING Orange Collection Investor LLC										
00000	86-2627703	CARING Optimist Park II Investor LLC										
00000	27-5402196	CARING Rock Island Investor LLC										
00000	99-4129808	CARING Rosslyn Investor LLC										
00000	87-2031777	CARING Slabtown Investor, LLC										
00000	83-8294933	CARING South Coast Subsidiary LLC										
00000	86-3275381	CARING St. Elmo Investor LLC										
00000	86-1942593	CARING St. Matthew's Investor LLC										
00000	88-2629352	CARING Tasman East Investor LLC										
00000	88-2431671	CARING Towers Crescent Investor LLC										
00000	88-2074593	CARING Waltham Investor LLC										
00000	38-4085763	CARING Westcore Holding Investor LLC										
00000	87-3646420	CARING Westcore Holding II Investor LLC										
00000	27-5402196	CARING Windsor Investor LLC										
00000	27-5402196	CARING Windsor TIC Manager LLC										
00000	83-3923178	CARING XR International Investor LLC										
00000	83-4317078	CARING XR 2 International Investor LLC										
00000	84-1843578	CGGL XR 2 International JV LLC										
00000	84-1843578	CGGL XR 2 International Mezz LLC										
00000	45-2604992	CCN NMO, LLC					(2,452)				(2,452)	
00000	33-1039759	CCN-WNY IPA, LLC					(2,066)				(2,066)	
00000	34-1970892	Ceres Sales of Ohio, LLC					(67)				(67)	
00000	06-1332403	CG Individual Tax Benefit Payments, Inc.										
00000	06-1332405	CG Life Pension Benefits Payments, Inc.										
00000	06-1332401	CG LINA Pension Benefits Payments, Inc.										
00000	84-2083351	CG-AQ 477 South Market Street LLC										
00000	84-4773972	CG-LEDO IBP Venture LLC										
00000	84-4747045	CG-LEDO IBP I LLC										
00000	84-4755025	CG-LEDO IBP II LLC										
00000	83-2993316	CG-Muller 550 Winchester, LLC										
00000	45-5499889	CG Seventh Street, LLC										
00000	85-0734624	CG/Wood Alta Duraleigh, LLC										
00000	85-0655107	CG/Wood Alta Duraleigh Owner, LLC										
00000	87-2928410	CG/Wood Alta Duraleigh Townhome, LLC										
00000	82-1280312	CG/Wood Alta 601, LLC										
00000	85-2233381	CG/Wood Alta Leander Station, LLC										
00000	81-3313562	CGGL City Parkway LLC										
00000	61-1797835	CGGL Orange Collection LLC										
00000	00-0000000	CGGL Orange Collection Mezz LLC										
00000	84-1921719	CGGL XR International LLC										
00000	84-1843578	CGGL XR 2 International LLC										
00000	59-3466707	Chiro Alliance Corporation										
00000	81-3389374	CIG-LEI Ygnacio Associates LLC										

54.2

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	86-2964997	CI-GS Elan Everett Phase I, LLC										
00000	86-3726159	CI-GS Elan Everett Phase II, LLC										
00000	82-4774243	CI-GS Portland, LLC										
00000	82-1612980	CI-GS Hillcrest LLC										
00000	88-3907567	CI-GS Slabtown, LLC										
00000	92-2089889	CI-GS Tasman East Apartments, LLC										
00000	00-0000000	Cigna & CMB Asset Management Company Limited										
00000	00-0000000	Cigna & CMB Health Services Company, Ltd.										
00000	00-0000000	Cigna & CMB Life Insurance Company Limited										
00000	00-0000000	CIGNA 2000 UK Pension LTD										
00000	27-5402196	Cigna Affiliates Realty Investment Group, LLC									131,788,197	
00000	00-0000000	Cigna Alder Holdings, LLC			131,788,197							
00000	00-0000000	Cigna Apac Holdings, Ltd.										
13733	03-0452349	Cigna Arbor Life Insurance Company						(4,779)			(4,779)	
00000	98-1181787	Cigna Beechwood Holdings										
00000	00-0000000	Cigna Bellevue Alpha LLC										
00000	01-0947889	Cigna Benefits Financing, Inc.						1,246,272			1,246,272	
00000	00-0000000	Cigna Cedar Holdings, Ltd.										
00000	98-1137759	Cigna Chestnut Holdings, Ltd.										
00000	27-3396038	Cigna Corporate Services, LLC										
00000	82-4991898	The Cigna Group (A Delaware corporation and ultimate parent company)	4,139,475,000								4,139,475,000	
00000	00-0000000	Cigna Data Services (Shanghai) Company Limited										
00000	59-2600475	Cigna Dental Health Of California, Inc.	(13,000,000)				340,408				(12,659,592)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(1,750,000)				(639,373)				(2,389,373)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(18,189)				(18,189)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(10,000,000)				(2,824,866)				(12,824,866)	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(600,000)				(169,081)				(769,081)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(2,750,000)				(777,353)				(3,527,353)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,500,000)				(644,378)				(4,144,378)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,650,000)				(254,675)				(1,904,675)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(2,199,000)				(1,244,716)				(3,443,716)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	(750,000)				(469,178)				(1,219,178)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,900,000)				(671,745)				(3,571,745)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.					(444,247)				(3,944,247)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(9,500,000)				(3,697,837)				(13,197,837)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,250,000)				(436,473)				(1,686,473)	

54.3

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.										
			(3,000,000)				3,510,865				510,865	
00000	59-2308055	Cigna Dental Health, Inc.	(4,651,000)				21,500,253				16,849,253	
00000	58-1136865	Cigna Direct Marketing Company, Inc.										
00000	98-1155943	Cigna Elmwood Holdings, SPRL										
00000	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
00000	00-0000000	Cigna European Services (UK) Limited										
00000	85-2732455	Cigna-Evernorth Services, Inc.										
00000	62-1724116	Cigna Federal Benefits, Inc.										
00000	51-0389196	Cigna Global Holdings, Inc.	(140,000,000)				(1,809)				(140,001,809)	
00000	68-0676638	Cigna Global Insurance Company Limited					10,213,861	(25,757)			10,188,104	(197,271,782)
00000	98-0210110	Cigna Global Reinsurance Company, Ltd.		(71,000,000)			(78,998)	(92,522,123)			(163,601,121)	
00000	00-0000000	Cigna Global Wellbeing Holdings Limited										
00000	00-0000000	Cigna Global Wellbeing Solutions Limited										139,894,501
67369	59-1031071	Cigna Health and Life Insurance Company	(2,076,000,000)	(280,628,367)			(92,357,142)	90,516,077			(2,358,469,432)	
00000	62-1312478	Cigna Health Corporation	(2,000,000)				203,340,101				201,340,101	
00000	23-1728483	Cigna Health Management, Inc.					19,490,002				19,490,002	
00000	00-0000000	Cigna Health Solution India Pvt. Ltd.										
00000	23-2741293	Cigna Healthcare Benefits, Inc.										
00000	00-0000000	Cigna Healthcare Eastern Technology Services Company										
00000	84-0985843	Cigna Healthcare Holdings, Inc.										587,459
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		70,000,000			(34,097,377)	198,913			36,101,536	10,473,055
00000	95-3310115	Cigna HealthCare of California, Inc.	(18,000,000)				(38,454,539)	(5,099,509)			(61,554,048)	1,142
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		8,000,000			(17,296,905)	(1,449)			(9,298,354)	472
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	(3,000,000)				(1,710,974)	(598)			(4,711,572)	58,847
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(343,879)	104,124			(239,755)	19,676
96229	58-1641057	Cigna HealthCare of Georgia, Inc.	(50,000,000)				(81,257,779)	(24,955)			(131,282,734)	460,280
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(3,000,000)				(7,655,758)	(110,692)			(10,766,450)	762
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(6,895)	(966)			(7,861)	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(3,172)				(3,172)	101,736
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(75,305)	(16,100)			(91,405)	12,694
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	(5,000,000)				(60,609,151)	(91,735)			(65,700,886)	1,832
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.					(20,213,781)	(2,323)			(20,216,104)	41,511
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	(8,000,000)				(2,708,489)	(52,647)			(10,761,136)	326,590
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(2,589,726)				(2,589,726)	1,232,261
95383	74-2767437	Cigna HealthCare of Texas, Inc.					(84,562,392)	(503,996)			(85,066,388)	
00000	02-0495422	Cigna Healthcare, Inc.					12,110				12,110	
00000	06-1059331	Cigna Holding Company					(3,963)				(3,963)	
00000	23-3009279	Cigna Holdings Overseas, Inc.										
00000	06-1072796	Cigna Holdings, Inc.		(2,171,000,000)							(2,171,000,000)	
00000	00-0000000	Cigna Hong Kong Holdings Company Limited										
00000	27-1903785	Cigna Insurance Agency, LLC										
65269	75-2305400	Cigna Insurance Company		10,000,000			(4,835,210)				5,164,790	

54.4

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.										41,964,500
00000	00-0000000	Cigna Insurance Middle East S.A.L.					8,451,873	(25,590,633)			(17,138,760)	
00000	00-0000000	Cigna Insurance Services (Europe) Limited										
00000	23-2924152	Cigna Integratedcare, Inc.										
00000	51-0402128	Cigna Intellectual Property, Inc.										
00000	51-0111677	Cigna International Corporation, Inc.					(7,470,732)				(7,470,732)	
00000	52-0291385	Cigna International Finance, Inc.										
00000	00-0000000	Cigna International Health Services Kenya Limited										
00000	00-0000000	Cigna International Health Services Sdn. Bhd.										
00000	00-0000000	Cigna International Health Services, BVBA										
00000	30-0526216	Cigna International Health Services, LLC										
00000	00-0000000	Cigna International Marketing (Thailand) Limited										
00000	00-0000000	Cigna International Services Australia Pty Ltd.										
00000	23-2610178	Cigna International Services, Inc.										
00000	06-1095823	Cigna Investment Group, Inc.					(190)				(190)	
00000	06-0861092	Cigna Investments, Inc.					43,512,032				43,512,032	
00000	98-1146864	Cigna Laurel Holdings, Ltd.										
00000	00-0000000	Cigna Legal Protection U.K. Ltd.										
00000	AA-1560515	Cigna Life Insurance Company of Canada					(8,021,316)				(8,021,316)	
00000	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					1,145,496	946,520			2,092,016	
00000	46-4110289	Cigna Linden Holdings, Inc.										
00000	23-2741294	Cigna Managed Care Benefits Company					29,279,076				29,279,076	
00000	87-3374500	Cigna Management Company LLC	(1,083,200,000)								(1,083,200,000)	
00000	98-1154657	Cigna Myrtle Holdings, Ltd.										
61727	34-0970995	Cigna National Health Insurance Company		100,000,000			(34,653,756)				65,346,244	
00000	00-0000000	Cigna Nederland Gamma B.V.										
00000	00-0000000	Cigna Oak Holdings, Ltd.										
00000	98-1232443	Cigna Palmetto Holdings, Ltd.										
00000	46-4099800	Cigna Poplar Holdings, Inc.										
00000	06-1071502	Cigna RE Corporation										
00000	06-1567902	Cigna Resource Manager, Inc.										
00000	00-0000000	Cigna Services Middle East FZE										
00000	00-0000000	Cigna Spruce Holdings GmbH										
00000	00-0000000	Cigna Teak Holdings, LLC										
00000	83-1069280	Cigna Ventures, LLC		38,994,437							38,994,437	
00000	00-0000000	Cigna Walnut Holdings, Ltd.										

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	00-0000000	Cigna Willow Holdings, Ltd.										
00000	00-0000000	Cigna Worldwide General Insurance Company Limited										2,094,464
90859	23-2088429	Cigna Worldwide Insurance Company		71,000,000			674,860	1,845,525			73,520,385	
00000	00-0000000	Claims and Risk Services Limited										
00000	00-0000000	ManipalCigna Health Insurance Company Limited										
00000	84-1461840	Community Health Network, LLC										
00000	06-1252419	Connecticut General Benefit Payments, Inc.										
00000	06-0840391	Connecticut General Corporation	366,697,141	(366,697,141)			(608)				(608)	
62308	06-0303370	Connecticut General Life Insurance Company	(100,000,000)	366,362,464			(16,407,220)	(663)			249,954,581	
00000	99-2781951	Constellation Continental Owner, LLC										
00000	82-4936006	CPI-CII 9171 Wilshire JV LLC										
00000	27-3555688	CR Washington Street Investors LP										
00000	36-4369972	CuraScript, Inc.										
00000	86-1305728	Deco Apartments JV LLC										
00000	86-1334095	Deco Apartments Owner LLC										
00000	16-1526641	Diversified NY IPA, Inc.										
00000	41-1627938	Diversified Pharmaceutical Services, Inc.										
00000	27-3542089	Econdisc Contracting Solutions, LLC										
00000	00-0000000	Egyptian Emirates Administration Services SAE										
00000	00-0000000	ESI Canada										
00000	00-0000000	ESI GP Canada ULC										
00000	43-1925556	ESI GP Holdings, Inc.										
00000	00-0000000	ESI GP2 Canada ULC										
00000	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)										
00000	43-1867735	ESI Mail Pharmacy Service, Inc.										
00000	43-1925562	ESI Partnership										
00000	41-2006555	ESI Resources, Inc.										
00000	92-1016132	ESSCH Holdings, Inc.										
00000	93-1916563	Evernorth Accountable Care, LLC										
00000	00-0000000	Evernorth Accountable Care One, LLC										
00000	94-3107309	Evernorth Behavioral Health of California, Inc.					(30,338)				(30,338)	
00000	75-2751090	Evernorth Behavioral Health of Texas, Inc.					(137,929)				(137,929)	
00000	41-1648670	Evernorth Behavioral Health, Inc.	(50,875,000)				53,540,204				2,665,204	
00000	99-1584892	Evernorth Care Group, LLC										
00000	86-1465626	Evernorth Care Solutions, Inc.										
00000	32-0222252	Evernorth Direct Health, LLC					(2,325)				(2,325)	

54.6

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	33-2256054	Evernorth Federal Services, Inc.										
00000	45-2884094	Evernorth Health, Inc.										
00000	00-0000000	Evernorth Ireland Limited										
00000	99-1207331	Evernorth Network Services, LLC										
00000	85-2759151	Evernorth Sales Operations, Inc.										
00000	85-2717903	Evernorth Strategic Development, Inc.										
00000	93-2676484	Evernorth-VillageMD Health Organization of Texas, Inc.										
00000	93-1946921	Evernorth-VillageMD Care Alliance of AZ, LLC										
00000	93-3088901	Evernorth-VillageMD Care Alliance of CT, LLC										
00000	93-1971121	Evernorth-VillageMD Care Alliance of GA, LLC										
00000	93-2000610	Evernorth-VillageMD Care Alliance of NJ, LLC										
00000	93-2024744	Evernorth-VillageMD Care Alliance of TX, LLC										
00000	93-3608409	Evernorth Wholesale Distribution, Inc.										
00000	46-4676347	eviCore 1, LLC										
00000	62-1615395	eviCore healthcare MSI, LLC										
13918	27-3175443	Express Reinsurance Company					8,455,502				8,455,502	
00000	41-2063830	Express Scripts Administrators LLC										
00000	00-0000000	Express Scripts Canada Co.										
00000	43-1942542	Express Scripts Canada Holding Co.										
00000	27-1490640	Express Scripts Canada Holding, LLC										
00000	00-0000000	Express Scripts Canada Services										
00000	00-0000000	Express Scripts Canada Wholesale										
00000	84-5003423	Express Scripts Health Information Network Partners, Inc.										
00000	20-5826948	Express Scripts Pharmaceutical Procurement, LLC										
00000	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.										
00000	00-0000000	Express Scripts Pharmacy Central, Ltd.										
00000	00-0000000	Express Scripts Pharmacy Ontario, Ltd.										
00000	00-0000000	Express Scripts Pharmacy West, Ltd.										
00000	30-0789911	Express Scripts Pharmacy, Inc.										
00000	22-3114423	Express Scripts Sales Operations, Inc.										
00000	20-3126104	Express Scripts Senior Care Holdings LLC										
00000	20-3126075	Express Scripts Senior Care, Inc.										
00000	43-1832983	Express Scripts Services Co.										
00000	43-1869712	Express Scripts Specialty Distribution Services, Inc.										

54.7

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	22-2230703	Express Scripts Strategic Development, Inc.										
00000	43-1869714	Express Scripts Utilization Management Company										
00000	43-1420563	Express Scripts, Inc.					(7,507,587)				(7,507,587)	
00000	00-0000000	FirstAssist Administration Limited										
00000	23-1914061	Former Cigna Investments, Inc.					(125)				(125)	
00000	88-3762943	Forsyth Health, LLC					(816)				(816)	
00000	02-0523249	Freco, Inc.										
00000	20-3229217	Freedom Service Company, LLC										
00000	00-0000000	Gillette Ridge Community Council, Inc.										
00000	20-3700105	Gillette Ridge Golf, LLC										
00000	82-5244279	Global Pharmacy LLC										
00000	00-0000000	GRG Acquisitions LLC		180,410							180,410	
00000	76-0657035	GulfQuest, LP					431,654,636				431,654,636	
00000	87-3650143	Hartford Community Lender Holding LLC										
00000	87-3686301	Hartford Community Lender I LLC										
00000	04-2992335	Healthbridge Reimbursement & Product Support, Inc.										
00000	26-2159005	Healthbridge, Inc.										
00000	46-2086778	Health-Lynx, LLC										
00000	06-1533555	Healthsource Benefits, Inc.										
00000	02-0467679	Healthsource Properties, Inc.										
00000	02-0387748	Healthsource, Inc.					(208)				(208)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.		450,000,000			(692,572,038)				(242,572,038)	
00000	20-8647386	HealthSpring Management of America, LLC					185,767,658				185,767,658	
11532	65-1129599	HealthSpring of Florida, Inc.					(60,004,648)				(60,004,648)	
00000	72-1559530	HealthSpring USA, LLC					179,837,076				179,837,076	
00000	20-1821898	HealthSpring, Inc.					(87,724,517)				(87,724,517)	
00000	47-5651517	Healy Pharmacy, LLC										
00000	81-4139432	Heights at Bear Creek Borrower LLC										
00000	81-4139432	Heights at Bear Creek Mezzanine LLC										
00000	81-4139432	Heights at Bear Creek Venture LLC										
00000	20-4266628	Home Physicians Management, LLC										
00000	75-3108521	HouQuest, LLC										
00000	37-1708015	Houston Briar Forest Apartments Limited Partnership										
00000	95-4838551	Ideal Properties II LLC										
00000	35-2041388	IHN, Inc.					(228)				(228)	
00000	00-0000000	Independent Health Information Technology Services L.L.C.										
00000	82-1655179	Innovative Product Alignment, LLC										
00000	82-0658250	Inside RX, LLC										

54.8

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	46-5556043	Integrity Rx Specialty Pharmacy LLC										
00000	81-0425785	Intermountain Underwriters, Inc.										
00000	00-0000000	International Pharmaceutical Solutions, GmbH										
00000	84-3406799	JA Lofts Holdings, LLC										
00000	84-3395923	JA Lofts JV Limited Partnership										
00000	00-0000000	Kuwait Emirates Administration Services WLL										
00000	20-8064696	Kronos Optimal Health Company					(402)				(402)	
00000	47-5292506	L&C Investments, LLC										
00000	47-4375626	Lakehills CM-CG LLC										
65722	63-0343428	Loyal American Life Insurance Company	(65,000,000)	35,000,000			(86,136,003)				(116,136,003)	
00000	58-2593075	Lynnfield Compounding Center, Inc.										
00000	04-3546044	Lynnfield Drug, Inc.										
00000	27-1506930	MAH Pharmacy, LLC										
00000	80-0908244	Mallory Square Partners I, LLC										
00000	51-0500147	Matrix GPO, LLC										
00000	59-3720653	Matrix Healthcare Services, Inc.										
00000	06-1346406	MCC Independent Practice Association of New York, Inc.										
00000	45-4937055	MDLive, Inc.					(2,325)				(2,325)	
00000	00-0000000	MDLive LLC					324,072				324,072	
00000	00-0000000	MDLivevisit, LLC										
00000	00-0000000	MDLive Provider Services, LLC										
34720	13-3506395	Medco Containment Insurance Company of NY		225,000,000			(28,995,053)				196,004,947	
63762	42-1425239	Medco Containment Life Insurance Company		1,000,000,000			(185,036,168)	30,636,540			845,600,372	
00000	27-3709630	Medco Europe II, LLC										
00000	46-2166374	Medco Europe, LLC										
00000	84-5017653	Medco Health Information Network Partners, Inc.										
00000	81-0616525	Medco Health Puerto Rico, LLC										
00000	26-3544786	Medco Health Services, Inc.										
00000	22-3461740	Medco Health Solutions, Inc.										
00000	27-3801345	MedSolutions Holdings, Inc.										
00000	87-2810715	Montclair 11 Pine Operating Company LLC										
00000	87-2790325	Montclair 11 Pine Urban Renewal LLC										
00000	87-2772585	Montclair Residences JV LLC										
00000	32-0071543	MSI Health Organization of Texas, Inc.					(1,768,683)				(1,768,683)	
00000	27-5492993	MSI HT, LLC										
00000	27-5493148	MSI LT, LLC										
00000	27-5493321	MSI SAR-GW, LLC										
00000	86-1090522	MSIAZ I, LLC										
00000	20-1749733	MSICA I, LLC										
00000	20-1222347	MSICO I, LLC										

54.9

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	55-0840800	MSIFL, LLC										
00000	26-0181185	MSIMD I, LLC										
00000	74-3122235	MSINC I, LLC										
00000	11-3715243	MSINH II, LLC										
00000	03-0524694	MSINH, LLC										
00000	20-1749446	MSINJ I, LLC										
00000	20-1761914	MSINV I, LLC										
00000	55-0840806	MSISC II, LLC										
00000	26-0336736	MSIVT I, LLC										
00000	20-2536458	MSIWA, LLC										
00000	36-4833284	MyM Technology Services, LLC										
00000	82-1350878	myMatrixx Holdings, LLC										
00000	46-2589799	myMatrixx-B, LLC										
00000	00-0000000	NAS Administrative Services Company LLC										
00000	00-0000000	NAS Neuron Health Services, L.L.C.										
00000	00-0000000	NAS United SPV										
00000	00-0000000	Neuron LLC										
00000	52-1929677	NewQuest Management Northeast, LLC					261,433,593				261,433,593	
00000	33-1033586	NewQuest Management of Alabama, LLC					296,178,771				296,178,771	
00000	20-4954206	NewQuest Management of Florida, LLC					23,800,171				23,800,171	
00000	77-0632665	NewQuest Management of Illinois, LLC					58,905,719				58,905,719	
00000	76-0628370	NewQuest, LLC	(820,097,141)	300,000,000			(1,415,965)				(521,513,106)	
00000	00-0000000	NNHS India Private Limited										
00000	82-5244890	Octave Health Group, Inc.										
00000	80-0818758	Patient Provider Alliance, Inc.										
00000	35-1927379	Priority Healthcare Corporation										
00000	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company					(99,474)				(99,474)	
00000	00-0000000	PT GAR Indonesia										
00000	45-5046449	PUR Arbors Apartments Venture LLC										
00000	46-1801639	QualCare Management Resources Limited Liability Company										
00000	00-0000000	Qualient Pharmaceuticals Holdings LP										
00000	00-0000000	Qualient Pharmaceuticals Health LLC					(6,432)				(6,432)	
00000	45-5569416	QPID Health, LLC										
00000	83-1460134	Rise-CG Capitol Hill, LP										
00000	84-3254168	Rise-CG JA Lofts Limited Partnership										
00000	99-3690790	Rock Island Owner, LLC										
00000	99-4491221	Rosslyn Owner, LLC										
00000	35-1641636	Sagamore Health Network, Inc.					1,568,925				1,568,925	
00000	46-3593103	SB-SNH LLC										
00000	95-2876207	Secon Properties, LP										
00000	82-1732483	SOMA Apartments Venture LLC										

54.10

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
00000	82-4405071	Specialty Products Acquisitions, LLC										
00000	61-1317695	SpectraCare Health Care Ventures, Inc.										
00000	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(9,000,000)									
00000	47-2658932	Strategic Pharmaceutical Investments, LLC					(1,234,881)				(10,234,881)	
00000	00-0000000	SureScripts, LLC										
00000	87-0903685	Swedesford Road Apartments, LLC										
00000	22-3474888	Systemed, LLC										
00000	23-3074013	Tel-Drug of Pennsylvania, LLC										
00000	46-0427127	Tel-Drug, Inc.										
00000	00-0000000	Temple Insurance Company Limited					(29,618)				(29,618)	
00000	20-5524622	Tennessee Quest, LLC										
00000	75-3108527	TexQuest, LLC										
00000	85-1955731	The Flats at Interbay Holdings, LLC										
00000	85-1955075	The Flats at Interbay JV Limited Partnership										
00000	85-1962013	The Flats at Interbay Limited Partnership										
00000	00-0000000	Transwestern Federal, L.L.C.										
00000	00-0000000	Transwestern Federal Holdings, L.L.C.										
00000	98-0463704	Vielife Services, Inc.										
00000	81-3492421	Village Fertility Pharmacy, LLC										
00000	92-3642270	Village West Coast LLC										
00000	00-0000000	Verity Solutions Group, Inc.						(2,055)			(2,055)	
00000	00-0000000	Westcore CG AC, LLC										
00000	84-3178563	Westcore CG Camelback, LLC										
00000	84-3178563	Westcore CG Cedar Port, LLC										
00000	84-3178563	Westcore CG Dove Valley I, LLC										
00000	84-3178563	Westcore CG Dove Valley II, LLC										
00000	84-3178563	Westcore CG Eisenhauer, LLC										
00000	84-3178563	Westcore CG Fountain Lakes, LLC										
00000	84-3178563	Westcore CG Gateway, LLC										
00000	84-3178563	Westcore CG I-35, LLC										
00000	84-3178563	Westcore CG Navy, LLC										
00000	84-3178563	Westcore CG Potomac Park, LLC										
00000	84-3178563	Westcore CG Raceway, LLC										
00000	84-3178563	Westcore CG Solano, LLC										
00000	84-3178563	Westcore CG Susana, LLC										
00000	00-0000000	Westcore CG Venture, LLC										
00000	87-3624928	Westcore CG Venture II, LLC										
00000	87-3624928	Westcore CG II AC, LLC										
00000	87-3624928	Westcore CG II Denton, LLC										
00000	87-3624928	Westcore CG II Milan, LLC										
00000	87-3624928	Westcore CG II Park 225, LLC										

54.11

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
.....00000	87-3624928	Westcore CG II Union Cross, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	00-0000000	Willow DSP LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 Control Totals										XXX	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
Allegiance Life & Health Insurance Company	Benefit Management Corp.	95.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Allegiance Re, Inc.	Benefit Management Corp.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
American Retirement Life Insurance Company	Loyal American Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
AOP II Apartments Venture, L.L.C.	CARING Optimist Park II Investor LLC	90.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Bravo Health Mid-Atlantic, Inc.	NewQuest Management Northeast, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Bravo Health Pennsylvania, Inc.	NewQuest Management Northeast, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Breakthrough Behavioral, Inc.	MDLive, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Breakthrough Behavioral of Texas, Inc.	Breakthrough Behavioral, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
CareCore NJ, LLC	eviCore healthcare MSI, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna & CMB Life Insurance Company Limited	Cigna Health and Life Insurance Company	50.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Arbor Life Insurance Company	Connecticut General Corporation	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Colorado, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Delaware, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Florida, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Kansas, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Kentucky, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Maryland, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Missouri, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of New Jersey, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of North Carolina, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Ohio, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Pennsylvania, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Texas, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Virginia, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Plan Of Arizona, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Europe Insurance Company S.A.-N.V.	Cigna Beechwood Holdings	99.999	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Global Insurance Company Limited	Cigna Holdings Overseas, Inc.	99.990	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Global Reinsurance Company, Ltd.	Cigna Global Holdings, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Health and Life Insurance Company	Connecticut General Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Arizona, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Colorado, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Connecticut, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Florida, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Georgia, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Illinois, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Indiana, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of New Hampshire, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of New Jersey, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of North Carolina, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of South Carolina, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of St. Louis, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Tennessee, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Texas, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Insurance Company	Provident American Life and Health Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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)
Cigna Insurance Middle East S.A.L.	Cigna Cedar Holdings, Ltd.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Life Insurance Company of Canada	Cigna Chestnut Holdings, Ltd.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Life Insurance Company of Europe S.A.-N.V.	Cigna Beechwood Holdings	99.993	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna National Health Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Worldwide General Insurance Company Limited	Cigna Hong Kong Holdings Company Limited	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Worldwide Insurance Company	Cigna Global Reinsurance Company, Ltd.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Claims and Risk Services Limited	NAS Neuron Health Services, L.L.C.	50.000	NO	The Cigna Group	The Cigna Group	100.000	NO
ManipalCigna Health Insurance Company Limited	Cigna Holdings Overseas, Inc.	49.000	NO	TTK (non-affiliate)	The Cigna Group	100.000	NO
Connecticut General Life Insurance Company	Connecticut General Corporation	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Express Reinsurance Company	Express Scripts, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
HealthSpring Life & Health Insurance Company, Inc.	NewQuest, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
HealthSpring of Florida, Inc.	NewQuest, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Loyal American Life Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Medco Containment Insurance Company of NY	Medco Health Solutions, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Medco Containment Life Insurance Company	Medco Health Solutions, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Provident American Life & Health Insurance Company	Cigna National Health Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Sterling Life Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Temple Insurance Company Limited	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	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?	NO
24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

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? NO
- 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO
- 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO
- 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO

AUGUST FILING

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

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.
- 23. The data for this supplement is not required to be filed.
- 24. 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.
- 44. The data for this supplement is not required to be filed.
- 45. The data for this supplement is not required to be filed.
- 46. The data for this supplement is not required to be filed.
- 47. The data for this supplement is not required to be filed.
- 48. 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]



23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]

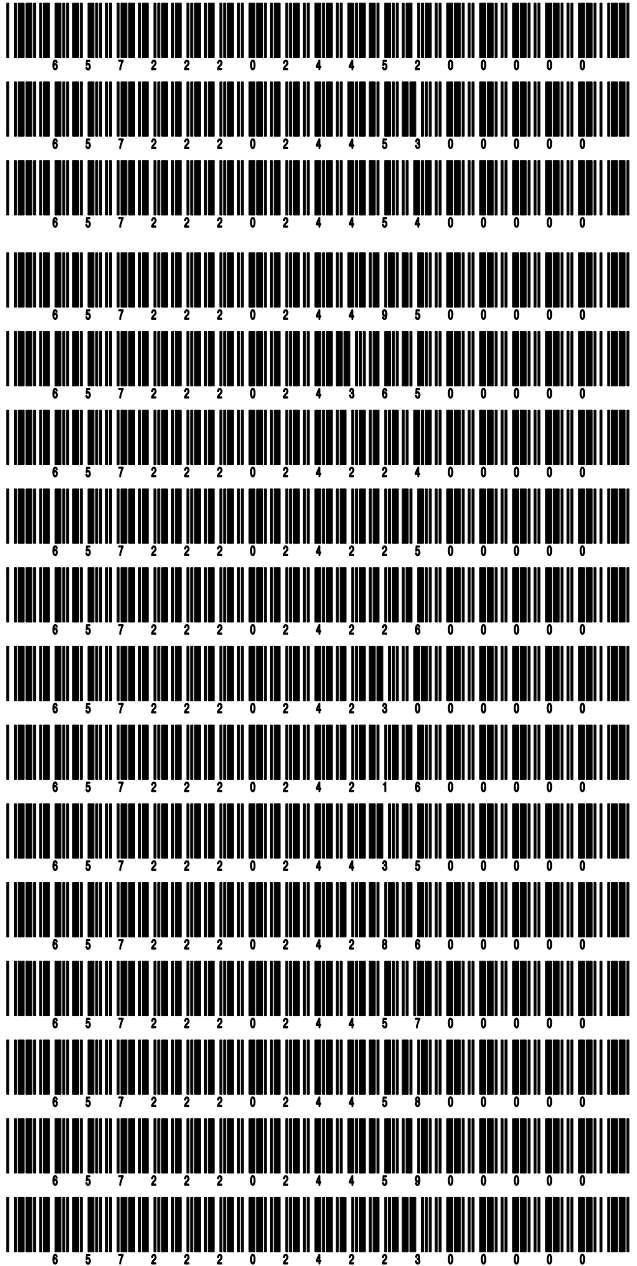


24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 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]
- 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]
- 44. Variable Annuities Supplement [Document Identifier 286]
- 45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]
- 46. Life Summary of the PBR Actuarial Report [Document Identifier 458]
- 47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]
- 48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



OVERFLOW PAGE FOR WRITE-INS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Schedule H Part 1 Line 11

	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 %
1104. PDF Interest		0.0												
1197. Summary of remaining write-ins for Line 11 from overflow page		0.0												

Additional Write-ins for Schedule H Part 1 Line 11

	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 %
1104. PDF Interest								0.0				
1197. Summary of remaining write-ins for Line 11 from overflow page								0.0				



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6200-AL	H	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,224	2,916	69.0					
YES	L-6202-AL	J	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,408	8,134	33.3	3				
YES	LOYAL-MS-AA-F-AL	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	382,024	216,401	56.6	78				
YES	LOYAL-MS-AA-G-AL	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	120,481	68,815	57.1	29				
YES	LOYAL-MS-AA-N-AL	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	67,688	87,572	129.4	19				
0199999. Total Experience on Individual Policies										598,825	383,837	64.1	129				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.AL



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Alaska.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-A-AK	A	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-AK	F	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	148,348	135,625	91.4	36	6,044	4,023	66.6	2
YES	LOYAL-MS-AA-G-AK	G	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	562,597	488,174	86.8	207	96,961	84,696	87.4	45
YES	LOYAL-MS-AA-N-AK	N	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	273,314	280,868	102.8	150	194,107	176,708	91.0	117
YES	LOYAL-MSD-AA-A-AK	A	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-AK	F	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	50,416	34,568	68.6	14				
YES	LOYAL-MSD-AA-G-AK	G	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	191,370	145,270	75.9	73	72,994	50,921	69.8	33
YES	LOYAL-MSD-AA-N-AK	N	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	72,023	71,868	99.8	38	37,301	29,594	79.3	22
YES	LOYAL-MSX-AA-A-AK	A	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSX-AA-F-AK	F	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	99,915	92,655	92.7	26	370	372	100.7	1
YES	LOYAL-MSX-AA-G-AK	G	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	100,175	50,564	50.5	32	8,896	4,534	51.0	5
YES	LOYAL-MSX-AA-HDF-AK	F	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	44,185	9,494	21.5	33	1,451	22	1.5	1
YES	LOYAL-MSX-AA-N-AK	N	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	98,682	83,332	84.4	36	7,344	1,964	26.7	3
0199999. Total Experience on Individual Policies										1,641,026	1,392,418	84.9	645	425,467	352,834	82.9	229

360.AK



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Arizona.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-AZ	F	NO	0034000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,862	1,844	12.4	3				
YES	LOYAL-MS-1A-F-AZ	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	41,932	21,852	52.1	10				
YES	LOYAL-MS-1A-G-AZ	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	18,462	12,395	67.1	5				
YES	LOYAL-MS-1A-N-AZ	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	3,596	3,473	96.6	1				
0199999. Total Experience on Individual Policies										78,852	39,564	50.2	19				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.AZ



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Arkansas.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-AR	F	NO	0034060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	66,832	62,854	94.0	18				
YES	LOYAL-MS-CR-D-AR	D	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,998	4,614	65.9	2				
YES	LOYAL-MS-CR-F-AR	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,214,877	823,746	67.8	319				
YES	LOYAL-MS-CR-G-AR	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	251,963	208,876	82.9	73				
YES	LOYAL-MS-CR-N-AR	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	250,381	189,853	75.8	97				
0199999. Total Experience on Individual Policies										1,791,051	1,289,943	72.0	509				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.AR



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 California.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-A-CA	A	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	10,638	4,237	39.8	3				
YES	LOYAL-MS-AA-F-CA	F	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	12,987,511	9,377,692	72.2	2,592	7,722	11,674	151.2	2
YES	LOYAL-MS-AA-G-CA	G	NO	0034000	04/02/2014				Modernized Medicare Supplement Insurance Plan	11,823,968	9,756,259	82.5	3,383	196,531	228,982	116.5	55
YES	LOYAL-MS-AA-N-CA	N	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	5,950,690	5,481,324	92.1	2,096	326,110	275,528	84.5	120
0199999. Total Experience on Individual Policies										30,772,807	24,619,512	80.0	8,074	530,363	516,185	97.3	177

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-F-CO	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	534,525	324,405	60.7	102				
YES	LOYAL-MS-AA-G-CO	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	153,127	117,902	77.0	37				
YES	LOYAL-MS-AA-N-CO	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,524	10,650	163.2	2				
0199999. Total Experience on Individual Policies										694,177	452,957	65.3	141				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Connecticut.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-A-CT	A	NO	0034060	11/08/2013				Modernized Medicare Supplement Insurance Plan	10,432	11,789	113.0	2				
YES	LOYAL-MS-CR-F-CT	F	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	564,131	469,767	83.3	135	4,015	6,574	163.7	1
YES	LOYAL-MS-CR-G-CT	G	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	937,848	547,774	58.4	218				
YES	LOYAL-MS-CR-N-CT	N	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	129,567	75,677	58.4	53				
YES	LOYAL-MSD-CR-A-CT	A	NO	0204060	05/23/2014				Modernized Medicare Supplement Insurance Plan	14,000	9,815	70.1	3				
0199999. Total Experience on Individual Policies										1,655,978	1,114,822	67.3	411	4,015	6,574	163.7	1

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.CT



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Delaware
NAIC Group Code
NAIC Company Code
ADDRESS (City, State and Zip Code)
Person Completing This Exhibit
Title Telephone Number

Table with 18 columns: 1 Compliance with OBRA, 2 Policy Form Number, 3 Standardized Medicare Supplement Benefit Plan, 4 Medicare Select, 5 Plan Characteristics, 6 Date Approved, 7 Date Approval Withdrawn, 8 Date Last Amended, 9 Date Closed, 10 Policy Marketing Trade Name, 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives, 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives.

NONE

NONE

- 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. 1395s... for this state.
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.DE



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 District of Columbia.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-A-DC	A	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-DC	F	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	27,150	5,941	21.9	6				
YES	LOYAL-MS-AA-G-DC	G	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	74,726	58,983	78.9	25	22,275	6,634	29.8	8
YES	LOYAL-MS-AA-N-DC	N	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	6,798	88	1.3	3	1,585	11,672	736.5	1
YES	LOYAL-MSD-AA-A-DC	A	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-DC	F	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	133,342	111,102	83.3	27				
YES	LOYAL-MSD-AA-G-DC	G	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	83,742	58,461	69.8	28	20,150	5,927	29.4	8
YES	LOYAL-MSD-AA-N-DC	N	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	20,890	7,671	36.7	8	1,799	34	1.9	1
YES	LOYAL-MSX-AA-A-DC	A	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSX-AA-F-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	60,724	37,506	61.8	15				
YES	LOYAL-MSX-AA-G-DC	G	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	22,300	10,787	48.4	8	1,989	2,776	139.5	1
YES	LOYAL-MSX-AA-HDF-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	5,367	1,710	31.9	4				
YES	LOYAL-MSX-AA-N-DC	N	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	4,763	348	7.3	2				
0199999. Total Experience on Individual Policies										439,804	292,597	66.5	126	47,797	27,043	56.6	19

360.DC



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 NAIC Company Code
 ADDRESS (City, State and Zip Code)
 Person Completing This Exhibit
 Title Telephone Number

NONE

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

NONE

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. 1395s.....
 2.1 Address:
 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address:
 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.FL



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6201-GA	I	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,459	1,807	21.4	1				
YES	L-6202-GA	J	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	87,834	59,660	67.9	18				
YES	LOYAL-MS-1A-F-GA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	304,707	272,824	89.5	62				
YES	LOYAL-MS-1A-G-GA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	96,023	98,165	102.2	23				
YES	LOYAL-MS-1A-N-GA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	36,383	17,733	48.7	12				
0199999. Total Experience on Individual Policies										533,407	450,189	84.4	116				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.GA



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Hawaii.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
YES	LOYAL-MS-AA-A-HI	A	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan									
YES	LOYAL-MS-AA-F-HI	F	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	228,763	289,430	126.5	68	18,115	6,308	34.8	6	
YES	LOYAL-MS-AA-G-HI	G	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	429,988	316,381	73.6	170	52,703	31,435	59.6	24	
YES	LOYAL-MS-AA-N-HI	N	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	29,227	6,041	20.7	15	11,069	3,595	32.5	5	
YES	LOYAL-MSD-AA-A-HI	A	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan									
YES	LOYAL-MSD-AA-F-HI	F	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	43,312	24,901	57.5	13	6,361	1,980	31.1	2	
YES	LOYAL-MSD-AA-G-HI	G	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	129,212	60,997	47.2	50	18,690	16,680	89.2	8	
YES	LOYAL-MSD-AA-N-HI	N	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	9,978	9,539	95.6	5	1,552	823	53.0	1	
0199999. Total Experience on Individual Policies										870,480	707,288	81.3	321	108,490	60,821	56.1	46	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360 HI



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Idaho.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-ID	F	NO	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,101	17,994	74.7	5				
YES	L-5235-ID	G	NO	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,501	9,224	73.8	4				
YES	L-6202-ID	J	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	135,909	97,000	71.4	29				
YES	LOYAL-MS-IA-B-ID	B	NO	0034000	08/04/2010				Modernized Medicare Supplement Insurance Plan	3,660	591	16.2	1				
YES	LOYAL-MS-IA-F-ID	F	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	539,488	431,245	79.9	136				
YES	LOYAL-MS-IA-G-ID	G	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	154,991	192,358	124.1	49				
YES	LOYAL-MS-IA-N-ID	N	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	121,978	107,137	87.8	48				
YES	LOYAL-MSX-IA-F-MI	F	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	449,511	386,028	85.9	143				
YES	LOYAL-MSX-IA-G-MI	G	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	269,242	248,123	92.2	97				
YES	LOYAL-MSX-IA-HDF-MI	F	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	16,517	7,835	47.4	15				
YES	LOYAL-MSX-IA-N-MI	N	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	179,115	187,299	104.6	82				
0199999. Total Experience on Individual Policies										1,907,011	1,684,837	88.3	609				

360 ID



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-IL	F	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	130,363	134,661	103.3	18				
YES	L-5235-IL	G	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,048	17,706	350.8	1				
YES	L-6200-IL	H	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,281	2,416	21.4	2				
YES	L-6201-IL	I	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,278	680	12.9	1				
YES	L-6202-IL	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	649,604	378,804	58.3	97				
YES	LOYAL-MS-AA-C-IL	C	NO	0034060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	6,467	517	8.0	1				
YES	LOYAL-MS-AA-F-IL	F	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	2,566,837	1,728,038	67.3	441				
YES	LOYAL-MS-AA-G-IL	G	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	408,128	259,329	63.5	83				
YES	LOYAL-MS-AA-N-IL	N	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	574,856	512,934	89.2	135				
0199999. Total Experience on Individual Policies										4,357,862	3,035,085	69.6	779				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
4. Explain any policies identified above as policy type "O"......

360 IL



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

NI 093

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5231-IN	B	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,941	184	3.7	1				
YES	L-5234-IN	F	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	226,792	117,241	51.7	37				
YES	L-5235-IN	G	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	58,781	42,113	71.6	9				
YES	L-6200-IN	H	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan		10						
YES	L-6201-IN	I	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,630	8,342	57.0	3				
YES	L-6202-IN	J	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	475,864	288,510	60.6	76				
YES	LOYAL-MS-AA-A-IN	A	NO	0034000	06/01/2010			07/11/2024	Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-B-IN	B	NO	0034000	07/26/2010			07/11/2024	Modernized Medicare Supplement Insurance Plan		2						
YES	LOYAL-MS-AA-C-IN	C	NO	0034000	07/26/2010			07/11/2024	Modernized Medicare Supplement Insurance Plan	5,585	13,293	238.0	1				
YES	LOYAL-MS-AA-D-IN	D	NO	0034000	07/26/2010			07/11/2024	Modernized Medicare Supplement Insurance Plan	18,049	9,032	50.0	4				
YES	LOYAL-MS-AA-F-IN	F	NO	0034000	06/01/2010			07/11/2024	Modernized Medicare Supplement Insurance Plan	2,614,988	1,771,064	67.7	521	3,599	2,682	74.5	1
YES	LOYAL-MS-AA-G-IN	G	NO	0034000	06/01/2010			07/11/2024	Modernized Medicare Supplement Insurance Plan	907,364	774,679	85.4	234	3,516	7,597	216.0	1
YES	LOYAL-MS-AA-N-IN	N	NO	0034000	06/01/2010			07/11/2024	Modernized Medicare Supplement Insurance Plan	1,215,080	687,022	56.5	318				
0199999. Total Experience on Individual Policies										5,542,072	3,711,493	67.0	1,204	7,116	10,279	144.5	2



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-IA	F	NO	0034000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	156,345	116,453	74.5	26				
YES	L-6202-IA	J	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	367,014	276,613	75.4	62				
YES	LOYAL-MS-AA-F-IA	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	337,701	257,085	76.1	59				
YES	LOYAL-MS-AA-G-IA	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	28,878	26,169	90.6	6				
YES	LOYAL-MS-AA-N-IA	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	31,259	44,493	142.3	9				
0199999. Total Experience on Individual Policies										921,197	720,812	78.2	162				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.1A



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6200-KS	H	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,663	2,042	43.8	1				
YES	L-6201-KS	I	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,683	1,973	53.6	1				
YES	L-6202-KS	J	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	216,847	184,903	85.3	32				
YES	LOYAL-MS-AA-A-KS	A	NO	0034060	06/01/2010			07/02/2024	Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-KS	F	NO	0034060	06/01/2010			07/02/2024	Modernized Medicare Supplement Insurance Plan	1,820,808	1,298,522	71.3	371	4,554	1,007	22.1	1
YES	LOYAL-MS-AA-G-KS	G	NO	0034060	06/01/2010			07/02/2024	Modernized Medicare Supplement Insurance Plan	572,611	345,094	60.3	169	68,831	30,040	43.6	23
YES	LOYAL-MS-AA-N-KS	N	NO	0034060	06/01/2010			07/02/2024	Modernized Medicare Supplement Insurance Plan	85,908	126,619	147.4	23	2,340	960	41.0	1
0199999. Total Experience on Individual Policies										2,704,519	1,959,152	72.4	597	75,725	32,006	42.3	25

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
4. Explain any policies identified above as policy type "O"......

360.KS



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5231-KY	B	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,364	5,761	171.2					
YES	L-5234-KY	F	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	121,714	72,966	59.9	19				
YES	L-5235-KY	G	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,749	11,631	91.2	2				
YES	LOYAL-MS-AA-A-KY	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,389	4,413	100.6	1	2,020	4,340	214.9	1
YES	LOYAL-MS-AA-B-KY	B	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-C-KY	C	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	14,036	12,614	89.9	4				
YES	LOYAL-MS-AA-D-KY	D	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,479	3,795	84.7	1				
YES	LOYAL-MS-AA-F-KY	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,608,362	1,073,470	66.7	335				
YES	LOYAL-MS-AA-G-KY	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	760,291	502,682	66.1	202	9,007	2,060	22.9	4
YES	LOYAL-MS-AA-N-KY	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	428,977	380,471	88.7	145	17,613	9,039	51.3	6
0199999. Total Experience on Individual Policies										2,958,361	2,067,803	69.9	709	28,640	15,439	53.9	11

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

360.KY



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Louisiana.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-LA	F	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	40,719	14,142	34.7	5				
YES	L-5235-LA	G	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,464	5,170	38.4	2				
YES	LOYAL-MS-AA-A-LA	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9	(189)	(2,126.7)					
YES	LOYAL-MS-AA-F-LA	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	268,058	152,407	56.9	47				
YES	LOYAL-MS-AA-G-LA	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	107,389	57,842	53.9	22				
YES	LOYAL-MS-AA-N-LA	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	47,186	25,487	54.0	13				
0199999. Total Experience on Individual Policies										476,826	254,859	53.4	89				

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

360.LA



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Maine.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-A-ME	A	NO	0034060	05/29/2013				Modernized Medicare Supplement Insurance Plan	3,214	594	18.5	1				
YES	LOYAL-MS-CR-F-ME	F	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	104,246	78,537	75.3	25				
YES	LOYAL-MS-CR-G-ME	G	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	1,122,948	723,953	64.5	338	19,070	8,513	44.6	7
YES	LOYAL-MS-CR-N-ME	N	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	436,255	327,557	75.1	191	98,349	39,981	40.7	52
YES	LOYAL-MSD-CR-F-ME	F	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	20,619	5,126	24.9	5				
YES	LOYAL-MSD-CR-G-ME	G	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	195,782	110,528	56.5	61	26,386	35,202	133.4	8
YES	LOYAL-MSD-CR-N-ME	N	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	74,448	46,951	63.1	33	21,649	15,514	71.7	10
0199999. Total Experience on Individual Policies										1,957,512	1,293,247	66.1	654	165,454	99,209	60.0	77

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ME



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Maryland.....
 NAIC Group Code NAIC Company Code
 ADDRESS (City, State and Zip Code)
 Person Completing This Exhibit
 Title Telephone Number

NONE

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

NONE

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. 1395s for this state. GENERAL INTERESTS
- 2.1 Address:
- 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address:
- 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Massachusetts

NAIC Group Code NAIC Company Code

ADDRESS (City, State and Zip Code)

Person Completing This Exhibit

Title Telephone Number

Table with 18 columns: 1 Compliance with OBRA, 2 Policy Form Number, 3 Standardized Medicare Supplement Benefit Plan, 4 Medicare Select, 5 Plan Characteristics, 6 Date Approved, 7 Date Approval Withdrawn, 8 Date Last Amended, 9 Date Closed, 10 Policy Marketing Trade Name, 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives, 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives.

NONE

NONE

- 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. 1395a for this state.
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.MA



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-MI	F	NO	0034000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,507	(170)	(3.1)	1				
YES	L-6201-MI	I	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,043	5,760	47.8	2				
YES	L-6202-MI	J	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	227,434	123,540	54.3	33				
YES	LOYAL-MS-AA-C-MI	C	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	36,158	15,568	43.1	6				
YES	LOYAL-MS-AA-D-MI	D	NO	0034000	06/07/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	28,783	35,660	123.9	6				
YES	LOYAL-MS-AA-F-MI	F	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	1,977,317	1,375,750	69.6	410				
YES	LOYAL-MS-AA-G-MI	G	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	458,391	315,739	68.9	110				
YES	LOYAL-MS-AA-N-MI	N	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	352,845	335,088	95.0	120				
YES	LOYAL-MSX-AA-F-MI	F	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	1,161,684	755,296	65.0	262				
YES	LOYAL-MSX-AA-G-MI	G	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	714,769	494,082	69.1	199				
YES	LOYAL-MSX-AA-HDF-MI	F	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	128,857	61,984	48.1	88	3,610	166	4.6	3
YES	LOYAL-MSX-AA-N-MI	N	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	488,306	347,270	71.1	156	4,004	203	5.1	1
0199999. Total Experience on Individual Policies										5,592,095	3,865,566	69.1	1,393	7,614	370	4.9	4

360.MI



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Minnesota.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-BASIC-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,246,140	2,289,311	70.5	991	178,672	90,846	50.8	60
YES	LOYAL-MS-COPAYMENT-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	10,041	5,392	53.7	3	5,956	973	16.3	2
YES	LOYAL-MS-EXTENDED-2020-MN	0	NO	0034000	04/29/2020				Modernized Medicare Supplement Insurance Plan	47,690	10,761	22.6	14	85,410	23,430	27.4	25
YES	LOYAL-MS-EXTENDED-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,499,658	1,159,031	77.3	384	18,943	23,861	126.0	5
0199999. Total Experience on Individual Policies										4,803,529	3,464,496	72.1	1,392	288,981	139,109	48.1	92

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MN



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Mississippi.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-MS	F	NO	0034060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	74,534	44,388	59.6	9				
YES	L-5333-MS	F	YES	0034060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	116,336	106,659	91.7	24				
YES	L-6202-MS	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	325,709	202,717	62.2	54				
YES	LOYAL-MS-AA-A-MS	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	7,841	2,722	34.7	3				
YES	LOYAL-MS-AA-B-MS	B	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,862	1,276	33.0	1				
YES	LOYAL-MS-AA-C-MS	C	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	15,960	2,197	13.8	3				
YES	LOYAL-MS-AA-F-MS	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,724,201	1,164,481	67.5	305				
YES	LOYAL-MS-AA-G-MS	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	207,325	179,434	86.5	42				
YES	LOYAL-MS-AA-N-MS	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	233,630	301,397	129.0	63				
0199999. Total Experience on Individual Policies										2,709,400	2,005,271	74.0	504				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MS



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6201-MO	I	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,581	5,620	85.4	2				
YES	L-6202-MO	J	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	214,879	199,023	92.6	51				
YES	LOYAL-MS-1A-A-MO	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,181	293	5.7	2				
YES	LOYAL-MS-1A-F-MO	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	843,184	818,935	97.1	191				
YES	LOYAL-MS-1A-G-MO	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	184,136	117,478	63.8	51	78,176	76,884	98.3	22
YES	LOYAL-MS-1A-N-MO	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	27,793	12,398	44.6	10				
0199999. Total Experience on Individual Policies										1,281,754	1,153,747	90.0	307	78,176	76,884	98.3	22

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Montana.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-MT	F	NO	0034000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,325	3,287	61.7	1				
YES	L-6202-MT	J	NO	0034000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	506,402	284,752	56.2	94				
YES	LOYAL-MS-AA-F-MT	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	100,681	59,193	58.8	23				
YES	LOYAL-MS-AA-G-MT	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	42,422	42,209	99.5	12				
YES	LOYAL-MS-AA-N-MT	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	17,585	14,512	82.5	6				
0199999. Total Experience on Individual Policies										672,414	403,953	60.1	136				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MT



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-NE	F	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	45,499	45,742	100.5	6				
YES	L-5235-NE	G	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,735	16,722	216.2	1				
YES	L-6200-NE	H	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,508	2,690	48.8	1				
YES	L-6202-NE	J	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	251,929	143,251	56.9	41				
YES	LOYAL-MS-AA-F-NE	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	629,309	490,013	77.9	111				
YES	LOYAL-MS-AA-G-NE	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	58,849	61,224	104.0	13				
YES	LOYAL-MS-AA-N-NE	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,803	2,957	43.5	2				
0199999. Total Experience on Individual Policies										1,005,631	762,599	75.8	175				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NE



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 NAIC Company Code
 ADDRESS (City, State and Zip Code)
 Person Completing This Exhibit
 Title Telephone Number

NONE

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

NONE

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. 1395s.....
 2.1 Address:
 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address:
 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.NV



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	LOYAL-MS-1A-F-NH	F.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,450	5,127	49.1	2				
YES.....	LOYAL-MS-1A-G-NH	G.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	4,391	700	15.9	1				
0199999. Total Experience on Individual Policies										14,841	5,827	39.3	3				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NH



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Jersey.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-C-NJ	C	NO	0034060	05/16/2013				Modernized Medicare Supplement Insurance Plan	149,670	165,511	110.6	42				
YES	LOYAL-MS-AA-F-NJ	F	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	6,832,077	5,537,410	81.1	1,612				
YES	LOYAL-MS-AA-G-NJ	G	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	8,143,679	7,302,195	89.7	2,377				
YES	LOYAL-MS-AA-N-NJ	N	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	2,228,161	2,104,717	94.5	790				
YES	LOYAL-MSD-AA-A-NJ	A	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	3,839	4,714	122.8	1				
YES	LOYAL-MSD-AA-C-NJ	C	NO	0204060	07/12/2013				Modernized Medicare Supplement Insurance Plan	43,697	54,134	123.9	12				
YES	LOYAL-MSD-AA-F-NJ	F	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	1,071,833	825,628	77.0	249				
YES	LOYAL-MSD-AA-G-NJ	G	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	1,215,416	844,279	69.5	343				
YES	LOYAL-MSD-AA-N-NJ	N	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	301,011	335,615	111.5	105				
0199999. Total Experience on Individual Policies										19,989,383	17,174,204	85.9	5,531				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NJ



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Mexico.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6201-NM	I	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,961	6,247	41.8	3				
YES	L-6202-NM	J	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	165,969	113,795	68.6	28				
YES	LOYAL-MS-AA-F-NM	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	172,250	72,116	41.9	38				
YES	LOYAL-MS-AA-G-NM	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	22,655	14,238	62.8	6				
YES	LOYAL-MS-AA-N-NM	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,633	6,855	58.9	4				
0199999. Total Experience on Individual Policies										387,469	213,252	55.0	79				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NM



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 York
NAIC Group Code
NAIC Company Code
ADDRESS (City, State and Zip Code)
Person Completing This Exhibit
Title Telephone Number

Table with 18 columns: 1 Compliance with OBRA, 2 Policy Form Number, 3 Standardized Medicare Supplement Benefit Plan, 4 Medicare Select, 5 Plan Characteristics, 6 Date Approved, 7 Date Approval Withdrawn, 8 Date Last Amended, 9 Date Closed, 10 Policy Marketing Trade Name, 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives, 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives. Includes sub-headers for 'Policies Issued Through 2021' and 'Policies Issued in 2022; 2023; 2024'.

NONE
NONE

- 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. 1395s... for this state.
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.NY



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5233-NC	D	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,155	12,744	207.1	1				
YES	L-5234-NC	F	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	81,387	29,903	36.7	12				
YES	L-5235-NC	G	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	22	(675)	(3,042.3)					
YES	L-6200-NC	H	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,025	13,594	225.6	1				
YES	L-6201-NC	I	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,114	516	24.4					
YES	L-6202-NC	J	NO	0034060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	430,710	388,779	90.3	68				
YES	LOYAL-MS-AA-B-NC	B	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-C-NC	C	NO	0034060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	15,970	20,106	125.9	4				
YES	LOYAL-MS-AA-D-NC	D	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	8,008	9,854	123.0	2				
YES	LOYAL-MS-AA-F-NC	F	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	870,350	589,701	67.8	152				
YES	LOYAL-MS-AA-G-NC	G	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	221,122	228,010	103.1	49				
YES	LOYAL-MS-AA-N-NC	N	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	167,168	110,818	66.3	47				
019999. Total Experience on Individual Policies										1,809,032	1,403,348	77.6	336				

360.NC



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Dakota.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-ND	J	NO	0034000	10/21/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,773	(557)	(11.7)	1				
YES	LOYAL-MS-AA-F-ND	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,049	12,245	64.3	4				
YES	LOYAL-MS-AA-G-ND	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,291	12,695	153.1	2				
0199999. Total Experience on Individual Policies										32,113	24,383	75.9	7				

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ND



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5232-OH	C	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,351	6,830	35.3	3				
YES	L-5234-OH	F	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	59,212	52,110	88.0	9				
YES	L-5235-OH	G	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,388	12,004	89.7	2				
YES	L-6201-OH	I	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17	594	3,560.2					
YES	L-6202-OH	J	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	306,612	251,985	82.2	46				
YES	LOYAL-MS-AA-C-OH	C	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	58,800	45,591	77.5	10				
YES	LOYAL-MS-AA-D-OH	D	NO	0034000	07/12/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	8,305	4,590	55.3	2				
YES	LOYAL-MS-AA-F-OH	F	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	865,472	569,628	65.8	174				
YES	LOYAL-MS-AA-G-OH	G	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	202,798	121,507	59.9	49				
YES	LOYAL-MS-AA-N-OH	N	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	210,969	157,970	74.9	67				
0199999. Total Experience on Individual Policies										1,744,924	1,222,809	70.1	362				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.OH



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-OK	F	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	70,618	45,482	64.4	11				
YES	L-5235-OK	G	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,245	1,011	14.0	1				
YES	L-6200-OK	H	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,430	7,927	84.1	1				
YES	L-6202-OK	J	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	263,899	162,094	61.4	40				
YES	LOYAL-MS-AA-A-OK	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,500	3,360	51.7	1				
YES	LOYAL-MS-AA-F-OK	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	175,218	95,665	54.6	28				
YES	LOYAL-MS-AA-G-OK	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	24,707	14,204	57.5	5				
YES	LOYAL-MS-AA-N-OK	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	29,341	38,000	129.5	7				
0199999. Total Experience on Individual Policies										586,958	367,742	62.7	94				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
4. Explain any policies identified above as policy type "O"......

360.0K



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5230-OR	A	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,152	3,540	85.3	1				
YES	L-5234-OR	F	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,914	5,684	20.4	3				
YES	L-5235-OR	G	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,117	1,578	38.3	1				
YES	L-6200-OR	H	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,706	1,157	24.6	1				
YES	L-6202-OR	J	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	219,514	104,993	47.8	36				
YES	LOYAL-MS-AA-C-OR	C	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	18,841	54,663	290.1	4				
YES	LOYAL-MS-AA-D-OR	D	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	24,162	28,384	117.5	6				
YES	LOYAL-MS-AA-F-OR	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,334,389	2,666,977	80.0	837	31,599	14,493	45.9	8
YES	LOYAL-MS-AA-G-OR	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	8,350,534	6,764,494	81.0	2,616	137,673	100,808	73.2	50
YES	LOYAL-MS-AA-N-OR	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,195,222	891,055	74.6	353				
0199999. Total Experience on Individual Policies										13,183,552	10,522,525	79.8	3,858	169,272	115,302	68.1	58

360.0R

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5232-PA	C	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,664	1,864	24.3	2				
YES	L-5233-PA	D	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,512	2,314	18.5	3				
YES	L-5234-PA	F	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	74,386	68,786	92.5	20				
YES	L-5235-PA	G	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,211	8,274	81.0	3				
YES	LOYAL-MS-AA-D-PA	D	NO	0034060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	3,355	5,956	177.5	1				
YES	LOYAL-MS-AA-F-PA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,279,033	791,019	61.8	295				
YES	LOYAL-MS-AA-G-PA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	233,492	193,001	82.7	61				
YES	LOYAL-MS-AA-N-PA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	564,108	485,705	86.1	192				
0199999. Total Experience on Individual Policies										2,184,760	1,556,920	71.3	577				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.PA



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Rhode Island.....
 NAIC Group Code NAIC Company Code
 ADDRESS (City, State and Zip Code)
 Person Completing This Exhibit
 Title Telephone Number

NONE

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

NONE

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. 1395s.....
 2.1 Address:
 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address:
 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.RI



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-SC	F	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	90,576	67,224	74.2	18				
YES	L-5235-SC	G	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,932	14,867	187.4	1				
YES	L-6200-SC	H	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,030	725	35.7	1				
YES	L-6201-SC	I	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,142	17,008	62.7	6				
YES	L-6202-SC	J	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	680,279	504,535	74.2	159				
YES	LOYAL-MS-AA-C-SC	C	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	12,194	5,938	48.7	3				
YES	LOYAL-MS-AA-D-SC	D	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	7,337	4,606	62.8	1				
YES	LOYAL-MS-AA-F-SC	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,283,957	877,754	68.4	265				
YES	LOYAL-MS-AA-G-SC	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	282,577	317,932	112.5	69				
YES	LOYAL-MS-AA-N-SC	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	163,528	177,213	108.4	52				
0199999. Total Experience on Individual Policies										2,557,553	1,987,803	77.7	575				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.SC



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Dakota.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-SD	J	NO	0034060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	212,233	138,572	65.3	37				
YES	LOYAL-MS-AA-F-SD	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	130,184	113,504	87.2	23				
YES	LOYAL-MS-AA-G-SD	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,818	25,763	201.0	2				
0199999. Total Experience on Individual Policies										355,235	277,839	78.2	62				

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-TN	F	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	44,705	22,185	49.6	7				
YES	L-5235-TN	G	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,513	757	6.6	2				
YES	LOYAL-MS-AA-B-TN	B	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan		21						
YES	LOYAL-MS-AA-C-TN	C	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,155	4,199	81.5	1				
YES	LOYAL-MS-AA-D-TN	D	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	23,249	18,695	80.4	4				
YES	LOYAL-MS-AA-F-TN	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	4,305,467	3,164,061	73.5	899				
YES	LOYAL-MS-AA-G-TN	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	446,862	227,568	50.9	110				
YES	LOYAL-MS-AA-N-TN	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	717,874	600,742	83.7	235				
0199999. Total Experience on Individual Policies										5,554,825	4,038,228	72.7	1,258				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5232-TX	C	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,224	16,524	200.9	1				
YES	L-5234-TX	F	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	613,431	291,717	47.6	81				
YES	L-5235-TX	G	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	65,227	29,518	45.3	9				
YES	L-5333-TX	F	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,947	1,342	27.1	1				
YES	L-5334-TX	G	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	(341)	176	(51.6)					
YES	L-6200-TX	H	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	207,111	177,740	85.8	35				
YES	L-6201-TX	I	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	343,069	228,476	66.6	59				
YES	L-6202-TX	J	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,105,564	1,269,772	60.3	305				
YES	LOYAL-MS-AA-A-TX	A	NO	0034060	06/01/2010			07/05/2024	Modernized Medicare Supplement Insurance Plan	90,431	56,558	62.5	16				
YES	LOYAL-MS-AA-C-TX	C	NO	0034000	08/05/2010			07/05/2024	Modernized Medicare Supplement Insurance Plan	5,216	258	4.9	1				
YES	LOYAL-MS-AA-D-TX	D	NO	0034000	08/05/2010			07/05/2024	Modernized Medicare Supplement Insurance Plan	21,562	6,595	30.6	4				
YES	LOYAL-MS-AA-F-TX	F	NO	0034000	06/01/2010			07/05/2024	Modernized Medicare Supplement Insurance Plan	2,489,420	1,659,312	66.7	413				
YES	LOYAL-MS-AA-G-TX	G	NO	0034000	06/01/2010			07/05/2024	Modernized Medicare Supplement Insurance Plan	1,482,108	1,320,622	89.1	353				
YES	LOYAL-MS-AA-N-TX	N	NO	0034000	06/01/2010			07/05/2024	Modernized Medicare Supplement Insurance Plan	955,942	791,248	82.8	282				
0199999. Total Experience on Individual Policies										8,391,911	5,849,860	69.7	1,560				

360.TX



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-UT	J	NO	0034000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	119,761	46,447	38.8	21				
YES	LOYAL-MS-AA-F-UT	F	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	121,853	57,194	46.9	24				
YES	LOYAL-MS-AA-G-UT	G	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	53,269	52,531	98.6	14				
YES	LOYAL-MS-AA-N-UT	N	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	107,367	93,867	87.4	34				
0199999. Total Experience on Individual Policies										402,250	250,039	62.2	93				

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.UT



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Vermont.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-F-VT	F	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	1,254,919	1,161,648	92.6	348				
YES	LOYAL-MS-CR-G-VT	G	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	910,619	748,252	82.2	308	82,053	106,411	129.7	29
YES	LOYAL-MS-CR-N-VT	N	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	409,081	324,572	79.3	214	33,334	34,381	103.1	18
YES	LOYAL-MSD-CR-F-VT	F	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	32,829	26,556	80.9	9				
YES	LOYAL-MSD-CR-G-VT	G	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	152,348	135,896	89.2	53				
YES	LOYAL-MSD-CR-N-VT	N	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	61,663	41,341	67.0	32				
0199999. Total Experience on Individual Policies										2,821,459	2,438,265	86.4	964	115,387	140,792	122.0	47

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.VT



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-F-VA	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	519,722	529,851	101.9	109				
YES	LOYAL-MS-AA-G-VA	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	164,147	111,248	67.8	38				
YES	LOYAL-MS-AA-N-VA	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	16,905	27,170	160.7	5				
0199999. Total Experience on Individual Policies										700,775	668,269	95.4	152				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Washington.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-A-WA	A	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-CR-F-WA	F	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	936,900	632,581	67.5	206				
YES	LOYAL-MS-CR-G-WA	G	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	10,768,075	9,094,772	84.5	3,070	62,355	45,667	73.2	20
YES	LOYAL-MS-CR-N-WA	N	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	7,256,292	6,392,389	88.1	2,913	285,363	176,322	61.8	128
YES	LOYAL-MSD-CR-F-WA	F	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	429,377	287,114	66.9	96				
YES	LOYAL-MSD-CR-G-WA	G	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	2,479,447	1,661,894	67.0	706				
YES	LOYAL-MSD-CR-N-WA	N	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	890,126	851,139	95.6	358				
0199999. Total Experience on Individual Policies										22,760,216	18,919,889	83.1	7,349	347,718	221,989	63.8	148

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
4. Explain any policies identified above as policy type "O".

360.WA



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5232-WV	C	NO	0034000	08/25/2005				Senior Class Medicare Supplement Insurance Plan	5,989	3,102	51.8	1				
YES	L-5234-WV	F	NO	0034000	08/25/2005				Senior Class Medicare Supplement Insurance Plan	5,719	12,481	218.2					
YES	L-6202-WV	J	NO	0034060	09/24/2008				Senior Class Medicare Supplement Insurance Plan	59,616	37,740	63.3	11				
YES	LOYAL-MS-AA-D-WV	D	NO	0034000	06/23/2010				Modernized Medicare Supplement Insurance Plan	4,180	967	23.1	1				
YES	LOYAL-MS-AA-F-WV	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	147,370	107,284	72.8	28				
YES	LOYAL-MS-AA-G-WV	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	28,790	24,110	83.7	7				
YES	LOYAL-MS-AA-N-WV	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	60,236	23,150	38.4	18				
0199999. Total Experience on Individual Policies										311,899	208,833	67.0	66				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758.....
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272.....
4. Explain any policies identified above as policy type "O".

360.WV



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5220-WI	0	NO	0034060	04/23/2004			05/31/2010	Senior Class Medicare Supplement Insurance Plan	57,447	22,383	39.0	8				
YES	LOYAL-MS-WI	0	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	53,744	6,599	12.3	9				
0199999. Total Experience on Individual Policies										111,191	28,982	26.1	17				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 Wyoming.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-WY	J	NO	0034060	08/27/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	65,260	44,147	67.6	11				
YES	LOYAL-MS-AA-F-WY	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	67,377	48,647	72.2	13				
YES	LOYAL-MS-AA-G-WY	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,885	3,406	28.7	3				
YES	LOYAL-MS-AA-N-WY	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	41,693	27,056	64.9	12				
0199999. Total Experience on Individual Policies										186,216	123,256	66.2	39				

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.WY



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1A

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

NAIC Group Code 0901

NAIC Company Code 65722

Table with 4 columns: Description, Prior Year (1), Current Year (2), and Current Year (3) Due and Deferred Premium Asset. Rows include Post-Reinsurance-Ceded Reserve, Pre-Reinsurance-Ceded Reserve, and Details of Write-Ins.

456-1

SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1B

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

	Current Year											
	SECTION A					SECTION B				SECTION C		
	1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve												
1.1. Term Life Insurance				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.2. Universal Life With Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.3. Non-Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.4. Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.5. Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.6. Variable Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.7. Variable Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.8. Indexed Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.9. Aggregate Write-Ins for Other Products				XXX	XXX			XXX	XXX		XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve										XXX		
3.1. Term Life Insurance												
3.2. Universal Life With Secondary Guarantee												
3.3. Non-Participating Whole Life												
3.4. Participating Whole Life												
3.5. Universal Life Without Secondary Guarantee												
3.6. Variable Universal Life Without Secondary Guarantee												
3.7. Variable Life Without Secondary Guarantee												
3.8. Indexed Life Without Secondary Guarantee												
3.9. Aggregate Write-Ins for Other Products												
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS												
1.901.				XXX	XXX			XXX	XXX		XXX	XXX
1.902.				XXX	XXX			XXX	XXX		XXX	XXX
1.903.				XXX	XXX			XXX	XXX		XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page				XXX	XXX			XXX	XXX		XXX	XXX
1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)				XXX	XXX			XXX	XXX		XXX	XXX
3.901.												
3.902.												
3.903.												
3.998. Summary of remaining write-ins for Line 3.9 from overflow page												
3.999. Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)												

456-2

SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 [] 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 []	
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:	

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 []
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 [] No []	



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The Loyal American Life Insurance Company ADDRESS (City, State and Zip Code) Cleveland, OH 44114 NAIC Group Code 0901 NAIC Company Code 65722 Employer's Identification Number (FEIN) 63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 Omitted)

Section A - Group Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2020, 2 2021, 3 2022, 4 2023, 5 2024(a). Rows include Prior, 2020, 2021, 2022, 2023, 2024.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2020, 2 2021, 3 2022, 4 2023, 5 2024(a). Rows include Prior, 2020, 2021, 2022, 2023, 2024.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2020, 2 2021, 3 2022, 4 2023, 5 2024(a). Rows include Prior, 2020, 2021, 2022, 2023, 2024. Large 'NONE' watermark.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2020, 2 2021, 3 2022, 4 2023, 5 2024(a). Rows include Prior, 2020, 2021, 2022, 2023, 2024. Large 'NONE' watermark.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2020, 2 2021, 3 2022, 4 2023, 5 2024(a). Rows include Prior, 2020, 2021, 2022, 2023, 2024. Large 'NONE' watermark.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2020, 2 2021, 3 2022, 4 2023, 5 2024(a). Rows include Prior, 2020, 2021, 2022, 2023, 2024. Large 'NONE' watermark.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2020, 2 2021, 3 2022, 4 2023, 5 2024(a). Rows include Prior, 2020, 2021, 2022, 2023, 2024. Large 'NONE' watermark.

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

SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
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	NONE				
2. 2020					
3. 2021					
4. 2022					
5. 2023					
6. 2024					

Section B - Other Accident and Health

1. Prior					
2. 2020	421				
3. 2021	XXX	400			
4. 2022	XXX	XXX	387		
5. 2023	XXX	XXX	XXX	634	
6. 2024	XXX	XXX	XXX	XXX	153

Section C - Credit Accident and Health

1. Prior	NONE				
2. 2020					
3. 2021					
4. 2022					
5. 2023					
6. 2024					

Section D -

1. Prior	NONE				
2. 2020					
3. 2021					
4. 2022					
5. 2023					
6. 2024					

Section E -

1. Prior	NONE				
2. 2020					
3. 2021					
4. 2022					
5. 2023					
6. 2024					

Section F -

1. Prior	NONE				
2. 2020					
3. 2021					
4. 2022					
5. 2023					
6. 2024					

Section G -

1. Prior	NONE				
2. 2020					
3. 2021					
4. 2022					
5. 2023					
6. 2024					

SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company
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	977	806	793	XXX	XXX
2. 2021	XXX	699	536	512	XXX
3. 2022	XXX	XXX	(862)	(1,045)	(1,048)
4. 2023	XXX	XXX	XXX	(495)	(645)
5. 2024	XXX	XXX	XXX	XXX	(949)

Section B - Other Accident and Health

1. 2020	231,140	221,420	219,762	XXX	XXX
2. 2021	XXX	237,556	225,017	223,375	XXX
3. 2022	XXX	XXX	225,348	211,934	211,666
4. 2023	XXX	XXX	XXX	217,230	205,431
5. 2024	XXX	XXX	XXX	XXX	212,234

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

1. 2020				XXX	XXX
2. 2021	XXX				XXX
3. 2022	XXX				
4. 2023	XXX	XX	XXX		
5. 2024	XXX	XX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020	977	806	793	783	777
2. 2021	XXX	699	536	512	504
3. 2022	XXX	XXX	(862)	(1,045)	(1,048)
4. 2023	XXX	XXX	XXX	(495)	(645)
5. 2024	XXX	XXX	XXX	XXX	(949)

Section B - Other Accident and Health

1. 2020	231,561	221,420	219,762	219,274	218,564
2. 2021	XXX	237,956	225,017	223,375	222,899
3. 2022	XXX	XXX	225,745	211,934	211,666
4. 2023	XXX	XXX	XXX	217,864	205,431
5. 2024	XXX	XXX	XXX	XXX	212,387

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

1. 2020					
2. 2021	XXX				
3. 2022	XXX				
4. 2023	XXX				
5. 2024	XXX	XX	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	None	
2. Ordinary Life	Standard Factor	451
3. Individual Annuity	None	
4. Supplementary Contracts	None	
5. Credit Life	None	
6. Group Life	None	
7. Group Annuities	None	
8. Group Accident and Health	Development	
9. Credit Accident and Health	None	
10. Other Accident and Health	Development	59,414
11. Total		59,865



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American Life Insurance Company

HEALTH SUPPLEMENTS

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

Of The Loyal American Life Insurance Company

ADDRESS (City, State and Zip Code) Cleveland , OH 44114

NAIC Group Code 0901 NAIC Company Code 65722 Employer's ID Number 63-0343428

SUPPLEMENT FOR THE YEAR 2024 OF THE **Loyal American 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												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
	Total	Individual	Group											
1. Net premium income	348,589,327	72,364		186,370,421		133,874					491,684		157,177,656	4,343,328
2. Change in unearned premium reserves and reserve for rate credit	987,140	.88		1,260,485		4,904					10,521		(289,129)	271
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues	1,422,077			1,397,332									24,745	XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Total revenues (Lines 1 to 6)	350,998,544	72,452		189,028,238		138,778					502,205		156,913,272	4,343,599
8. Hospital/medical benefits	216,521,238	73,150		145,100,756		90,434					1,660,074	198,494	69,398,330	XXX
9. Other professional services														XXX
10. Outside referrals														XXX
11. Emergency room and out-of-area														XXX
12. Prescription drugs														XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts														XXX
15. Subtotal (Lines 8 to 14)	216,521,238	73,150		145,100,756		90,434					1,660,074	198,494	69,398,330	XXX
16. Net reinsurance recoveries	4,717,057										1,468	198,494	4,517,095	XXX
17. Total medical and hospital (Lines 15 minus 16)	211,804,181	73,150		145,100,756		90,434					1,658,606		64,881,235	XXX
18. Non-health claims (net)	1,974,869	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,974,869
19. Claims adjustment expenses including \$ 468,722 cost containment expenses	2,658,539	266		524,743		532					1,329		2,131,669	
20. General administrative expenses	112,106,092	5,692		21,825,847		19,299					59,617	961	88,670,573	1,524,103
21. Increase in reserves for accident and health contracts	1,138,136	(5,941)		(32,912)							(1,098,650)		2,275,639	XXX
22. Increase in reserves for life contracts	1,052,938	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,052,938
23. Total underwriting deductions (Lines 17 to 22)	330,734,755	73,167		167,418,434		110,265					620,902	961	157,959,116	4,551,910
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	20,263,789	(715)		21,609,804		28,513					(118,697)	(961)	(1,045,844)	(208,311)
DETAILS OF WRITE-INS														
0501. Amortization of ceding commissions	24,745												24,745	XXX
0502. Interest on Agent Loans	1,397,332			1,397,332										XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,422,077			1,397,332									24,745	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

475-2

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



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES.....
9. Private Flood	NO.....
10. Private Passenger Auto	NO.....
11. Short-Term Limited Duration Health Plans	NO.....
12. Travel	NO.....



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	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



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE Loyal American 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 0901

NAIC Company Code 65722

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