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

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Group Code 0435 (Current) 0435 (Prior) NAIC Company Code 67083 Employer's ID Number 45-0252531

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

Country of Domicile United States of America

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

Incorporated/Organized 12/20/1956 Commenced Business 01/04/1957

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

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

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

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

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

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

Internet Website Address www.massmutualascend.com

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

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

OFFICERS

President	Mark Francis Muething	Treasurer	Brian Patrick Sponaugle
Secretary	John Paul Gruber	Appointed Actuary	Dominic Joseph Moster

OTHER

Dominic Lusean Blue	Donna Marie Carrelli	Michael Harrison Haney

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Hamilton SS

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,315		0	0	0	0	0	10,000	0	0		10,000
3. Term	32,560		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	1,512		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	35,387	0	0	0	0	0	0	10,000	0	0	0	10,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		1,317		1,317
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	7,412		0		7,412
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	7,412	0	1,317	0	8,729
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	35,387 (c)	0	0	0	0	0	0	17,412	0	1,317	0	18,729

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	0	(3,315)	9	80,741
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(445,000)	16	1,195,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	1	62,114	5	254,507
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	(4)	(386,201)	30	1,530,248
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(1)	7,764	9	200,451
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	2	7,411
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	7,764	11	207,862
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	0
47. Total	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	(5)	(378,437)	43	1,738,110

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	288		0	0	18	0	18	0	0	0		0
3. Term	5,779		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	1,015		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	7,082	0	0	0	18	0	18	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	7,082 (c)	0	0	0	18	0	18	0	0	0	0	0

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	25,605
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(650,000)	3	650,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100,000
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(650,000)	11	775,605
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(650,000)	11	775,605

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	6,265		54	0	42	0	96	25,469	0	1,740		27,209
3. Term	36,760		47	0	43	0	90	50,000	0	0		50,000
4. Indexed							0					0
5. Universal	25,788		0	0	0	0	0	150,000	0	10,235		160,235
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	68,813	0	101	0	85	0	186	225,469	0	11,975	0	237,444
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	300						0	0		2,910		2,910
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	24,246		0		24,246
25. Other							0					0
26. Total Individual Annuities	300	0	0	0	0	0	0	24,246	0	2,910	0	27,156
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	69,113 (c)	0	101	0	85	0	186	249,715	0	14,885	0	264,600

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	24,469	3	25,469	0	0	0	0	3	25,469	0	0	0	(3)	(19,873)	45	383,773
3. Term	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(4)	(470,000)	21	3,035,000
4. Indexed								0	0	0						
5. Universal	100,000	2	150,000	0	0	0	0	2	150,000	50,000	0	0	(3)	(189,829)	30	2,445,280
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	174,469	6	225,469	0	0	0	0	6	225,469	50,000	0	0	(10)	(679,702)	96	5,864,053
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(2)	(38,044)	13	430,078
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	2	22,994
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(38,044)	15	453,072
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	174,469	6	225,469	0	0	0	0	6	225,469	50,000	0	0	(12)	(717,746)	111	6,317,125

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,785		0	0	0	0	0	0	0	0		0
3. Term	63,786		10	0	0	0	10	50,000	0	0		50,000
4. Indexed							0					0
5. Universal	13,715		0	0	0	0	0	0	0	29,525		29,525
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	81,286	0	10	0	0	0	10	50,000	0	29,525	0	79,525
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	81,286 (c)	0	10	0	0	0	10	50,000	0	29,525	0	79,525

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	5,000	0	0	0	0	0	0	0	0	5,000	0	0	0	0	29	283,995
3. Term	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(4)	(550,500)	25	2,852,468
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(52,839)	8	939,634
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	55,000	1	50,000	0	0	0	0	1	50,000	5,000	0	0	(5)	(603,339)	62	4,076,097
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	1,195	2	27,731
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	1,195	2	27,731
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	55,000	1	50,000	0	0	0	0	1	50,000	5,000	0	0	(5)	(602,144)	64	4,103,828

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	66,476		0	62	0	0	62	86,263	0	18,029		104,292
3. Term	826,376		124	0	48	0	172	550,000	0	0		550,000
4. Indexed							0					0
5. Universal	347,177		0	0	0	0	0	1,148,000	0	247,811		1,395,811
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,240,029	0	124	62	48	0	234	1,784,263	0	265,840	0	2,050,103
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,292						0	105,101		20,681		125,782
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	8,304		0		8,304
25. Other							0					0
26. Total Individual Annuities	1,292	0	0	0	0	0	0	113,405	0	20,681	0	134,086
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,241,321 (c)	0	124	62	48	0	234	1,897,668	0	286,521	0	2,184,189

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	77,081	15	86,263	0	0	0	0	15	86,263	16,590	0	0	(14)	(234,649)	220	3,404,699
3. Term	550,000	5	550,000	0	0	0	0	5	550,000	0	0	0	(33)	(5,009,000)	251	37,277,000
4. Indexed								0	0	0						
5. Universal	818,000	12	1,148,000	0	0	0	0	12	1,148,000	0	0	0	(28)	(3,925,833)	251	32,488,607
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,445,081	32	1,784,263	0	0	0	0	32	1,784,263	16,590	0	0	(75)	(9,169,482)	722	73,170,306
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	99,201	1	99,201					1	99,201	0	0	0	(5)	(70,585)	74	1,078,655
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	6,590	0	0					0	0	6,590	0	0	(5)	(3,250)	15	11,078
25. Other								0	0	0						
26. Total Individual Annuities	105,791	1	99,201	0	0	0	0	1	99,201	6,590	0	0	(10)	(73,835)	89	1,089,733
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	1,550,872	33	1,883,464	0	0	0	0	33	1,883,464	23,180	0	0	(85)	(9,243,317)	811	74,260,039

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,345		0	0	0	0	0	17,226	0	14,092		31,318
3. Term	94,733		449	0	0	0	449	100,000	0	746		100,746
4. Indexed							0					0
5. Universal	32,793		0	0	0	0	0	0	0	27,699		27,699
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	134,871	0	449	0	0	0	449	117,226	0	42,537	0	159,763
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	200						0	26,926		9,672		36,598
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	6,614		0		6,614
25. Other							0					0
26. Total Individual Annuities	200	0	0	0	0	0	0	33,540	0	9,672	0	43,212
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	135,071 (c)	0	449	0	0	0	449	150,766	0	52,209	0	202,975

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	19,726	1	17,226	0	0	0	0	1	17,226	2,500	0	0	(2)	(26,273)	79	443,734
3. Term	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(3)	(505,000)	39	4,695,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(144,106)	22	2,397,540
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	119,726	2	117,226	0	0	0	0	2	117,226	2,500	0	0	(8)	(675,379)	140	7,536,274
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	4,682	2	22,800					2	22,800	0	0	0	(1)	(2,213)	11	433,114
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	2	6,614
25. Other								0	0	0						
26. Total Individual Annuities	4,682	2	22,800	0	0	0	0	2	22,800	0	0	0	(1)	(2,213)	13	439,728
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	124,408	4	140,026	0	0	0	0	4	140,026	2,500	0	0	(9)	(677,592)	153	7,976,002

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	5,142		0	0	0	0	0	20,000	0	0		20,000
3. Term	43,554		0	0	10	0	10	0	0	0		0
4. Indexed							0					0
5. Universal	33,648		0	0	0	0	0	115,000	0	0		115,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	82,344	0	0	0	10	0	10	135,000	0	0	0	135,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	5,167		0		5,167
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	5,167	0	0	0	5,167
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	82,344 (c)	0	0	0	10	0	10	140,167	0	0	0	140,167

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	20,000	2	20,000	0	0	0	0	2	20,000	0	0	0	(2)	(19,987)	16	281,926
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(500,000)	18	4,829,000
4. Indexed								0	0	0						
5. Universal	115,000	2	115,000	0	0	0	0	2	115,000	0	0	0	(2)	(89,888)	22	2,787,928
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	135,000	4	135,000	0	0	0	0	4	135,000	0	0	0	(6)	(609,875)	56	7,898,854
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	10,795	2	250,472
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	3	30,960
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	10,795	5	281,432
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	135,000	4	135,000	0	0	0	0	4	135,000	0	0	0	(6)	(599,080)	61	8,180,286

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	895		0	0	0	0	0	20,000	0	0		20,000
3. Term	36,824		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	21,604		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	59,323	0	0	0	0	0	0	20,000	0	0	0	20,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	59,323 (c)	0	0	0	0	0	0	20,000	0	0	0	20,000

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	20,000	1	20,000	0	0	0	0	1	20,000	0	0	0	(1)	(20,000)	6	100,000
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(250,000)	11	1,700,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	1	100,065	11	1,328,616
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	20,000	1	20,000	0	0	0	0	1	20,000	0	0	0	(1)	(169,935)	28	3,128,616
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	456	1	11,825
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	456	1	11,825
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	20,000	1	20,000	0	0	0	0	1	20,000	0	0	0	(1)	(169,479)	29	3,140,441

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0		0	0	0	0	0	0	0	0		0
3. Term	60		0	0	0	0	0	75,000	0	0		75,000
4. Indexed							0					0
5. Universal	3,784		0	0	0	0	0	25,000	0	0		25,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	3,844	0	0	0	0	0	0	100,000	0	0	0	100,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		181		181
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	181	0	181
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	3,844 (c)	0	0	0	0	0	0	100,000	0	181	0	100,181

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	3,388
3. Term	75,000	1	75,000	0	0	0	0	1	75,000	0	0	0	(1)	(75,000)	1	50,000
4. Indexed								0	0	0						
5. Universal	25,000	1	25,000	0	0	0	0	1	25,000	0	0	0	(1)	(24,740)	4	281,285
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	100,000	2	100,000	0	0	0	0	2	100,000	0	0	0	(2)	(99,740)	10	334,673
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	3	1	4,613
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	4,613
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	100,000	2	100,000	0	0	0	0	2	100,000	0	0	0	(2)	(99,737)	11	339,286

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	29,934		0	0	0	0	0	317,778	0	29,837		347,615
3. Term	299,184		79	0	4	0	83	600,000	0	0		600,000
4. Indexed							0					0
5. Universal	189,259		0	0	0	0	0	0	0	19,003		19,003
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	518,377	0	79	0	4	0	83	917,778	0	48,840	0	966,618
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	411						0	12,812		44,759		57,571
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	35,648		0		35,648
25. Other							0					0
26. Total Individual Annuities	411	0	0	0	0	0	0	48,460	0	44,759	0	93,219
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	255						0	XXX	XXX	XXX		0
44. Long-term care (d)	54,966						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	55,221	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	574,009 (c)	0	79	0	4	0	83	966,238	0	93,599	0	1,059,837

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	318,611	4	317,778	0	0	0	0	4	317,778	17,011	0	0	(9)	(369,573)	136	1,185,658
3. Term	100,000	2	600,000	0	0	0	0	2	600,000	0	0	0	(21)	(3,310,000)	156	19,961,641
4. Indexed								0	0	0						
5. Universal	50,000	0	0	0	0	0	0	0	0	50,000	0	0	(1)	160,932	90	10,906,438
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	468,611	6	917,778	0	0	0	0	6	917,778	67,011	0	0	(31)	(3,518,641)	382	32,053,737
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	12,812	1	12,812					1	12,812	0	0	0	(3)	(9,196)	42	1,164,596
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	2	29,673
25. Other								0	0	0						
26. Total Individual Annuities	12,812	1	12,812	0	0	0	0	1	12,812	0	0	0	(3)	(9,196)	44	1,194,269
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	5,066
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5,066
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	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(10)	(2,809)	109	52,218
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	255
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(10)	(2,809)	110	52,473
47. Total	481,423	7	930,590	0	0	0	0	7	930,590	67,011	0	0	(44)	(3,530,646)	537	33,305,545

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	33,661		0	0	0	0	0	97,695	0	10,223		107,918
3. Term	190,347		3,179	0	30	0	3,209	336,754	0	0		336,754
4. Indexed							0					0
5. Universal	83,631		0	0	0	0	0	187,882	0	48,012		235,894
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	307,639	0	3,179	0	30	0	3,209	622,331	0	58,235	0	680,566
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	2,500						0	0		4,347		4,347
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	2,500	0	0	0	0	0	0	0	0	4,347	0	4,347
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	814						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	814	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	310,953 (c)	0	3,179	0	30	0	3,209	622,331	0	62,582	0	684,913

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	94,449	12	109,449	0	0	0	0	12	109,449	0	0	0	(14)	(125,801)	178	1,503,279
3. Term	325,000	2	325,000	0	0	0	0	2	325,000	0	0	0	(8)	(1,570,000)	74	10,919,000
4. Indexed								0	0	0						
5. Universal	187,882	3	187,882	0	0	0	0	3	187,882	0	0	0	(13)	(995,472)	89	8,154,034
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	607,331	17	622,331	0	0	0	0	17	622,331	0	0	0	(35)	(2,691,273)	341	20,576,313
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	9,548	14	279,894
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	9,548	14	279,894
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	773
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	773
47. Total	607,331	17	622,331	0	0	0	0	17	622,331	0	0	0	(35)	(2,681,725)	356	20,856,980

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	355		0	18	0	0	18	0	0	0		0
3. Term	22,219		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	59,944		0	0	0	0	0	100,000	0	165,383		265,383
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	82,518	0	0	18	0	0	18	100,000	0	165,383	0	265,383
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		3,286		3,286
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	3,286	0	3,286
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	82,518 (c)	0	0	18	0	0	18	100,000	0	168,669	0	268,669

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(2,500)	3	15,000
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(375,000)	9	840,000
4. Indexed								0	0	0						
5. Universal	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(3)	(390,623)	13	1,384,749
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(7)	(768,123)	25	2,239,749
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	2,472	6	142,220
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	2,472	6	142,220
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(7)	(765,651)	31	2,381,969

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,666		54	0	8	0	62	364	(364)	0		0
3. Term	24,444		10	0	0	0	10	0	0	858		858
4. Indexed							0					0
5. Universal	0		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	26,110	0	64	0	8	0	72	364	(364)	858	0	858
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	26,110 (c)	0	64	0	8	0	72	364	(364)	858	0	858

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	(266)	2	0	0	0	0	0	2	0	0	0	0	1	10,012	14	84,629
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(825,000)	6	900,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	(117)	2	136,322
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	(266)	2	0	0	0	0	0	2	0	0	0	0	(4)	(815,105)	22	1,120,951
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	4,983	3	117,984
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	4,983	3	117,984
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	(266)	2	0	0	0	0	0	2	0	0	0	0	(4)	(810,122)	25	1,238,935

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	17,989		4,950	0	0	0	4,950	71,000	15,000	10,325		96,325
3. Term	189,779		0	0	0	0	0	50,000	0	0		50,000
4. Indexed							0					0
5. Universal	69,965		0	0	0	0	0	260,749	0	54,284		315,033
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	277,733	0	4,950	0	0	0	4,950	381,749	15,000	64,609	0	461,358
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	5,485						0	189,536		(75,092)		114,444
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	13,954		0		13,954
25. Other							0					0
26. Total Individual Annuities	5,485	0	0	0	0	0	0	203,490	0	(75,092)	0	128,398
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	283,218 (c)	0	4,950	0	0	0	4,950	585,239	15,000	(10,483)	0	589,756

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	70,196	8	86,000	0	0	0	0	8	86,000	196	0	0	(9)	(83,611)	304	1,322,117
3. Term	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(13)	(1,201,777)	97	10,888,439
4. Indexed								0	0	0						
5. Universal	260,749	4	260,749	0	0	0	0	4	260,749	0	0	0	(9)	(929,440)	86	7,960,152
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	380,945	13	396,749	0	0	0	0	13	396,749	196	0	0	(31)	(2,214,828)	487	20,170,708
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	21,741	3	167,001					3	167,001	6,321	1	55,304	(6)	(94,388)	137	3,885,723
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	1,654	1	1,654					1	1,654	0	0	0	(2)	(7,748)	3	10,876
25. Other								0	0	0						
26. Total Individual Annuities	23,395	4	168,655	0	0	0	0	4	168,655	6,321	1	55,304	(8)	(102,136)	140	3,896,599
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	404,340	17	565,404	0	0	0	0	17	565,404	6,517	1	55,304	(39)	(2,316,964)	627	24,067,307

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	12,658		0	0	0	0	0	46,161	0	49,280		95,441
3. Term	248,048		0	0	4	0	4	212,370	0	0		212,370
4. Indexed							0					0
5. Universal	87,441		0	0	0	0	0	201,851	0	30,077		231,928
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	348,147	0	0	0	4	0	4	460,382	0	79,357	0	539,739
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,395						0	45,682		18,385		64,067
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	5,700		0		5,700
25. Other							0					0
26. Total Individual Annuities	1,395	0	0	0	0	0	0	51,382	0	18,385	0	69,767
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	439						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	439	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	349,981 (c)	0	0	0	4	0	4	511,764	0	97,742	0	609,506

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	32,128	3	46,161	0	0	0	0	3	46,161	0	0	0	(7)	(118,512)	100	905,378
3. Term	212,370	3	212,370	0	0	0	0	3	212,370	0	0	0	(19)	(1,622,370)	199	14,428,000
4. Indexed								0	0	0						
5. Universal	155,195	6	201,851	0	0	0	0	6	201,851	0	0	0	(20)	(1,015,594)	154	9,076,946
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	399,693	12	460,382	0	0	0	0	12	460,382	0	0	0	(46)	(2,756,476)	453	24,410,324
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	36,525	1	45,681					1	45,681	0	0	0	1	40,203	51	1,259,226
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(1)	(1,262)	3	5,173
25. Other								0	0	0						
26. Total Individual Annuities	36,525	1	45,681	0	0	0	0	1	45,681	0	0	0	0	38,941	54	1,264,399
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	25	0	456
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	25	0	456
47. Total	436,218	13	506,063	0	0	0	0	13	506,063	0	0	0	(46)	(2,717,510)	507	25,675,179

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,574		51	0	161	0	212	0	0	0		0
3. Term	98,636		32	0	0	0	32	75,000	0	0		75,000
4. Indexed							0					0
5. Universal	28,281		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	130,491	0	83	0	161	0	244	75,000	0	0	0	75,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	32,699		7,234		39,933
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	32,699	0	7,234	0	39,933
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	336						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	336	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	130,827 (c)	0	83	0	161	0	244	107,699	0	7,234	0	114,933

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	10,000	0	0	0	0	0	0	0	0	10,000	0	0	2	12,494	31	242,341
3. Term	75,000	2	75,000	0	0	0	0	2	75,000	0	0	0	(8)	(550,000)	86	7,192,000
4. Indexed								0	0	0						
5. Universal	400,000	0	0	0	0	0	0	0	0	400,000	0	0	0	(69,308)	42	2,514,974
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	485,000	2	75,000	0	0	0	0	2	75,000	410,000	0	0	(6)	(606,814)	159	9,949,315
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	24,124	23	765,173
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	24,124	23	765,173
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	91
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	319
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	410
47. Total	485,000	2	75,000	0	0	0	0	2	75,000	410,000	0	0	(6)	(582,690)	183	10,714,898

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,666		0	0	0	0	0	20,000	0	0		20,000
3. Term	103,913		9	0	0	0	9	50,000	0	0		50,000
4. Indexed							0					0
5. Universal	29,044		0	0	0	0	0	45,744	0	0		45,744
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	134,623	0	9	0	0	0	9	115,744	0	0	0	115,744
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	4,171						0	0		10,194		10,194
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	4,171	0	0	0	0	0	0	0	0	10,194	0	10,194
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	138,794 (c)	0	9	0	0	0	9	115,744	0	10,194	0	125,938

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	10,000	2	20,000	0	0	0	0	2	20,000	0	0	0	(2)	(20,000)	13	92,752
3. Term	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(7)	(1,160,000)	38	7,155,000
4. Indexed								0	0	0						
5. Universal	45,744	1	45,744	0	0	0	0	1	45,744	0	0	0	0	(29,930)	29	2,959,647
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	105,744	4	115,744	0	0	0	0	4	115,744	0	0	0	(9)	(1,209,930)	80	10,207,399
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	16,010	9	584,651
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	16,010	9	584,651
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	105,744	4	115,744	0	0	0	0	4	115,744	0	0	0	(9)	(1,193,920)	89	10,792,050

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,217		0	0	0	0	0	35,000	0	0		35,000
3. Term	68,467		0	0	10	0	10	150,000	0	0		150,000
4. Indexed							0					0
5. Universal	20,054		0	0	0	0	0	0	0	76,157		76,157
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	90,738	0	0	0	10	0	10	185,000	0	76,157	0	261,157
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		4,000		4,000
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	9,533		0		9,533
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	9,533	0	4,000	0	13,533
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	90,738 (c)	0	0	0	10	0	10	194,533	0	80,157	0	274,690

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	35,000	2	35,000	0	0	0	0	2	35,000	0	0	0	(2)	(34,870)	21	86,252
3. Term	150,000	2	150,000	0	0	0	0	2	150,000	0	0	0	(6)	(715,000)	26	3,930,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(160,903)	19	1,712,705
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	185,000	4	185,000	0	0	0	0	4	185,000	0	0	0	(11)	(910,773)	66	5,728,957
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	1	6,510	6	67,202
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	9,533
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	1	6,510	7	76,735
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	185,000	4	185,000	0	0	0	0	4	185,000	0	0	0	(10)	(904,263)	73	5,805,692

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	9,754		0	88	0	0	88	26,025	0	7,321		33,346
3. Term	91,572		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	109,238		0	0	0	0	0	60,000	0	32,608		92,608
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	210,564	0	0	88	0	0	88	86,025	0	39,929	0	125,954
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		5,326		5,326
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	5,326	0	5,326
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	210,564 (c)	0	0	88	0	0	88	86,025	0	45,255	0	131,280

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	31,025	4	26,025	0	0	0	0	4	26,025	5,000	0	0	(7)	(55,025)	50	338,594
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(450,000)	28	4,485,000
4. Indexed								0	0	0						
5. Universal	1,166,000	1	60,000	0	0	0	0	1	60,000	1,106,000	0	0	(2)	(137,065)	11	2,123,597
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,197,025	5	86,025	0	0	0	0	5	86,025	1,111,000	0	0	(12)	(642,090)	89	6,947,191
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	5,153	3	239,212
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	5,153	3	239,212
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	1,197,025	5	86,025	0	0	0	0	5	86,025	1,111,000	0	0	(12)	(636,937)	92	7,186,403

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	4,011		0	0	0	0	0	0	0	0		0
3. Term	49,628		0	0	11	0	11	0	0	0		0
4. Indexed							0					0
5. Universal	8,709		0	0	0	0	0	0	0	2,123		2,123
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	62,348	0	0	0	11	0	11	0	0	2,123	0	2,123
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	62,348 (c)	0	0	0	11	0	11	0	0	2,123	0	2,123

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	16	27	179,194
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	2,870,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(100,000)	13	1,231,000
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(99,984)	55	4,280,194
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(99,984)	55	4,280,194

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	13,510		0	0	0	0	0	20,000	0	3,788		23,788
3. Term	213,802		4	0	0	0	4	150,000	0	0		150,000
4. Indexed							0					0
5. Universal	86,002		0	0	0	0	0	401,896	0	54,316		456,212
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	313,314	0	4	0	0	0	4	571,896	0	58,104	0	630,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		1,622		1,622
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	511		0		511
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	511	0	1,622	0	2,133
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	313,314 (c)	0	4	0	0	0	4	572,407	0	59,726	0	632,133

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	20,000	2	20,000	0	0	0	0	2	20,000	0	0	0	(3)	(33,000)	56	719,144
3. Term	150,000	1	150,000	0	0	0	0	1	150,000	0	0	0	(11)	(1,985,720)	69	9,626,745
4. Indexed								0	0	0						
5. Universal	160,000	5	401,896	0	0	0	0	5	401,896	0	0	0	(9)	(1,152,669)	93	7,980,378
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	330,000	8	571,896	0	0	0	0	8	571,896	0	0	0	(23)	(3,171,389)	218	18,326,267
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	8,094	18	243,478
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	511
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	8,094	19	243,989
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	330,000	8	571,896	0	0	0	0	8	571,896	0	0	0	(23)	(3,163,295)	237	18,570,256

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	15,460		0	0	0	0	0	57,500	0	14,054		71,554
3. Term	172,532		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	74,925		0	0	0	0	0	56,148	0	0		56,148
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	262,917	0	0	0	0	0	0	113,648	0	14,054	0	127,702
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		5,809		5,809
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	3,466		0		3,466
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	3,466	0	5,809	0	9,275
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	262,917 (c)	0	0	0	0	0	0	117,114	0	19,863	0	136,977

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	47,500	5	57,500	0	0	0	0	5	57,500	5,000	0	0	(8)	(101,854)	70	573,037
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(1,000,000)	68	12,152,000
4. Indexed								0	0	0						
5. Universal	256,148	1	56,148	0	0	0	0	1	56,148	200,000	0	0	(5)	(354,366)	75	8,603,498
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	303,648	6	113,648	0	0	0	0	6	113,648	205,000	0	0	(19)	(1,456,220)	213	21,328,535
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	17,271	12	546,154
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	3,466
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	17,271	13	549,620
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	303,648	6	113,648	0	0	0	0	6	113,648	205,000	0	0	(19)	(1,438,949)	226	21,878,155

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	14,123		0	0	0	0	0	209,330	0	36,304		245,634
3. Term	343,354		0	0	43	0	43	170,000	0	0		170,000
4. Indexed							0					0
5. Universal	79,461		0	0	0	0	0	83,000	0	92,632		175,632
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	436,938	0	0	0	43	0	43	462,330	0	128,936	0	591,266
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	4,663						0	0		53,992		53,992
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	4,663	0	0	0	0	0	0	0	0	53,992	0	53,992
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	584						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	584	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	442,185 (c)	0	0	0	43	0	43	462,330	0	182,928	0	645,258

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	246,114	30	209,330	0	0	0	0	30	209,330	53,166	0	0	(35)	(123,503)	453	3,612,728
3. Term	170,000	3	170,000	0	0	0	0	3	170,000	25,000	0	0	(28)	(1,792,089)	288	21,648,411
4. Indexed								0	0	0						
5. Universal	33,000	2	83,000	0	0	0	0	2	83,000	0	0	0	(7)	(606,616)	163	9,509,219
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	449,114	35	462,330	0	0	0	0	35	462,330	78,166	0	0	(70)	(2,522,208)	904	34,770,358
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(2)	16,389	42	1,536,057
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(2)	16,389	42	1,536,057
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	13	0	584
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	13	0	584
47. Total	449,114	35	462,330	0	0	0	0	35	462,330	78,166	0	0	(72)	(2,505,806)	946	36,306,999

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,626		13,513	42	12	0	13,567	15,258	0	2,822		18,080
3. Term	346,383		353	0	145	0	498	376,150	0	0		376,150
4. Indexed							0					0
5. Universal	283,101		0	0	0	0	0	240,689	0	110,127		350,816
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	637,110	0	13,866	42	157	0	14,065	632,097	0	112,949	0	745,046
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	16,400						0	39,359		191,686		231,045
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	7,237		0		7,237
25. Other							0					0
26. Total Individual Annuities	16,400	0	0	0	0	0	0	46,596	0	191,686	0	238,282
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	653,510 (c)	0	13,866	42	157	0	14,065	678,693	0	304,635	0	983,328

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	15,963	4	16,408	0	0	0	0	4	16,408	732	0	0	(5)	(17,061)	179	883,114
3. Term	375,000	4	375,000	0	0	0	0	4	375,000	0	0	0	(21)	(2,350,000)	242	22,491,143
4. Indexed								0	0	0						
5. Universal	240,689	3	240,689	0	0	0	0	3	240,689	0	0	0	(12)	(1,123,765)	164	10,533,940
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	631,652	11	632,097	0	0	0	0	11	632,097	732	0	0	(38)	(3,490,826)	585	33,908,197
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	39,359	1	39,359					1	39,359	0	0	0	(5)	(151,671)	44	1,553,946
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	3	7,237
25. Other								0	0	0						
26. Total Individual Annuities	39,359	1	39,359	0	0	0	0	1	39,359	0	0	0	(5)	(151,671)	47	1,561,183
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	671,011	12	671,456	0	0	0	0	12	671,456	732	0	0	(43)	(3,642,497)	632	35,469,380

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,410		0	0	0	0	0	5,000	0	0		5,000
3. Term	107,749		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	12,808		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	123,967	0	0	0	0	0	0	5,000	0	0	0	5,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	540						0	0		128,012		128,012
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	540	0	0	0	0	0	0	0	0	128,012	0	128,012
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	124,507 (c)	0	0	0	0	0	0	5,000	0	128,012	0	133,012

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	5,047	1	5,000	0	0	0	0	1	5,000	47	0	0	(1)	(5,000)	35	136,386
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(975,000)	32	7,650,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(405,589)	15	1,125,962
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	5,047	1	5,000	0	0	0	0	1	5,000	47	0	0	(8)	(1,385,589)	82	8,912,348
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(2)	(119,266)	5	158,827
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(119,266)	5	158,827
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	5,047	1	5,000	0	0	0	0	1	5,000	47	0	0	(10)	(1,504,855)	87	9,071,175

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,486		0	0	0	0	0	54,789	0	5,777		60,566
3. Term	216,764		42	0	0	0	42	110,000	0	0		110,000
4. Indexed							0					0
5. Universal	88,668		0	0	0	0	0	137,840	0	55,540		193,380
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	312,918	0	42	0	0	0	42	302,629	0	61,317	0	363,946
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	7,829						0	38,202		60,280		98,482
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	673		0		673
25. Other							0					0
26. Total Individual Annuities	7,829	0	0	0	0	0	0	38,875	0	60,280	0	99,155
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	320,747 (c)	0	42	0	0	0	42	341,504	0	121,597	0	463,101

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	27,789	6	54,789	0	0	0	0	6	54,789	0	0	0	(7)	(64,789)	84	609,352
3. Term	120,000	2	110,000	0	0	0	0	2	110,000	10,000	0	0	(16)	(1,397,300)	147	10,906,300
4. Indexed								0	0	0						
5. Universal	237,840	2	137,840	0	0	0	0	2	137,840	100,000	0	0	(8)	(366,963)	130	8,966,270
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	385,629	10	302,629	0	0	0	0	10	302,629	110,000	0	0	(31)	(1,829,052)	361	20,481,922
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	36,274	2	36,274					2	36,274	0	0	0	(5)	(58,366)	33	749,416
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(1)	(3,003)	1	423
25. Other								0	0	0						
26. Total Individual Annuities	36,274	2	36,274	0	0	0	0	2	36,274	0	0	0	(6)	(61,369)	34	749,839
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	421,903	12	338,903	0	0	0	0	12	338,903	110,000	0	0	(37)	(1,890,421)	395	21,231,761

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,500		0	0	0	0	0	500	0	0		500
3. Term	7,995		4	0	52	0	56	11,785	0	0		11,785
4. Indexed							0					0
5. Universal	1,466		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	10,961	0	4	0	52	0	56	12,285	0	0	0	12,285
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	1,624		0		1,624
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	1,624	0	0	0	1,624
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	10,961 (c)	0	4	0	52	0	56	13,909	0	0	0	13,909

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	12,085	3	12,285	0	0	0	0	3	12,285	300	0	0	(3)	(12,225)	13	135,696
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	(3,000)	6	750,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	30,000
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	12,085	3	12,285	0	0	0	0	3	12,285	300	0	0	(3)	(15,225)	20	915,696
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	3,033	3	83,366
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	1,624
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	3,033	4	84,990
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	12,085	3	12,285	0	0	0	0	3	12,285	300	0	0	(3)	(12,192)	24	1,000,686

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,769		0	0	0	0	0	0	0	0		0
3. Term	19,876		4	0	4	0	8	0	0	0		0
4. Indexed							0					0
5. Universal	2,006		0	0	0	0	0	0	0	250,301		250,301
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	23,651	0	4	0	4	0	8	0	0	250,301	0	250,301
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	23,651 (c)	0	4	0	4	0	8	0	0	250,301	0	250,301

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	5	16	168,425
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(812,000)	7	850,000
4. Indexed								0	0	0					
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(301,538)	5	175,674
6. Universal with secondary guarantees								0	0	0					
7. Variable								0	0	0					
8. Variable universal								0	0	0					
9. Credit								0	0	0					
10. Other								0	0	0					
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1,113,533)	28	1,194,099
Group Life															
12. Whole								0	0	0					
13. Term								0	0	0					
14. Universal								0	0	0					
15. Variable								0	0	0					
16. Variable universal								0	0	0					
17. Credit								0	0	0					(a)
18. Other								0	0	0					
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	416	1	9,653
21. Indexed								0	0	0					
22. Variable with guarantees								0	0	0					
23. Variable without guarantees								0	0	0					
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0
25. Other								0	0	0					
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	416	1	9,653
Group Annuities															
27. Fixed								0	0	0					
28. Indexed								0	0	0					
29. Variable with guarantees								0	0	0					
30. Variable without guarantees								0	0	0					
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0
32. Other								0	0	0					
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(8)	(1,113,117)	29	1,203,752

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,117		0	0	0	0	0	10,000	0	0		10,000
3. Term	76,661		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	13,408		0	0	0	0	0	0	0	5,095		5,095
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	92,186	0	0	0	0	0	0	10,000	0	5,095	0	15,095
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	2,308		1,635		3,943
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	2,308	0	1,635	0	3,943
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	92,186 (c)	0	0	0	0	0	0	12,308	0	6,730	0	19,038

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	35,000	1	10,000	0	0	0	0	1	10,000	25,000	0	0	0	(7,348)	17	115,574
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(318,000)	22	3,205,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(2)	107,000	10	1,280,862
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	35,000	1	10,000	0	0	0	0	1	10,000	25,000	0	0	(4)	(218,348)	49	4,601,436
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(1)	(9,961)	5	81,449
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(9,961)	5	81,449
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	35,000	1	10,000	0	0	0	0	1	10,000	25,000	0	0	(5)	(228,309)	54	4,682,885

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,749		0	0	0	0	0	10,000	0	0		10,000
3. Term	36,128		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	14,451		0	0	0	0	0	0	0	7,128		7,128
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	53,328	0	0	0	0	0	0	10,000	0	7,128	0	17,128
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	6,898		3,779		10,677
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	6,898	0	3,779	0	10,677
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	53,328 (c)	0	0	0	0	0	0	16,898	0	10,907	0	27,805

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	10,000	2	10,000	0	0	0	0	2	10,000	0	0	0	(1)	0	14	113,011
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(300,000)	17	3,135,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(50,777)	18	2,077,258
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	10,000	2	10,000	0	0	0	0	2	10,000	0	0	0	(5)	(350,777)	49	5,325,269
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	15,364	6	411,002
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	15,364	6	411,002
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	10,000	2	10,000	0	0	0	0	2	10,000	0	0	0	(5)	(335,413)	55	5,736,271

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	10,838		0	0	0	0	0	25,000	0	0		25,000
3. Term	199,719		0	0	0	0	0	360,000	0	0		360,000
4. Indexed							0					0
5. Universal	86,223		0	0	0	0	0	360,000	0	9,946		369,946
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	296,780	0	0	0	0	0	0	745,000	0	9,946	0	754,946
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	10,343		4,672		15,015
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	10,343	0	4,672	0	15,015
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	210						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	210	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	296,990 (c)	0	0	0	0	0	0	755,343	0	14,618	0	769,961

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	25,000	3	25,000	0	0	0	0	3	25,000	0	0	0	(3)	(25,000)	45	480,998
3. Term	350,000	2	360,000	0	0	0	0	2	360,000	0	0	0	(19)	(1,490,000)	112	12,160,828
4. Indexed								0	0	0						
5. Universal	360,000	2	360,000	0	0	0	0	2	360,000	0	0	0	(8)	(1,668,971)	66	7,033,409
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	735,000	7	745,000	0	0	0	0	7	745,000	0	0	0	(30)	(3,183,971)	223	19,675,235
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	13,195	7	381,068
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	13,195	7	381,068
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	200	0	200
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	200	0	200
47. Total	735,000	7	745,000	0	0	0	0	7	745,000	0	0	0	(30)	(3,170,576)	230	20,056,503

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,512		0	0	0	0	0	0	0	8,029		8,029
3. Term	11,908		0	0	4	0	4	0	0	0		0
4. Indexed							0					0
5. Universal	2,648		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	17,068	0	0	0	4	0	4	0	0	8,029	0	8,029
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		2,142		2,142
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	2,142	0	2,142
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	1,093						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	1,093	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	18,161 (c)	0	0	0	4	0	4	0	0	10,171	0	10,171

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(15,866)	28	138,888
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(300,000)	7	1,050,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	539	5	560,868
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(315,327)	40	1,749,756
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	7,038	3	212,389
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	7,038	3	212,389
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	77	2	1,038
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	77	2	1,038
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(308,212)	45	1,963,183

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,484		0	0	0	0	0	6,000	0	0		6,000
3. Term	39,299		0	0	13	0	13	0	0	0		0
4. Indexed							0					0
5. Universal	12,199		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	53,982	0	0	0	13	0	13	6,000	0	0	0	6,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	53,982 (c)	0	0	0	13	0	13	6,000	0	0	0	6,000

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	21,000	1	6,000	0	0	0	0	1	6,000	17,500	0	0	0	9,015	16	141,651
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(950,000)	10	1,265,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(94,984)	21	2,090,145
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	21,000	1	6,000	0	0	0	0	1	6,000	17,500	0	0	(4)	(1,035,969)	47	3,496,796
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	31	1	714
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	31	1	714
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	21,000	1	6,000	0	0	0	0	1	6,000	17,500	0	0	(4)	(1,035,938)	48	3,497,510

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	8,006		0	0	0	0	0	46,734	0	0		46,734
3. Term	197,549		0	0	0	0	0	100,000	0	0		100,000
4. Indexed							0					0
5. Universal	30,917		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	236,472	0	0	0	0	0	0	146,734	0	0	0	146,734
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	600						0	8,503		375		8,878
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	1,249		0		1,249
25. Other							0					0
26. Total Individual Annuities	600	0	0	0	0	0	0	9,752	0	375	0	10,127
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	237,072 (c)	0	0	0	0	0	0	156,486	0	375	0	156,861

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits: Claims Settled During Current Year: Totals Paid 14 Number of Pols/ Certs	Totals Paid 15 Amount	Reduction by Compromise 16 Number of Pols/ Certs	Reduction by Compromise 17 Amount	Amount Rejected 18 Number of Pols/ Certs	Amount Rejected 19 Amount	Total Settled During Current Year 20 Number of Pols/ Certs	Total Settled During Current Year 21 Amount	22 Unpaid December 31, Current Year	Policy Exhibit: Issued During Year 23 Number of Pols/ Certs	Issued During Year 24 Amount	Other Changes to In Force (Net) 25 Number of Pols/ Certs	Other Changes to In Force (Net) 26 Amount	In Force December 31, Current Year (b) 27 Number of Pols/ Certs	In Force December 31, Current Year (b) 28 Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	46,803	7	46,734	0	0	0	0	7	46,734	69	0	0	(4)	(19,916)	51	445,671
3. Term	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(16)	(2,175,000)	69	10,367,774
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	1	30,842	41	3,153,818
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	146,803	8	146,734	0	0	0	0	8	146,734	69	0	0	(19)	(2,164,074)	161	13,967,263
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(1)	30,525	18	896,433
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	1,249
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	30,525	19	897,682
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	146,803	8	146,734	0	0	0	0	8	146,734	69	0	0	(20)	(2,133,549)	180	14,864,945

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	6,115		2,403	1,349	33	0	3,785	21,572	1,000	20,316		42,888
3. Term	23,096		19,602	76	243	0	19,921	62,825	0	8,679		71,504
4. Indexed							0					0
5. Universal	52,191		0	0	0	0	0	50,000	0	81,310		131,310
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	81,402	0	22,005	1,425	276	0	23,706	134,397	1,000	110,305	0	245,702
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		557		557
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	380		0		380
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	380	0	557	0	937
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	81,402 (c)	0	22,005	1,425	276	0	23,706	134,777	1,000	110,862	0	246,639

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	50,805	13	55,447	0	0	0	0	13	55,447	5,000	0	0	(29)	(99,814)	429	1,406,578
3. Term	29,952	2	29,952	0	0	0	0	2	29,952	0	0	0	(2)	(25,443)	12	1,602,506
4. Indexed								0	0	0						
5. Universal	100,000	1	50,000	0	0	0	0	1	50,000	50,000	0	0	(8)	(496,896)	109	7,617,327
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	180,757	16	135,399	0	0	0	0	16	135,399	55,000	0	0	(39)	(622,153)	550	10,626,411
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(1)	(37,112)	5	72,917
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	378
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(37,112)	6	73,295
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	180,757	16	135,399	0	0	0	0	16	135,399	55,000	0	0	(40)	(659,265)	556	10,699,706

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	9,232		8	0	0	0	8	177,607	0	0		177,607
3. Term	172,173		21	0	6	0	27	445,000	0	0		445,000
4. Indexed							0					0
5. Universal	119,469		0	0	0	0	0	0	0	35,484		35,484
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	300,874	0	29	0	6	0	35	622,607	0	35,484	0	658,091
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	180						0	2,229		5,790		8,019
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	456		0		456
25. Other							0					0
26. Total Individual Annuities	180	0	0	0	0	0	0	2,685	0	5,790	0	8,475
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	259						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	259	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	301,313 (c)	0	29	0	6	0	35	625,292	0	41,274	0	666,566

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	154,247	24	177,607	0	0	0	0	24	177,607	2,544	0	0	(23)	(128,489)	260	1,712,036
3. Term	445,000	4	445,000	0	0	0	0	4	445,000	0	0	0	(12)	(2,446,068)	76	12,375,874
4. Indexed								0	0	0						
5. Universal	25,000	0	0	0	0	0	0	0	0	25,000	0	0	(8)	(814,910)	89	11,273,516
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	624,247	28	622,607	0	0	0	0	28	622,607	27,544	0	0	(43)	(3,389,467)	425	25,361,426
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	7,650	16	312,785
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	456
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	7,650	17	313,241
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	21	1	246
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	21	1	246
47. Total	624,247	28	622,607	0	0	0	0	28	622,607	27,544	0	0	(43)	(3,381,796)	443	25,674,913

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,984		0	0	0	0	0	10,000	0	0		10,000
3. Term	63,083		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	15,403		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	82,470	0	0	0	0	0	0	10,000	0	0	0	10,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	7,278		0		7,278
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	7,278	0	0	0	7,278
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	82,470 (c)	0	0	0	0	0	0	17,278	0	0	0	17,278

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	(1)	(10,000)	29	168,252
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(450,000)	34	4,505,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(24,343)	21	1,912,582
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	(5)	(484,343)	84	6,585,834
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	5,847	5	139,252
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	6,780	1	6,892					1	6,892	0	0	0	(1)	(1,339)	0	0
25. Other								0	0	0						
26. Total Individual Annuities	6,780	1	6,892	0	0	0	0	1	6,892	0	0	0	(1)	4,508	5	139,252
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	16,780	2	16,892	0	0	0	0	2	16,892	0	0	0	(6)	(479,835)	89	6,725,086

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	945		0	0	0	0	0	0	0	6,476		6,476
3. Term	50,542		0	0	7	0	7	0	0	0		0
4. Indexed							0					0
5. Universal	5,843		0	0	0	0	0	50,000	0	6,289		56,289
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	57,330	0	0	0	7	0	7	50,000	0	12,765	0	62,765
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		5,307		5,307
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	5,307	0	5,307
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	57,330 (c)	0	0	0	7	0	7	50,000	0	18,072	0	68,072

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	1,000	0	0	0	0	0	0	0	0	1,000	0	0	(1)	(12,934)	30	122,731
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(8)	(1,375,000)	14	1,255,934
4. Indexed								0	0	0						
5. Universal	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(2)	(87,979)	7	868,166
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	51,000	1	50,000	0	0	0	0	1	50,000	1,000	0	0	(11)	(1,475,913)	51	2,246,831
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	1	32,377	10	155,556
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	1	32,377	10	155,556
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	51,000	1	50,000	0	0	0	0	1	50,000	1,000	0	0	(10)	(1,443,536)	61	2,402,387

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,479		0	0	0	0	0	47,600	0	3,462		51,062
3. Term	245,578		9	0	0	0	9	100,000	0	0		100,000
4. Indexed							0					0
5. Universal	60,159		0	0	0	0	0	123,295	0	3,256		126,551
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	313,216	0	9	0	0	0	9	270,895	0	6,718	0	277,613
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	97,991		11,655		109,646
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	13,778		0		13,778
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	111,769	0	11,655	0	123,424
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	438						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	438	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	313,654 (c)	0	9	0	0	0	9	382,664	0	18,373	0	401,037

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	52,600	5	47,600	0	0	0	0	5	47,600	5,000	0	0	(4)	(30,000)	37	490,831
3. Term	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(23)	(3,610,000)	104	12,255,000
4. Indexed								0	0	0						
5. Universal	373,295	2	123,295	0	0	0	0	2	123,295	250,000	0	0	(3)	(176,450)	88	8,130,710
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	525,895	8	270,895	0	0	0	0	8	270,895	255,000	0	0	(30)	(3,816,450)	229	20,876,541
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(1)	7,212	8	495,639
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	2	13,778
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	7,212	10	509,417
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	416
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	416
47. Total	525,895	8	270,895	0	0	0	0	8	270,895	255,000	0	0	(31)	(3,809,238)	240	21,386,374

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,602		0	0	0	0	0	5,000	0	0		5,000
3. Term	10,740		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	0		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	12,342	0	0	0	0	0	0	5,000	0	0	0	5,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	12,342 (c)	0	0	0	0	0	0	5,000	0	0	0	5,000

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	1	5,000	0	0	0	0	1	5,000	0	0	0	(1)	(4,639)	7	76,029
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	275,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	1	5,000	0	0	0	0	1	5,000	0	0	0	(1)	(4,639)	10	351,029
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	1	5,000	0	0	0	0	1	5,000	0	0	0	(1)	(4,639)	10	351,029

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	10,467		0	0	0	0	0	31,000	0	9,663		40,663
3. Term	123,628		21	0	0	0	21	50,000	0	0		50,000
4. Indexed							0					0
5. Universal	34,744		0	0	0	0	0	225,891	0	9,478		235,369
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	168,839	0	21	0	0	0	21	306,891	0	19,141	0	326,032
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,560						0	0		1,705		1,705
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	9,048		0		9,048
25. Other							0					0
26. Total Individual Annuities	1,560	0	0	0	0	0	0	9,048	0	1,705	0	10,753
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	170,399 (c)	0	21	0	0	0	21	315,939	0	20,846	0	336,785

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	31,000	5	31,000	0	0	0	0	5	31,000	10,000	0	0	(6)	(50,578)	81	584,609
3. Term	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(7)	(1,630,000)	64	8,150,000
4. Indexed								0	0	0						
5. Universal	225,891	4	225,891	0	0	0	0	4	225,891	0	0	0	(4)	(303,644)	39	3,339,586
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	306,891	10	306,891	0	0	0	0	10	306,891	10,000	0	0	(17)	(1,984,222)	184	12,074,195
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	5,677	10	142,698
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(1)	(2,270)	1	4,508
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	3,407	11	147,206
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	0	1	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	0	1	0
47. Total	306,891	10	306,891	0	0	0	0	10	306,891	10,000	0	0	(17)	(1,980,815)	196	12,221,401

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,903		0	0	0	0	0	0	0	4,232		4,232
3. Term	7,351		6,256	0	4	0	6,260	0	0	1,572		1,572
4. Indexed							0					0
5. Universal	5,553		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	14,807	0	6,256	0	4	0	6,260	0	0	5,804	0	5,804
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	15,317		458		15,775
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	9,445		0		9,445
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	24,762	0	458	0	25,220
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	14,807 (c)	0	6,256	0	4	0	6,260	24,762	0	6,262	0	31,024

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(6,995)	49	198,099
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(310,000)	5	345,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	1,422	11	610,426
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(315,573)	65	1,153,525
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	15,317	1	15,317					1	15,317	0	0	0	(1)	(10,481)	8	124,440
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(1)	(10,304)	0	0
25. Other								0	0	0						
26. Total Individual Annuities	15,317	1	15,317	0	0	0	0	1	15,317	0	0	0	(2)	(20,785)	8	124,440
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	15,317	1	15,317	0	0	0	0	1	15,317	0	0	0	(7)	(336,358)	73	1,277,965

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,958		0	0	0	0	0	10,000	0	6,440		16,440
3. Term	203,045		0	0	0	0	0	110,000	0	0		110,000
4. Indexed							0					0
5. Universal	32,005		0	0	0	0	0	575,000	0	0		575,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	239,008	0	0	0	0	0	0	695,000	0	6,440	0	701,440
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		1,922		1,922
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	1,922	0	1,922
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	700						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	700	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	239,708 (c)	0	0	0	0	0	0	695,000	0	8,362	0	703,362

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	7,355	0	0	(2)	(19,961)	39	230,061
3. Term	100,000	2	110,000	0	0	0	0	2	110,000	0	0	0	(11)	(1,415,500)	63	8,250,350
4. Indexed								0	0	0						
5. Universal	0	1	575,000	0	0	0	0	1	575,000	0	0	0	(3)	(723,915)	40	3,720,475
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	110,000	4	695,000	0	0	0	0	4	695,000	7,355	0	0	(16)	(2,159,376)	142	12,200,886
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	935	2	24,271
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	935	2	24,271
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	20	2	665
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	20	2	665
47. Total	110,000	4	695,000	0	0	0	0	4	695,000	7,355	0	0	(16)	(2,158,421)	146	12,225,822

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	23,655		18	0	0	0	18	115,186	0	17,846		133,032
3. Term	611,709		46	0	34	0	80	350,000	0	0		350,000
4. Indexed							0					0
5. Universal	86,912		0	0	0	0	0	328,245	0	115,162		443,407
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	722,276	0	64	0	34	0	98	793,431	0	133,008	0	926,439
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	600						0	1,009,258		2,826		1,012,084
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	5,596		0		5,596
25. Other							0					0
26. Total Individual Annuities	600	0	0	0	0	0	0	1,014,854	0	2,826	0	1,017,680
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	269						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	269	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	723,145 (c)	0	64	0	34	0	98	1,808,285	0	135,834	0	1,944,119

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	125,567	8	115,186	0	0	0	0	8	115,186	10,381	0	0	(10)	(164,588)	159	1,241,279
3. Term	350,000	2	350,000	0	0	0	0	2	350,000	0	0	0	(18)	(2,624,459)	204	29,907,620
4. Indexed								0	0	0						
5. Universal	403,245	4	328,245	0	0	0	0	4	328,245	75,000	0	0	(13)	(1,566,050)	116	10,375,372
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	878,812	14	793,431	0	0	0	0	14	793,431	85,381	0	0	(41)	(4,355,097)	479	41,524,271
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	1,009,258	2	1,009,258					2	1,009,258	0	0	0	(2)	(991,256)	21	595,935
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	3	6,448
25. Other								0	0	0						
26. Total Individual Annuities	1,009,258	2	1,009,258	0	0	0	0	2	1,009,258	0	0	0	(2)	(991,256)	24	602,383
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	256
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	256
47. Total	1,888,070	16	1,802,689	0	0	0	0	16	1,802,689	85,381	0	0	(43)	(5,346,353)	504	42,126,910

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	835		0	0	0	0	0	1,637	0	6,671		8,308
3. Term	29,914		4	0	0	0	4	50,000	0	0		50,000
4. Indexed							0					0
5. Universal	14,304		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	45,053	0	4	0	0	0	4	51,637	0	6,671	0	58,308
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	71						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	4,433		0		4,433
25. Other							0					0
26. Total Individual Annuities	71	0	0	0	0	0	0	4,433	0	0	0	4,433
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	45,124 (c)	0	4	0	0	0	4	56,070	0	6,671	0	62,741

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	1	1,637	0	0	0	0	1	1,637	0	0	0	(3)	(26,637)	8	75,901
3. Term	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(5)	(550,000)	13	2,690,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	942,000
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	50,000	2	51,637	0	0	0	0	2	51,637	0	0	0	(8)	(576,637)	26	3,707,901
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	(1)	(6,700)	3	26,445
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(2)	(4,836)	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(11,536)	3	26,445
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	50,000	2	51,637	0	0	0	0	2	51,637	0	0	0	(11)	(588,173)	29	3,734,346

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	575		0	0	0	0	0	0	0	0		0
3. Term	3,413		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	14,072		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	18,060	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	18,060 (c)	0	0	0	0	0	0	0	0	0	0	0

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	5	30,559
3. Term	0	0	0	0	0	0	0	0	0	0	0	(2)	(250,000)	2	450,000
4. Indexed								0	0	0					
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	5	949,165
6. Universal with secondary guarantees								0	0	0					
7. Variable								0	0	0					
8. Variable universal								0	0	0					
9. Credit								0	0	0					
10. Other								0	0	0					
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	(2)	(250,000)	12	1,429,724
Group Life															
12. Whole								0	0	0					
13. Term								0	0	0					
14. Universal								0	0	0					
15. Variable								0	0	0					
16. Variable universal								0	0	0					
17. Credit								0	0	0					(a)
18. Other								0	0	0					
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	4,706	2	96,710
21. Indexed								0	0	0					
22. Variable with guarantees								0	0	0					
23. Variable without guarantees								0	0	0					
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0
25. Other								0	0	0					
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	4,706	2	96,710
Group Annuities															
27. Fixed								0	0	0					
28. Indexed								0	0	0					
29. Variable with guarantees								0	0	0					
30. Variable without guarantees								0	0	0					
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0
32. Other								0	0	0					
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(245,294)	14	1,526,434

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	17,613		0	0	0	0	0	165,134	0	0		165,134
3. Term	161,995		4	0	5	0	9	100,000	0	0		100,000
4. Indexed							0					0
5. Universal	52,572		0	0	0	0	0	105,000	0	5,656		110,656
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	232,180	0	4	0	5	0	9	370,134	0	5,656	0	375,790
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	380						0	0		213		213
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	1,707		0		1,707
25. Other							0					0
26. Total Individual Annuities	380	0	0	0	0	0	0	1,707	0	213	0	1,920
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	232,560 (c)	0	4	0	5	0	9	371,841	0	5,869	0	377,710

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	170,134	6	165,134	0	0	0	0	6	165,134	5,000	0	0	(7)	(74,629)	102	641,842
3. Term	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(13)	(1,658,013)	59	8,813,500
4. Indexed								0	0	0						
5. Universal	55,000	3	105,000	0	0	0	0	3	105,000	0	0	0	(3)	(72,324)	32	3,145,798
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	325,134	10	370,134	0	0	0	0	10	370,134	5,000	0	0	(23)	(1,804,966)	193	12,601,140
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	8,833	10	216,497
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(2)	(1,481)	1	1,707
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(2)	7,352	11	218,204
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	325,134	10	370,134	0	0	0	0	10	370,134	5,000	0	0	(25)	(1,797,614)	204	12,819,344

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	8,904		392	0	123	0	515	13,000	1,100	18,363		32,463
3. Term	82,039		74	0	14	0	88	500,000	0	0		500,000
4. Indexed							0					0
5. Universal	7,551		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	98,494	0	466	0	137	0	603	513,000	1,100	18,363	0	532,463
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		1,825		1,825
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	1,825	0	1,825
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	98,494 (c)	0	466	0	137	0	603	513,000	1,100	20,188	0	534,288

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	14,300	3	14,100	0	0	0	0	3	14,100	700	0	0	(8)	(58,466)	127	875,192
3. Term	500,000	1	500,000	0	0	0	0	1	500,000	0	0	0	0	(450,000)	32	4,170,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(146,505)	17	1,184,131
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	514,300	4	514,100	0	0	0	0	4	514,100	700	0	0	(9)	(654,971)	176	6,229,323
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	4,434	6	167,753
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	4,434	6	167,753
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	514,300	4	514,100	0	0	0	0	4	514,100	700	0	0	(9)	(650,537)	182	6,397,076

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,711		0	0	0	0	0	0	0	0		0
3. Term	33,931		0	0	0	0	0	0	0	0		0
4. Indexed							0					0
5. Universal	2,816		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	38,458	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	38,458 (c)	0	0	0	0	0	0	0	0	0	0	0

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	88,355
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(100,000)	11	1,330,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	336	3	480,306
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(99,664)	22	1,898,661
Group Life															
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(99,664)	22	1,898,661

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	31,424		0	108	0	0	108	89,158	0	34,777		123,935
3. Term	854,025		49	0	19	0	68	676,816	0	0		676,816
4. Indexed							0					0
5. Universal	175,374		0	0	0	0	0	708,307	0	251,029		959,336
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,060,823	0	49	108	19	0	176	1,474,281	0	285,806	0	1,760,087
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	29,666						0	351,895		301,614		653,509
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	17,619		0		17,619
25. Other							0					0
26. Total Individual Annuities	29,666	0	0	0	0	0	0	369,514	0	301,614	0	671,128
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	2,064						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	2,064	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,092,553 (c)	0	49	108	19	0	176	1,843,795	0	587,420	0	2,431,215

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	70,413	16	89,158	0	0	0	0	16	89,158	2,382	0	0	(33)	(191,762)	392	3,066,400
3. Term	671,816	15	676,816	0	0	0	0	15	676,816	75,000	0	0	(77)	(7,241,500)	780	59,317,148
4. Indexed								0	0	0						
5. Universal	672,710	11	708,307	0	0	0	0	11	708,307	0	0	0	(35)	(1,866,741)	616	27,455,978
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,414,939	42	1,474,281	0	0	0	0	42	1,474,281	77,382	0	0	(145)	(9,300,003)	1,788	89,839,526
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	249,398	3	249,398					3	249,398	0	0	0	(10)	(171,855)	157	7,587,287
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(2)	(2,117)	6	17,058
25. Other								0	0	0						
26. Total Individual Annuities	249,398	3	249,398	0	0	0	0	3	249,398	0	0	0	(12)	(173,972)	163	7,604,345
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	567	0	3,025
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	567	0	3,025
47. Total	1,664,337	45	1,723,679	0	0	0	0	45	1,723,679	77,382	0	0	(157)	(9,473,408)	1,951	97,446,896

(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: $ 0

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	331		0	0	0	0	0	15,000	0	0		15,000
3. Term	9,124		0	0	0	0	0	400,000	0	0		400,000
4. Indexed							0					0
5. Universal	2,400		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	11,855	0	0	0	0	0	0	415,000	0	0	0	415,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	91,711		0		91,711
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	91,711	0	0	0	91,711
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	11,855 (c)	0	0	0	0	0	0	506,711	0	0	0	506,711

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	15,000	1	15,000	0	0	0	0	1	15,000	0	0	0	(1)	(15,000)	5	29,561
3. Term	400,000	2	400,000	0	0	0	0	2	400,000	0	0	0	(2)	(400,000)	9	595,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(25,000)	2	125,000
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	415,000	3	415,000	0	0	0	0	3	415,000	0	0	0	(4)	(440,000)	16	749,561
Group Life																
12. Whole								0	0	0						
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	91,711	1	91,711					1	91,711	0	0	0	(1)	(86,751)	3	85,847
21. Indexed								0	0	0						
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0						
26. Total Individual Annuities	91,711	1	91,711	0	0	0	0	1	91,711	0	0	0	(1)	(86,751)	3	85,847
Group Annuities																
27. Fixed								0	0	0						
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other								0	0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	506,711	4	506,711	0	0	0	0	4	506,711	0	0	0	(5)	(526,751)	19	835,408

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2024 NAIC Company Code 67083

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

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2024 NAIC Company Code 67083

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

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2024 NAIC Company Code 67083

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

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2024 NAIC Company Code 67083

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

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2024 NAIC Company Code 67083

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

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2024 NAIC Company Code 67083

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

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 67083

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

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 67083

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

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 67083

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

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 67083

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

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2024 NAIC Company Code 67083

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

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2024 NAIC Company Code 67083

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

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	506	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	2,192	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	2,698	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0	0	0	0	0	0	0	4,296	0	0	0	4,296
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	4,296	0	0	0	4,296
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	2,698 (c)	0	0	0	0	0	0	4,296	0	0	0	4,296

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5,491
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100,000
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,932)	7	960,951
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,932)	10	1,066,442
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	3,001	4	80,107
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	3,001	4	80,107
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	1,069	14	1,146,549

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	433,319	0	21,443	1,667	397	0	23,507	1,954,986	16,736	339,867	0	2,311,589
3. Term	7,202,280	0	30,432	76	753	0	31,261	6,421,700	0	11,855	0	6,433,555
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	2,638,445	0	0	0	0	0	0	5,739,537	0	1,835,666	0	7,575,203
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	10,274,044	0	51,875	1,743	1,150	0	54,768	14,116,223	16,736	2,187,388	0	16,320,347
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	78,243	0	0	0	0	0	0	2,091,066	0	845,076	0	2,936,142
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	201,078	0	0	0	201,078
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	78,243	0	0	0	0	0	0	2,292,144	0	845,076	0	3,137,220
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	3,342	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	59,085	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	62,427	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	10,414,714 (c)	0	51,875	1,743	1,150	0	54,768	16,408,367	16,736	3,032,464	0	19,457,567

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	1,994,786	210	2,029,286	0	0	0	0	210	2,029,286	207,473	0	0	(275)	(2,422,501)	4,139	30,280,536
3. Term	5,849,138	67	6,364,138	0	0	0	0	67	6,364,138	110,000	0	0	(472)	(60,617,739)	3,701	413,498,681
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	6,616,388	75	5,739,537	0	0	0	0	75	5,739,537	2,306,000	0	0	(225)	(20,225,364)	2,916	237,396,751
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	14,460,312	352	14,132,961	0	0	0	0	352	14,132,961	2,623,473	0	0	(972)	(83,265,604)	10,756	681,175,968
Group Life															
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	1,616,278	18	1,788,812	0	0	0	0	18	1,788,812	6,321	1	55,304	(48)	(1,536,601)	875	28,130,911
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	15,024	2	8,546	0	0	0	0	2	8,546	6,590	0	0	(18)	(37,610)	56	193,155
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	1,631,302	20	1,797,358	0	0	0	0	20	1,797,358	12,911	1	55,304	(66)	(1,574,211)	931	28,324,066
Group Annuities															
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5,066
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5,066
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	605	0	4,156
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(9)	(2,491)	121	56,131
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	255
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(9)	(1,886)	122	60,542
47. Total	16,091,614	372	15,930,319	0	0	0	0	372	15,930,319	2,636,384	1	55,304	(1,047)	(84,841,701)	11,810	709,565,642

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

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

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

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

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, Prior Year	2,550,196
2.	Current year's realized pre-tax capital gains/(losses) of $ 96,827 transferred into the reserve net of taxes of $ 20,334	76,494
3.	Adjustment for current year's liability gains/(losses) released from the reserve	0
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	2,626,690
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	290,724
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	2,335,965

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	280,670	10,054	0	290,724
2. 2025	299,289	21,009	0	320,297
3. 2026	288,950	19,266	0	308,216
4. 2027	272,960	14,107	0	287,068
5. 2028	245,913	8,797	0	254,710
6. 2029	217,212	3,032	0	220,244
7. 2030	183,563	67	0	183,630
8. 2031	153,069	55	0	153,124
9. 2032	121,801	41	0	121,841
10. 2033	100,658	27	0	100,685
11. 2034	79,787	11	0	79,798
12. 2035	62,746	3	0	62,749
13. 2036	47,730	3	0	47,733
14. 2037	34,450	4	0	34,454
15. 2038	22,821	4	0	22,825
16. 2039	16,240	4	0	16,244
17. 2040	16,964	4	0	16,968
18. 2041	17,338	3	0	17,341
19. 2042	18,469	2	0	18,471
20. 2043	18,874	1	0	18,876
21. 2044	17,826	0	0	17,826
22. 2045	14,220	0	0	14,220
23. 2046	10,228	0	0	10,228
24. 2047	6,219	0	0	6,219
25. 2048	2,199	0	0	2,199
26. 2049	0	0	0	0
27. 2050	0	0	0	0
28. 2051	0	0	0	0
29. 2052	0	0	0	0
30. 2053	0	0	0	0
31. 2054 and Later		0	0	0
32. Total (Lines 1 to 31)	2,550,196	76,494	0	2,626,689

ASSET VALUATION RESERVE

	Default Component			Equity Component			
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	7 Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	670,787	0	670,787	0	0	0	670,787
2. Realized capital gains/(losses) net of taxes - General Account	(30,683)		(30,683)			0	(30,683)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	258,230	0	258,230	0	0	0	258,230
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	898,333	0	898,333	0	0	0	898,333
9. Maximum reserve	1,200,348	0	1,200,348	0	0	0	1,200,348
10. Reserve objective	689,924	0	689,924	0	0	0	689,924
11. 20% of (Line 10 - Line 8)	(41,682)	0	(41,682)	0	0	0	(41,682)
12. Balance before transfers (Lines 8 + 11)	856,652	0	856,652	0	0	0	856,652
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	856,652	0	856,652	0	0	0	856,652

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1.		Exempt Obligations	1,704,292	XXX	XXX	1,704,292	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	1,458,625	XXX	XXX	1,458,625	0.0002	292	0.0007	1,021	0.0013	1,896
2.2	1	NAIC Designation Category 1.B	2,667,220	XXX	XXX	2,667,220	0.0004	1,067	0.0011	2,934	0.0023	6,135
2.3	1	NAIC Designation Category 1.C	2,523,995	XXX	XXX	2,523,995	0.0006	1,514	0.0018	4,543	0.0035	8,834
2.4	1	NAIC Designation Category 1.D	8,439,742	XXX	XXX	8,439,742	0.0007	5,908	0.0022	18,567	0.0044	37,135
2.5	1	NAIC Designation Category 1.E	10,223,879	XXX	XXX	10,223,879	0.0009	9,201	0.0027	27,604	0.0055	56,231
2.6	1	NAIC Designation Category 1.F	5,320,780	XXX	XXX	5,320,780	0.0011	5,853	0.0034	18,091	0.0068	36,181
2.7	1	NAIC Designation Category 1.G	16,321,265	XXX	XXX	16,321,265	0.0014	22,850	0.0042	68,549	0.0085	138,731
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	46,955,506	XXX	XXX	46,955,506	XXX	46,685	XXX	141,310	XXX	285,143
3.1	2	NAIC Designation Category 2.A	23,289,273	XXX	XXX	23,289,273	0.0021	48,907	0.0063	146,722	0.0105	244,537
3.2	2	NAIC Designation Category 2.B	25,438,915	XXX	XXX	25,438,915	0.0025	63,597	0.0076	193,336	0.0127	323,074
3.3	2	NAIC Designation Category 2.C	7,139,525	XXX	XXX	7,139,525	0.0036	25,702	0.0108	77,107	0.0180	128,511
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	55,867,713	XXX	XXX	55,867,713	XXX	138,207	XXX	417,165	XXX	696,123
4.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A	1,553,769	XXX	XXX	1,553,769	0.0472	73,338	0.0846	131,449	0.1410	219,081
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	1,553,769	XXX	XXX	1,553,769	XXX	73,338	XXX	131,449	XXX	219,081
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	106,081,280	XXX	XXX	106,081,280	XXX	258,230	XXX	689,924	XXX	1,200,348
		PREFERRED STOCKS										
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		SHORT-TERM BONDS										
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	106,081,280	XXX	XXX	106,081,280	XXX	258,230	XXX	689,924	XXX	1,200,348

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity Component

N O N E

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

		Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1.	Premiums written	3,551	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
2.	Premiums earned	3,538	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
3.	Incurred claims	(12,000)	(339.2)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	(12,000)	(339.2)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves	(596)	(16.8)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	(14,557)	(411.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
8.	Other general insurance expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9.	Taxes, licenses and fees	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10.	Total other expenses incurred	(14,557)	(411.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	30,692	867.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14.	Gain from underwriting after dividends or refunds	30,692	867.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	DETAILS OF WRITE-INS														
1101.															
1102.															
1103.															
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

		Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
		15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1.	Premiums written	0	XXX	0	XXX	0	XXX	3,086	XXX	210	XXX	255	XXX
2.	Premiums earned	0	XXX	0	XXX	0	XXX	3,073	XXX	210	XXX	255	XXX
3.	Incurred claims	0	0.0	0	0.0	0	0.0	(12,000)	(390.5)	0	0.0	0	0.0
4.	Cost containment expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	(12,000)	(390.5)	0	0.0	0	0.0
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	(596)	(19.4)	0	0.0	0	0.0
7.	Commissions (a)	0	0.0	0	0.0	0	0.0	21	0.7	(14,578)	(6,936.1)	0	0.0
8.	Other general insurance expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9.	Taxes, licenses and fees	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10.	Total other expenses incurred	0	0.0	0	0.0	0	0.0	21	0.7	(14,578)	(6,936.1)	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	15,648	509.2	14,788	7,036.1	255	100.0
13.	Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14.	Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	15,648	509.2	14,788	7,036.1	255	100.0
	DETAILS OF WRITE-INS												
1101.													
1102.													
1103.													
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	321	0	0	0	0	0	0	0	0	0	282	0	39
2. Advance premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year	321	0	0	0	0	0	0	0	0	0	282	0	39
5. Total premium reserves, prior year	309	0	0	0	0	0	0	0	0	0	270	0	39
6. Increase in total premium reserves	13	0	0	0	0	0	0	0	0	0	13	0	0
B. Contract Reserves:													
1. Additional reserves (a)	4,108	0	0	0	0	0	0	0	0	0	4,108	0	0
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	4,108	0	0	0	0	0	0	0	0	0	4,108	0	0
4. Total contract reserves, prior year.	4,704	0	0	0	0	0	0	0	0	0	4,704	0	0
5. Increase in contract reserves	(596)	0	0	0	0	0	0	0	0	0	(596)	0	0
C. Claim Reserves and Liabilities:													
1. Total current year	36,000	0	0	0	0	0	0	0	0	0	36,000	0	0
2. Total prior year	48,000	0	0	0	0	0	0	0	0	0	48,000	0	0
3. Increase	(12,000)	0	0	0	0	0	0	0	0	0	(12,000)	0	0

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

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 On claims incurred during current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	36,000	0	0	0	0	0	0	0	0	0	36,000	0	0
2.2 On claims incurred during current year	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Test:													
3.1 Lines 1.1 and 2.1	36,000	0	0	0	0	0	0	0	0	0	36,000	0	0
3.2 Claim reserves and liabilities, December 31, prior year	48,000	0	0	0	0	0	0	0	0	0	48,000	0	0
3.3 Line 3.1 minus Line 3.2	(12,000)	0	0	0	0	0	0	0	0	0	(12,000)	0	0

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Reinsurance Ceded:													
1. Premiums written	58,876	0	0	0	0	0	0	0	0	0	0	58,876	0
2. Premiums earned	58,886	0	0	0	0	0	0	0	0	0	0	58,886	0
3. Incurred claims	4,390	0	0	0	0	0	0	0	0	0	0	4,390	0
4. Commissions	14,578	0	0	0	0	0	0	0	0	0	0	14,578	0

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims										(12,000)	4,390	0	(7,610)
2. Beginning claim reserves and liabilities										48,000	278,877	0	326,877
3. Ending claim reserves and liabilities										36,000	247,848	0	283,848
4. Claims paid	0	0	0	0	0	0	0	0	0	0	35,419	0	35,419
B. Assumed Reinsurance:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	4,390	0	4,390
2. Beginning claim reserves and liabilities										0	278,877	0	278,877
3. Ending claim reserves and liabilities											247,848		247,848
4. Claims paid	0	0	0	0	0	0	0	0	0	0	35,419	0	35,419
D. Net:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	(12,000)	0	0	(12,000)
2. Beginning claim reserves and liabilities	0	0	0	0	0	0	0	0	0	48,000	0	0	48,000
3. Ending claim reserves and liabilities	0	0	0	0	0	0	0	0	0	36,000	0	0	36,000
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	0	0	0	0	0	0	0	(12,000)	0	0	(12,000)
2. Beginning reserves and liabilities										48,000	0	0	48,000
3. Ending reserves and liabilities										36,000			36,000
4. Paid claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
66346	58-0828824	04/01/1991	Munich American Reassurance Company	GA	6,583	23,859
67105	41-0451140	04/01/1991	Reliastar Life Insurance Company	MN	6,583	23,859
68713	84-0499703	11/01/1993	Security Life of Denver Insurance Company	CO	25,000	0
82627	06-0839705	07/01/1989	Swiss Re Life & Health of America Inc	MO	49,351	0
82627	06-0839705	07/01/1983	Swiss Re Life & Health of America Inc	MO	200,000	0
82627	06-0839705	07/01/1983	Swiss Re Life & Health of American Inc	MO	0	986,146
68276	48-1024691	11/01/1979	Employers Reassurance Corporation	KS	59,632	352,111
88099	75-1608507	07/01/1989	Optimum Re Insurance Company	TX	20,000	0
64688	75-6020048	09/15/1992	SCOR Global Life Americas Reinsurance Company	DE	0	35,000
0899999. Life and Annuity - U.S. Non-Affiliates					367,149	1,420,975
1099999. Total Life and Annuity - Non-Affiliates					367,149	1,420,975
1199999. Total Life and Annuity					367,149	1,420,975
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
86258	13-2572994	01/01/1997	General Re Life Corporation	CT	0	95,759
1999999. Accident and Health - U.S. Non-Affiliates					0	95,759
2199999. Total Accident and Health - Non-Affiliates					0	95,759
2299999. Total Accident and Health					0	95,759
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					367,149	1,516,734
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					367,149	1,516,734

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
68276	48-1024691	11/01/1979	Employers Reassurance Corporation	KS	CO/I	0L	1,862,275	3,018	3,084	73,244				
68276	48-1024691	07/01/1989	Employers Reassurance Corporation	KS	YRT/I	0L	325,171	5,099	4,751	10,576				
68276	48-1024691	01/01/1990	Employers Reassurance Corporation	KS	YRT/I	0L	270,000	1,441	1,441	2,910				
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	CO/I	0L	1,384,120	20,375	21,789	33,007				
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	YRT/I	0L	342,583	311	286	545				
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	YRT/I	0L	40,764	103	93	1,031				
68276	48-1024691	02/01/1996	Employers Reassurance Corporation	KS	CO/I	0L	4,759,000	51,410	65,355	63,299				
68276	48-1024691	02/01/1996	Employers Reassurance Corporation	KS	CO/I	0L	2,766,750	24,538	23,456	44,381				
86258	13-2572994	10/01/1972	General Re Life Corporation	CT	YRT/I	0L	21,515	1,185	1,185	3,458				
88340	59-2859797	07/01/1995	Hannover Life Reassurance Company of America	FL	YRT/I	0L	2,585,666	23,885	27,173	22,929				
88340	59-2859797	07/01/1995	Hannover Life Reassurance Company of America	FL	YRT/I	0L	2,754,250	24,503	23,424	32,407				
88340	59-2859797	11/01/1996	Hannover Life Reassurance Company of America	FL	YRT/I	0L	40,763	103	93	1,090				
88340	59-2859797	11/01/1996	Hannover Life Reassurance Company of America	FL	YRT/I	0L	985,073	5,050	4,592	8,438				
88340	59-2859797	07/01/2019	Hannover Life Reassurance Company of America	FL	COFW/I	0L	253,138,335	46,067,306	48,831,138	3,771,124				44,655,094
65676	35-0472300	08/01/1979	Lincoln National Life Insurance Company	IN	YRT/I	0L	16,847	194	194	136				
65676	35-0472300	06/01/1990	Lincoln National Life Insurance Company	IN	CO/I	0L	639,200	4,863	7,987	6,819				
65676	35-0472300	06/01/1991	Lincoln National Life Insurance Company	IN	YRT/I	0L	34,395	476	490	421				
65676	35-0472300	03/01/1993	Lincoln National Life Insurance Company	IN	YRT/I	0L	209,832	1,772	2,345	1,955				
66346	58-0828824	04/01/1991	Munich American Reassurance Company	GA	CO/I	0L	1,327,925	1,226,124	1,273,135	0				
88099	75-1608507	01/01/1969	Optimum Re Insurance Company	TX	YRT/I	0L	35,930	632	591	1,189				
88099	75-1608507	01/01/1981	Optimum Re Insurance Company	TX	CO/I	0L	0	0	10,262	294				
88099	75-1608507	03/01/1982	Optimum Re Insurance Company	TX	YRT/I	0L	9,796	44	39	238				
88099	75-1608507	04/01/1987	Optimum Re Insurance Company	TX	CO/I	0L	1,974,000	84,002	89,930	56,193				
88099	75-1608507	07/01/1989	Optimum Re Insurance Company	TX	YRT/I	0L	654,438	20,219	24,273	25,851				
88099	75-1608507	07/04/1989	Optimum Re Insurance Company	TX	CO/I	0L	1,881,979	873	1,003	22,354				
88099	75-1608507	10/01/1991	Optimum Re Insurance Company	TX	CO/I	0L	9,866,000	117,501	125,191	96,450				
67105	41-0451140	04/01/1991	Reliastar Life Insurance Company	MN	CO/I	0L	1,327,925	1,226,124	1,273,135	0				
93572	43-1235868	11/01/1985	RGA Reinsurance Company	MO	CO/I	0L	3,454,820	20,615	20,530	53,400				
93572	43-1235868	01/01/1992	RGA Reinsurance Company	MO	YRT/I	0L	8,828,000	84,280	97,261	78,845				
68713	84-0499703	09/01/1986	Security Life of Denver Insurance Company	CO	YRT/I	0L	4,875,231	0	0	168,521				
68713	84-0499703	09/01/1986	Security Life of Denver Insurance Company	CO	YRT/I	0L	94,863	0	0	(8,562)				
68713	84-0499703	04/01/1988	Security Life of Denver Insurance Company	CO	YRT/I	0L	3,315,000	157,131	152,905	56,887				
68713	84-0499703	01/01/1992	Security Life of Denver Insurance Company	CO	YRT/I	0L	425,000	2,723	3,199	3,807				
68713	84-0499703	11/01/1993	Security Life of Denver Insurance Company	CO	YRT/I	0L	4,809,000	52,028	66,244	53,297				
68713	84-0499703	01/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	0L	5,065,250	40,961	50,487	59,855				
68713	84-0499703	05/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	0L	40,763	103	93	1,573				
68713	84-0499703	11/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	0L	484,626	2,520	2,292	4,127				
82627	06-0839705	01/01/1967	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	80,594	340	340	391				
82627	06-0839705	01/01/1967	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	11,411,924	196,082	196,082	213,146				
82627	06-0839705	01/01/1981	Swiss Re Life & Health of America Inc	MO	CO/I	0L	1,566,580	32,027	37,263	48,489				
82627	06-0839705	01/01/1981	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	60,000	918	1,479	1,669				
82627	06-0839705	08/01/1981	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	25,000	657	657	944				
82627	06-0839705	10/01/1981	Swiss Re Life & Health of America Inc	MO	CO/I	0L	2,070,000	1,084,544	1,077,594	34,440				
82627	06-0839705	11/01/1981	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	4,533,417	28,149	25,428	300,654				
82627	06-0839705	01/01/1983	Swiss Re Life & Health of America Inc	MO	CO/I	0L	1,934,475	1,467	1,786	40,050				
82627	06-0839705	07/01/1983	Swiss Re Life & Health of America Inc	MO	CO/I	0L	200,000	117,454	231,974	4,950				
82627	06-0839705	07/01/1983	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	34,490	45	40	245				
82627	06-0839705	03/01/1986	Swiss Re Life & Health of America Inc	MO	CO/I	0L	1,657,414	24,272	25,523	32,886				
82627	06-0839705	02/01/1987	Swiss Re Life & Health of America Inc	MO	CO/I	0L	1,801,793	552	590	13,864				
82627	06-0839705	07/01/1989	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	1,175,000	5,147	5,585	28,080				
82627	06-0839705	07/01/1989	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	4,530,903	128,054	119,431	192,647				
82627	06-0839705	04/01/1990	Swiss Re Life & Health of America Inc	MO	CO/I	0L	2,384,120	37,155	36,079	54,947				
82627	06-0839705	05/14/1990	Swiss Re Life & Health of America Inc	MO	YRT/I	0L	236,280							

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
82627	06-0839705	03/01/1993	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	209,832	1,772	2,345	2,266				
82627	06-0839705	11/01/1993	Swiss Re Life & Health of America Inc	MO	CO/I	OL	3,406,000	37,516	48,406	53,027				
82627	06-0839705	01/01/1996	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	40,763	103	93	1,341				
82627	06-0839705	01/01/1996	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	2,766,750	24,538	23,456	34,110				
65870	13-1004640	01/01/1979	Manhattan Life Insurance Company	NY	CO/I	OL	0	0	1,168	204				
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	YRT/I	OL	1,790,000	45,410	43,892	62,209				
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	YRT/I	OL	1,664,445	0	0	25,155				
64688	75-6020048	02/01/1988	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,200,000	1,884	1,884	37,359				
64688	75-6020048	01/01/1981	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	50,000	49,402	48,076	5,560				
64688	75-6020048	11/01/1981	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	234,096	137	124	729				
64688	75-6020048	09/01/1991	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	59,708	46	46	611				
64688	75-6020048	09/15/1992	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	6,014,000	59,336	64,447	47,137				
0899999. General Account - Authorized U.S. Non-Affiliates							371,784,669	51,148,519	54,203,234	5,989,199	0	0	0	44,655,094
1099999. Total General Account - Authorized Non-Affiliates							371,784,669	51,148,519	54,203,234	5,989,199	0	0	0	44,655,094
1199999. Total General Account Authorized							371,784,669	51,148,519	54,203,234	5,989,199	0	0	0	44,655,094
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							371,784,669	51,148,519	54,203,234	5,989,199	0	0	0	44,655,094
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							371,784,669	51,148,519	54,203,234	5,989,199	0	0	0	44,655,094
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0	0
9999999 - Totals							371,784,669	51,148,519	54,203,234	5,989,199	0	0	0	44,655,094

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
86258	13-2572994	01/01/1997	General Re Life Corporation	CT	QA/I	LTC	58,876	150	2,676,360	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							58,876	150	2,676,360	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							58,876	150	2,676,360	0	0	0	0
1199999. Total General Account Authorized							58,876	150	2,676,360	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							58,876	150	2,676,360	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							58,876	150	2,676,360	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							58,876	150	2,676,360	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

		1 2024	2 2023	3 2022	4 2021	5 2020
	A. OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	6,048	6,375	6,830	7,134	7,169
2.	Commissions and reinsurance expense allowances	449	441	535	516	546
3.	Contract claims	9,616	8,883	10,370	9,790	11,322
4.	Surrender benefits and withdrawals for life contracts	1,468	1,397	2,136	1,170	1,428
5.	Dividends to policyholders and refunds to members	14	17	19	18	19
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserve for life and accident and health contracts	3,301	2,745	3,501	1,853	246
	B. BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9.	Aggregate reserves for life and accident and health contracts	53,825	57,126	59,872	63,373	65,226
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid	1,517	748	469	961	443
12.	Amounts recoverable on reinsurance	367	586	335	564	526
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends and refunds to members (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset	0	0	0	0	0
17.	Offset for reinsurance with Certified Reinsurers					0
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F)	0	0	0	0	0
19.	Letters of credit (L)	0	0	0	0	0
20.	Trust agreements (T)	0	0	0	0	0
21.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust					0
23.	Funds deposited by and withheld from (F)					0
24.	Letters of credit (L)					0
25.	Trust agreements (T)					0
26.	Other (O)					0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	121,300,808		121,300,808
2.	Reinsurance (Line 16)	367,150	(367,150)	0
3.	Premiums and considerations (Line 15)	3,022,729	0	3,022,729
4.	Net credit for ceded reinsurance	XXX	10,701,787	10,701,787
5.	All other admitted assets (balance)	1,914,830		1,914,830
6.	Total assets excluding Separate Accounts (Line 26)	126,605,517	10,334,637	136,940,154
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	126,605,517	10,334,637	136,940,154
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	54,218,178	53,825,029	108,043,207
10.	Liability for deposit-type contracts (Line 3)	2,400,319		2,400,319
11.	Claim reserves (Line 4)	2,701,105	1,516,734	4,217,839
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	8,000		8,000
13.	Premium & annuity considerations received in advance (Line 8)	47,933		47,933
14.	Other contract liabilities (Line 9)	2,360,727		2,360,727
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17.	Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18.	Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	48,323,130	(45,007,126)	3,316,004
20.	Total liabilities excluding Separate Accounts (Line 26)	110,059,392	10,334,637	120,394,029
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	110,059,392	10,334,637	120,394,029
23.	Capital & surplus (Line 38)	16,546,125	XXX	16,546,125
24.	Total liabilities, capital & surplus (Line 39)	126,605,517	10,334,637	136,940,154
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	53,825,029		
26.	Claim reserves	1,516,734		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	367,150		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	55,708,913		
34.	Premiums and considerations	0		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with Certified Reinsurers	0		
38.	Funds held under reinsurance treaties with Certified Reinsurers	0		
39.	Other ceded reinsurance payables/offsets	45,007,126		
40.	Total ceded reinsurance payable/offsets	45,007,126		
41.	Total net credit for ceded reinsurance	10,701,787		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	35,387	0			0	35,387
2. Alaska	AK	7,082	0			0	7,082
3. Arizona	AZ	68,813	300			0	69,113
4. Arkansas	AR	81,286	0			0	81,286
5. California	CA	1,240,029	1,292			0	1,241,321
6. Colorado	CO	134,871	200			0	135,071
7. Connecticut	CT	82,344	0			0	82,344
8. Delaware	DE	59,323	0			0	59,323
9. District of Columbia	DC	3,844	0			0	3,844
10. Florida	FL	518,377	411	255	54,966	0	574,009
11. Georgia	GA	307,639	2,500		814	0	310,953
12. Hawaii	HI	82,518	0			0	82,518
13. Idaho	ID	26,110	0			0	26,110
14. Illinois	IL	277,733	5,485			0	283,218
15. Indiana	IN	348,147	1,395	439		0	349,981
16. Iowa	IA	130,491	0		336	0	130,827
17. Kansas	KS	134,623	4,171			0	138,794
18. Kentucky	KY	90,738	0			0	90,738
19. Louisiana	LA	210,564	0			0	210,564
20. Maine	ME	62,348	0			0	62,348
21. Maryland	MD	313,314	0			0	313,314
22. Massachusetts	MA	262,917	0			0	262,917
23. Michigan	MI	436,938	4,663	584		0	442,185
24. Minnesota	MN	637,110	16,400			0	653,510
25. Mississippi	MS	123,967	540			0	124,507
26. Missouri	MO	312,918	7,829			0	320,747
27. Montana	MT	10,961	0			0	10,961
28. Nebraska	NE	23,651	0			0	23,651
29. Nevada	NV	92,186	0			0	92,186
30. New Hampshire	NH	53,328	0			0	53,328
31. New Jersey	NJ	296,780	0		210	0	296,990
32. New Mexico	NM	17,068	0		1,093	0	18,161
33. New York	NY	53,982	0			0	53,982
34. North Carolina	NC	236,472	600			0	237,072
35. North Dakota	ND	81,402	0			0	81,402
36. Ohio	OH	300,874	180		259	0	301,313
37. Oklahoma	OK	82,470	0			0	82,470
38. Oregon	OR	57,330	0			0	57,330
39. Pennsylvania	PA	313,216	0		438	0	313,654
40. Rhode Island	RI	12,342	0			0	12,342
41. South Carolina	SC	168,839	1,560			0	170,399
42. South Dakota	SD	14,807	0			0	14,807
43. Tennessee	TN	239,008	0		700	0	239,708
44. Texas	TX	722,276	600		269	0	723,145
45. Utah	UT	45,053	71			0	45,124
46. Vermont	VT	18,060	0			0	18,060
47. Virginia	VA	232,180	380			0	232,560
48. Washington	WA	98,494	0			0	98,494
49. West Virginia	WV	38,458	0			0	38,458
50. Wisconsin	WI	1,060,823	29,666	2,064		0	1,092,553
51. Wyoming	WY	11,855	0			0	11,855
52. American Samoa	AS	0	0			0	0
53. Guam	GU	0	0			0	0
54. Puerto Rico	PR	0	0			0	0
55. U.S. Virgin Islands	VI	0	0			0	0
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	0	0			0	0
58. Aggregate Other Alien	OT	2,698	0			0	2,698
59. Total		10,274,044	78,243	3,342	59,085	0	10,414,714

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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0000							MassMutual Ventures US IV, L.P.	DE	NIA	MassMutual Ventures US IV GP, LLC	Management	0.000	MMLIC		
0000							MassMutual Ventures US IV LLC	DE	NIA	MassMutual Ventures US IV, L.P.	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Europe/APAC I GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Europe/APAC I GP, L.P.	CYM	NIA	MassMutual Ventures Europe/APAC I GP, LLC	Management	0.000	MMLIC		
0000							MassMutual Ventures Europe/APAC I L.P.	CYM	NIA	MassMutual Ventures Europe/APAC I GP, L.P.	Management	0.000	MMLIC		
0000							MassMutual Ventures Southeast Asia III LLC	DE	NIA	MassMutual Ventures Europe/APAC I L.P.	Ownership	100.000	MMLIC		
0000							MMV Digital I LLC	CYM	NIA	MassMutual Ventures Southeast Asia III LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Sustainable Advisors LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							CSA Intermediate Holdco LLC	DE	NIA	Counterpointe Sustainable Advisors LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Trust Services LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							CP PACE LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Titling Trust	DE	NIA	CP PACE LLC	Ownership	100.000	MMLIC		
0000							CSA Employee Services Company LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Sustainable Real Estate II LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions II LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions (CA) II LLC	DE	NIA	Counterpointe Energy Solutions II LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions (FL) II LLC	DE	NIA	Counterpointe Energy Solutions II LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions (IL) LLC	DE	NIA	Counterpointe Energy Solutions II LLC	Ownership	100.000	MMLIC		
0000							Loop-Counterpointe PACE LLC	DE	NIA	Counterpointe Energy Solutions (IL) LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Services LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Investment Management LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							CSA Incentive Holdco LLC	DE	NIA	Counterpointe Sustainable Advisors LLC	Ownership	100.000	MMLIC		
0000			27-0105644				Jefferies Finance LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		1
0000							JFIN GP Adviser LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Jefferies MM Lending LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Green SPE LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Apex Credit Partners LLC	DE	NIA	Green SPE LLC	Ownership	100.000	MMLIC		
0000							Apex GP I LLC	DE	NIA	Apex Credit Partners LLC	Ownership	100.000	MMLIC		
0000							Apex Securitized Income Fund LP	DE	NIA	Apex GP I LLC	Ownership	100.000	MMLIC		
0000							Jefferies Credit Partners LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Jefferies Credit Management LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JCM GP I LLC	DE	NIA	Jefferies Credit Management LLC	Ownership	100.000	MMLIC		
0000							JCM H-2 Credit Fund GP LLC	DE	NIA	Jefferies Credit Management LLC	Ownership	100.000	MMLIC		
0000							JCP Direct Lending CLO 2022 LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	9.900	MMLIC		
0000							Jefferies Direct Lending Europe SCSp SICAV-RAIF	LUX	NIA	Jefferies Credit Partners LLC	Ownership	9.900	MMLIC		
0000							Jefferies Credit Management Holdings LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	9.900	MMLIC		
0000							JDLF GP (Europe) S.a.r.l	LUX	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JFAM GP LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JFAM GP LP	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							Jefferies Direct Lending Fund C LP	DE	NIA	JFAM GP LP	Ownership	100.000	MMLIC		
0000							Jefferies DLF C Holdings LLC	DE	NIA	Jefferies Direct Lending Fund C LLC	Ownership	100.000	MMLIC		
0000							Jefferies Direct Lending Fund C SPE LLC	DE	NIA	Jefferies DLF C Holdings LLC	Ownership	100.000	MMLIC		
0000							JDLF II GP LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		

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

SCHEDULE Y

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0000							JCP Private Loan Management GP LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JCP Private Loan Management LP	DE	NIA	JCP Private Loan Management GP LLC	Ownership	100.000	MMLIC		
0000							JF CEI Holdings 1 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JF CEI Holdings 2 LLC	DE	NIA	JF CEI Holdings 1 LLC	Ownership	100.000	MMLIC		
0000							Apex Credit Holdings LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2012 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2013 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2014 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2014-II Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2015 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2015-II Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	85.000	MMLIC		
0000							JFIN CLO 2016 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2017 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2017-II Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							Tomorrow Parent, LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Custom Ecology Holdco, LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000			86-2294635				Glidepath Holdings Inc.	DE	UIP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	63312	13-1935920				MassMutual Ascend Life Insurance Company	OH	UIP	Glidepath Holdings Inc.	Ownership	100.000	MMLIC		
0000			31-1422717				AAG Insurance Agency, LLC	KY	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	93661	31-1021738				Annuity Investors Life Insurance Company	OH	IA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000			31-1395344				MM Ascend Life Investor Services, LLC	OH	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Ascend Mortgage Lending LLC	DE	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Vine Street LLC	DE	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000			26-3260520				Manhattan National Holding, LLC	OH	UDP	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	67083	45-0252531				Manhattan National Life Insurance Company	OH	RE	Manhattan National Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MM Copper Hill Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MMV CTF I GP LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Climate Technology Fund I LP	DE	NIA	MMV CTF I GP LLC	Management	0.000	MMLIC		
0000							MM Direct Private Investments Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Direct Private Investments UK Limited	GBR	NIA	MM Direct Private Investments Holding LLC	Ownership	100.000	MMLIC		
0000							DPI-ACRES Capital LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							DPI-ARES Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Investment Holding	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MMIH Bond Holdings LLC	DE	NIA	MM Investment Holding	Ownership	99.610	MMLIC		
0000			26-0073611				MassMutual Asset Finance LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.400	MMLIC		
0000			26-0073611				MassMutual Asset Finance LLC	DE	NIA	MM Investment Holding	Ownership	99.600	MMLIC		
0000			32-0546197				MMAF Equipment Finance LLC 2017-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000			83-3722640				MMAF Equipment Finance LLC 2019-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2019-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2020-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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		Barings Middle Market CLO 2017-I Ltd & LLC	0	(46,897)	0	0	0	0		0	(46,897)	0
		Barings Middle Market CLO 2019-I	0	1,140,513	0	0	0	0		0	1,140,513	0
	98-1612604	Barings Middle Market CLO Ltd 2021-I	0	(2,699,205)	0	0	0	0		0	(2,699,205)	0
	04-1590850	Barings Miller Investment Trust	0	28,546,321	0	0	0	0		0	28,546,321	0
		Barings Perpetual European Direct Lending Fund	(15,332,286)	15,871,990	0	0	0	0		0	539,704	0
	98-1332384	Barings RE Credit Strategies VII LP	0	(22,053,106)	0	0	0	0		0	(22,053,106)	0
	85-3449260	Barings Real Estate Debt Income Fund LP	(27,086,289)	62,434,911	0	0	0	0		0	35,348,622	0
		Barings Real Estate European Value Add I SCSp	0	36,244,701	0	0	0	0		0	36,244,701	0
		Barings Small Business Fund, L.P.	(1,193,779)	5,000,001	0	0	0	0		0	3,806,222	0
	98-1567942	Barings Target Yield Infrastructure Debt Fund	(163,259)	(6,209,436)	0	0	0	0		0	(6,372,695)	0
	87-1262754	Barings Transportation Fund LP	(152,140)	0	0	0	0	0		0	(152,140)	0
		Barings Umbrella Fund LUX SCSp SICAV RAIF	0	57,733,693	0	0	0	0		0	57,733,693	0
		Barings US High Yield Bond Fund	(115,548)	0	0	0	0	0		0	(115,548)	0
		Braemar Energy Ventures I, L.P.	4,292,985	(4,292,985)	0	0	0	0		0	0	0
	81-2244465	Chassis Acquisition Holding LLC	(1,440,271)	0	0	0	0	0		0	(1,440,271)	0
		CML Special Situations Investor LLC	(186,220)	(264,196)	0	0	0	0		0	(450,416)	0
	82-3307907	Cornbrook PRS Holdings LLC	0	313,350	0	0	0	0		0	313,350	0
	95-4207717	Cornerstone California Mortgage Fund I LLC	(3,680,512)	(1,811,924)	0	0	0	0		0	(5,492,436)	0
	95-4207717	Cornerstone California Mortgage Fund II LLC	(2,823,040)	(955,429)	0	0	0	0		0	(3,778,468)	0
	95-4207717	Cornerstone California Mortgage Fund III LLC	(3,870,112)	(1,797,386)	0	0	0	0		0	(5,667,498)	0
	56-2630592	Cornerstone Fort Pierce Development LLC	0	165,102	0	0	0	0		0	165,102	0
	61-1750537	Cornerstone Permanent Mortgage Fund II	(3,964,879)	(973,121)	0	0	0	0		0	(4,938,000)	0
		Cornerstone Permanent Mortgage Fund III LLC	(4,612,358)	(752,642)	0	0	0	0		0	(5,365,000)	0
	61-1793735	Cornerstone Permanent Mortgage Fund IV	(5,280,441)	(396,559)	0	0	0	0		0	(5,677,000)	0
	45-2632610	Cornerstone Permanent Mortgage Fund LLC	(4,854,397)	(665,603)	0	0	0	0		0	(5,520,000)	0
	81-4258759	CRA Aircraft Holding LLC	(4,142,180)	(8,497,820)	0	0	0	0		0	(12,640,000)	0
	82-2783393	Danville Riverwalk Venture, LLC	0	617,500	0	0	0	0		0	617,500	0
	04-1590850	DPI Acres Capital SPV LLC	201,051	134,630,726	0	0	0	0		0	134,831,777	0
	04-1590850	DPI-ARES Mortgage Lending SPV, LLC	0	300,000,000	0	0	0	0		0	300,000,000	0
		E2E Affordable Housing Debt Fund LLC	0	(601,032)	0	0	0	0		0	(601,032)	0
		Euro Real Estate Holdings Herleshausen LLC	0	14,678,406	0	0	0	0		0	14,678,406	0
	04-1590850	Euro Real Estate Holdings LLC	(7,049,572)	6,395,335	0	0	0	0		0	(654,237)	0
	04-1590850	GIA EU Holdings LLC	0	44,274,543	0	0	0	0		0	44,274,543	0
	86-2294635	Glidepath Holdings Inc.	0	1,134,896,245	0	0	0	0		0	1,134,896,245	0
	71-1018134	Great Lakes II LLC	(21,079)	0	0	0	0	0		0	(21,079)	0

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

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....	32-0574045	Washington Gateway Three LLC	0	265,174	0	0	0	0	.....	0	265,174	0
.....	83-1325764	Washington Gateway Two LLC	0	(6,418,441)	0	0	0	0	.....	0	(6,418,441)	0
.....	04-1590850	Washington Pine LLC	0	56,749,106	0	0	0	0	.....	0	56,749,106	0
.....	88-3861481	West 37th Street Hotel LLC	(2,209,023)	3,891,049	0	0	0	0	.....	0	1,682,026	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

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

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?	NO
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?	NO
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

10. The data for this supplement is not required to be filed.
11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
15. 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.
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34. 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.
43. 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.

Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

12. Trusteed Surplus Statement [Document Identifier 490]

15. Actuarial Opinion on X-Factors [Document Identifier 442]

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]

19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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]

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]

34. VM-20 Reserves Supplement [Document Identifier 456]

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]

43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]

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]

OVERFLOW PAGE FOR WRITE-INS

NONE

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

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

Of The MANHATTAN NATIONAL LIFE INSURANCE COMPANY
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
NAIC Group Code 0435 NAIC Company Code 67083 Employer's Identification Number (FEIN) 45-0252531

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2020	2 2021	3 2022	4 2023	5 2024(a)
1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	12	12	12	12	12
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section D -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section E -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section F -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section G -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

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

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

Section B - Other Accident and Health

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section D -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section E -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section F -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section G -

1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

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

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Standard Factor	2,502
3. Individual Annuity	Standard Factor	199
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8 Group Accident and Health		
9 Credit Accident and Health		
10. Other Accident and Health	Standard Factor	36
11. Total		2,737

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

HEALTH SUPPLEMENTS

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

Of The MANHATTAN NATIONAL LIFE INSURANCE COMPANY .....
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....
NAIC Group Code 0435 ..... NAIC Company Code 67083 ..... Employer's ID Number 45-0252531 .....

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	4,537,763										3,086	210	255	4,534,212
2.	Change in unearned premium reserves and reserve for rate credit	0													
3.	Fee-for-service (net of $ ..... medical expenses)	0													XXX
4.	Risk revenue	0													XXX
5.	Aggregate write-ins for other health care related revenues	14,578	0	0	0	0	0	0	0	0	0	14,566	0	12	XXX
6.	Aggregate write-ins for other non-health care related revenues	(193,526)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(193,526)
7.	Total revenues (Lines 1 to 6)	4,358,815	0	0	0	0	0	0	0	0	0	17,652	210	267	4,340,686
8.	Hospital/medical benefits	35,419											35,419		XXX
9.	Other professional services	0													XXX
10.	Outside referrals	0													XXX
11.	Emergency room and out-of-area	0													XXX
12.	Prescription drugs	0													XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	0													XXX
15.	Subtotal (Lines 8 to 14)	35,419	0	0	0	0	0	0	0	0	0	0	35,419	0	XXX
16.	Net reinsurance recoveries	35,419											35,419		XXX
17.	Total medical and hospital (Lines 15 minus 16)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
18.	Non-health claims (net)	9,204,900	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,204,900
19.	Claims adjustment expenses including $ ..... cost containment expenses	189,435										21			189,414
20.	General administrative expenses	1,983,573													1,983,573
21.	Increase in reserves for accident and health contracts	(12,583)										(12,583)			XXX
22.	Increase in reserves for life contracts	(2,912,453)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,912,453)
23.	Total underwriting deductions (Lines 17 to 22)	8,452,872	0	0	0	0	0	0	0	0	0	(12,562)	0	0	8,465,434
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(4,094,057)	0	0	0	0	0	0	0	0	0	30,214	210	267	(4,124,748)
	DETAILS OF WRITE-INS														
0501.	Commissions & Expense Allowance on Reinsurance Ceded	14,578										14,566		12	XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	14,578	0	0	0	0	0	0	0	0	0	14,566	0	12	XXX
0601.	Commissions & Expense Allowance on Reinsurance Ceded	434,582	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	434,582
0602.	Reinsurance administration agreement expense	(628,108)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(628,108)
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	(193,526)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(193,526)
1301.															XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	0	0	0	0	0	0

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables					0	0
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables					0	0
7. Totals (Lines 1 through 6)	0	0	0	0	0	0

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Alabama

NAIC Group Code 0435 NAIC Company Code 67083

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

6 7 0 8 3 2 0 2 4 6 0 0 0 2 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Alaska

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246000031100

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arizona

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246000041100

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arkansas

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246000051100

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: California

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246000061100

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Colorado

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246000071100

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Connecticut

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246000081100

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Delaware

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246000091000

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: District of Columbia

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Florida

NAIC Group Code 0435 NAIC Company Code 67083

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	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 7 0 8 3 2 0 2 4 6 0 0 1 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Georgia

NAIC Group Code 0435 NAIC Company Code 67083

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	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Hawaii

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246001310 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Idaho

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246001410 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Illinois

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246001510 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Indiana

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246001610 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Iowa

NAIC Group Code 0435 NAIC Company Code 67083

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	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6708320246001710 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Kansas

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246001810 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Kentucky

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246001910 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Louisiana

NAIC Group Code 0435 NAIC Company Code 67083

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

6 7 0 8 3 2 0 2 4 6 0 0 2 0 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Maine

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002110 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Maryland

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002210 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Massachusetts

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002310 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Michigan

NAIC Group Code 0435 NAIC Company Code 67083

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

6 7 0 8 3 2 0 2 4 6 0 0 2 4 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Minnesota

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002510 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Mississippi

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002610 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Missouri

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002710 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Montana

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002810 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Nebraska

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246002910 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Nevada

NAIC Group Code 0435 NAIC Company Code 67083

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

6708320246003010 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: New Hampshire

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: New Jersey

NAIC Group Code 0435 NAIC Company Code 67083

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	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: New Mexico

NAIC Group Code 0435 NAIC Company Code 67083

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	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: North Carolina

NAIC Group Code 0435 NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: North Dakota

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Ohio

NAIC Group Code 0435 NAIC Company Code 67083

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	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Oklahoma

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Oregon

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Pennsylvania

NAIC Group Code 0435 NAIC Company Code 67083

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	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Rhode Island

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: South Carolina

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: South Dakota

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Tennessee

NAIC Group Code 0435 NAIC Company Code 67083

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	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Texas

NAIC Group Code 0435 NAIC Company Code 67083

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	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Utah

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Vermont

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Virginia

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Washington

NAIC Group Code 0435 NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: West Virginia

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Wisconsin

NAIC Group Code 0435 NAIC Company Code 67083

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Wyoming

NAIC Group Code 0435 NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Puerto Rico

NAIC Group Code 0435 NAIC Company Code 67083

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