6 7 9 0 3 2 0 2 4 2 0 1 0 0 1 0 0

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Provident American Life and Health Insurance Company

NAIC Group Code 0901 (Current) 0901 (Prior) NAIC Company Code 67903 Employer's ID Number 23-1335885

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 & Health

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 04/06/1949 Commenced Business 09/30/1949

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

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

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

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

Internet Website Address CignaSupplementalBenefits.com

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Tennessee
County of Davidson 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.

Byron Keith Buescher	Daniel Ernest Paffumi	Alicia Marie Morrow
Treasurer and Chief Accounting Officer	Appointed Actuary	Secretary

Subscribed and sworn to before me this
_____ day of _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	1,973	958				2,931
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,973	958	0	0	0	2,931

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						245,737
0699999. Total amounts withheld						10,283
0799999. Total claims unpaid						256,020
0899999 Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0199999. Individually listed receivables	0	0	0	0	0	0	0
0299999. Receivables not individually listed	428					428	
0399999 Total gross amounts receivable	428	0	0	0	0	428	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
LOYAL AMERICAN LIFE INSURANCE COMPANY	Cost Sharing Agreement	17,831	17,831	
0199999. Individually listed payables		17,831	17,831	0
0299999. Payables not individually listed		5,327	5,327	
0399999 Total gross payables		23,158	23,158	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	1,657,942	100.0	XXX	XXX		1,657,942
12. Total other payments	1,657,942	100.0	XXX	XXX	0	1,657,942
13. TOTAL (Line 4 plus Line 12)	1,657,942	100%	XXX	XXX	0	1,657,942

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	1	0		1										
3. Second Quarter	2	0		2										
4. Third Quarter	2	0		2										
5. Current Year	2	0		2										
6. Current Year Member Months	24	0		24										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	13,110			13,110										
13. Life Premiums Direct	18,492													18,492
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	14,427			14,427										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	8,635			8,635										
18. Amount Incurred for Provision of Health Care Services	9,593			9,593										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	3	0		3										
2. First Quarter	3	0		3										
3. Second Quarter	3	0		3										
4. Third Quarter	3	0		3										
5. Current Year	3	0		3										
6. Current Year Member Months	36	0		36										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	6,227			6,227										
13. Life Premiums Direct	1,356													1,356
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	6,862			6,862										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	17,815			17,815										
18. Amount Incurred for Provision of Health Care Services	18,182			18,182										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	2	0		2										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	2	0		2										
5. Current Year	2	0		2										
6. Current Year Member Months	25	0		25										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	10,104			10,104										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	11,123			11,123										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,137			4,137										
18. Amount Incurred for Provision of Health Care Services	4,425			4,425										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	12	0		12										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	13,746			13,746										
13. Life Premiums Direct	1,842													1,842
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	15,074			15,074										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	5,598			5,598										
18. Amount Incurred for Provision of Health Care Services	6,013			6,013										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	7	0		7										
2. First Quarter	7	0		7										
3. Second Quarter	6	0		6										
4. Third Quarter	6	0		6										
5. Current Year	4	0		4										
6. Current Year Member Months	74	0		74										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	30,311			30,311										
13. Life Premiums Direct	638													638
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	34,033			34,033										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	22,943			22,943										
18. Amount Incurred for Provision of Health Care Services	22,402			22,402										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	12	0		12										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	4,029			4,029										
13. Life Premiums Direct	780													780
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	4,428			4,428										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	101			101										
18. Amount Incurred for Provision of Health Care Services	223			223										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	4	0		4										
2. First Quarter	3	0		3										
3. Second Quarter	3	0		3										
4. Third Quarter	3	0		3										
5. Current Year	3	0		3										
6. Current Year Member Months	36	0		36										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	9,380			9,380										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	10,329			10,329										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	10,644			10,644										
18. Amount Incurred for Provision of Health Care Services	10,586			10,586										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	12	0		12										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	5,075			5,075										
13. Life Premiums Direct	1,317													1,317
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	5,593			5,593										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	594			594										
18. Amount Incurred for Provision of Health Care Services	754			754										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	9	0		9										
2. First Quarter	9	0		9										
3. Second Quarter	9	0		9										
4. Third Quarter	9	0		9										
5. Current Year	8	0		8										
6. Current Year Member Months	106	0		106										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	56,869			56,869										
13. Life Premiums Direct	6,995													6,995
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	62,581			62,581										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	30,402			30,402										
18. Amount Incurred for Provision of Health Care Services	31,346			31,346										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	4	0		4										
2. First Quarter	3	0		3										
3. Second Quarter	3	0		3										
4. Third Quarter	3	0		3										
5. Current Year	3	0		3										
6. Current Year Member Months	39	0		39										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	11,817			11,817										
13. Life Premiums Direct	1,411													1,411
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	13,042			13,042										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	7,633			7,633										
18. Amount Incurred for Provision of Health Care Services	7,536			7,536										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	30	0		30										
2. First Quarter	29	0		29										
3. Second Quarter	25	0		25										
4. Third Quarter	25	0		25										
5. Current Year	22	0		22										
6. Current Year Member Months	307	0		307										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	120,051			120,051										
13. Life Premiums Direct	4,175													4,175
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	127,035			127,035										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	101,554			101,554										
18. Amount Incurred for Provision of Health Care Services	102,383			102,383										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	12	0		12										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	5,371			5,371										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	5,919			5,919										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	547			547										
18. Amount Incurred for Provision of Health Care Services	716			716										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	6	0		6										
2. First Quarter	6	0		6										
3. Second Quarter	6	0		6										
4. Third Quarter	6	0		6										
5. Current Year	5	0		5										
6. Current Year Member Months	71	0		71										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	31,907			31,907										
13. Life Premiums Direct	7,093													7,093
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	35,086			35,086										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	9,418			9,418										
18. Amount Incurred for Provision of Health Care Services	9,721			9,721										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	6	0		6										
2. First Quarter	6	0		6										
3. Second Quarter	6	0		6										
4. Third Quarter	6	0		6										
5. Current Year	5	0		5										
6. Current Year Member Months	72	0		72										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	33,868			33,868										
13. Life Premiums Direct	738													738
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	37,061			37,061										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	8,034			8,034										
18. Amount Incurred for Provision of Health Care Services	8,504			8,504										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	1		0										
2. First Quarter	1	1		0										
3. Second Quarter	1	1		0										
4. Third Quarter	1	1		0										
5. Current Year	1	1		0										
6. Current Year Member Months	12	12		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	3,000	3,000		0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	3,001	3,001		0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	82	82		0										
18. Amount Incurred for Provision of Health Care Services	82	82		0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	1,153													1,153
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	2	0		2										
2. First Quarter	2	0		2										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	16	0		16										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	7,850			7,850										
13. Life Premiums Direct	417													417
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	8,681			8,681										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	3,427			3,427										
18. Amount Incurred for Provision of Health Care Services	2,959			2,959										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	10	0		10										
2. First Quarter	8	0		8										
3. Second Quarter	7	0		7										
4. Third Quarter	7	0		7										
5. Current Year	7	0		7										
6. Current Year Member Months	88	0		88										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	38,942			38,942										
13. Life Premiums Direct	2,869													2,869
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	42,963			42,963										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	32,923			32,923										
18. Amount Incurred for Provision of Health Care Services	32,899			32,899										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	3	0		3										
2. First Quarter	3	0		3										
3. Second Quarter	3	0		3										
4. Third Quarter	3	0		3										
5. Current Year	3	0		3										
6. Current Year Member Months	36	0		36										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	11,120			11,120										
13. Life Premiums Direct	4,652													4,652
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	12,966			12,966										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	3,972			3,972										
18. Amount Incurred for Provision of Health Care Services	4,418			4,418										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	19	0		19										
2. First Quarter	18	0		18										
3. Second Quarter	18	0		18										
4. Third Quarter	18	0		18										
5. Current Year	19	0		19										
6. Current Year Member Months	228	0		228										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	61,168			61,168										
13. Life Premiums Direct	1,593													1,593
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	66,206			66,206										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	62,475			62,475										
18. Amount Incurred for Provision of Health Care Services	64,238			64,238										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	11	0		11										
2. First Quarter	6	0		6										
3. Second Quarter	6	0		6										
4. Third Quarter	6	0		6										
5. Current Year	6	0		6										
6. Current Year Member Months	77	0		77										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	30,479			30,479										
13. Life Premiums Direct	1,660													1,660
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	34,632			34,632										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	50,697			50,697										
18. Amount Incurred for Provision of Health Care Services	50,560			50,560										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	612													612
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	2	0		2										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	8	0		8										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	2,388			2,388										
13. Life Premiums Direct	1,242													1,242
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	2,646			2,646										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,596			1,596										
18. Amount Incurred for Provision of Health Care Services	1,277			1,277										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	8	0		8										
2. First Quarter	7	0		7										
3. Second Quarter	7	0		7										
4. Third Quarter	5	0		5										
5. Current Year	5	0		5										
6. Current Year Member Months	73	0		73										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	10,745			10,745										
13. Life Premiums Direct	2,654													2,654
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	13,619			13,619										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	7,737			7,737										
18. Amount Incurred for Provision of Health Care Services	7,178			7,178										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	18	0		18										
2. First Quarter	17	0		17										
3. Second Quarter	16	0		16										
4. Third Quarter	14	0		14										
5. Current Year	13	0		13										
6. Current Year Member Months	180	0		180										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	82,417			82,417										
13. Life Premiums Direct	2,312													2,312
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	90,499			90,499										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	31,979			31,979										
18. Amount Incurred for Provision of Health Care Services	32,488			32,488										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	33	0		33										
2. First Quarter	31	0		31										
3. Second Quarter	29	0		29										
4. Third Quarter	28	0		28										
5. Current Year	25	0		25										
6. Current Year Member Months	336	0		336										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	123,679			123,679										
13. Life Premiums Direct	8,216													8,216
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	142,566			142,566										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	55,099			55,099										
18. Amount Incurred for Provision of Health Care Services	56,259			56,259										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	18	0		18										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	7,161			7,161										
13. Life Premiums Direct	9,910													9,910
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	7,893			7,893										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,222			1,222										
18. Amount Incurred for Provision of Health Care Services	1,366			1,366										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	45	0		45										
2. First Quarter	42	0		42										
3. Second Quarter	41	0		41										
4. Third Quarter	38	0		38										
5. Current Year	37	0		37										
6. Current Year Member Months	476	0		476										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	204,306			204,306										
13. Life Premiums Direct	42,062													42,062
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	228,305			228,305										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	159,224			159,224										
18. Amount Incurred for Provision of Health Care Services	161,837			161,837										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	2	0		2										
3. Second Quarter	2	0		2										
4. Third Quarter	2	0		2										
5. Current Year	2	0		2										
6. Current Year Member Months	24	0		24										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	9,823			9,823										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	10,813			10,813										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,960			4,960										
18. Amount Incurred for Provision of Health Care Services	5,595			5,595										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	271	0		271										
2. First Quarter	254	0		254										
3. Second Quarter	240	0		240										
4. Third Quarter	230	0		230										
5. Current Year	217	0		217										
6. Current Year Member Months	2,867	0		2,867										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	1,110,789			1,110,789										
13. Life Premiums Direct	134,337													134,337
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	1,249,570			1,249,570										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	981,169			981,169										
18. Amount Incurred for Provision of Health Care Services	991,198			991,198										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	1	0		1										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	12	0		12										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	7,421			7,421										
13. Life Premiums Direct	6,220													6,220
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	8,190			8,190										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	977			977										
18. Amount Incurred for Provision of Health Care Services	1,170			1,170										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	2	0		2										
2. First Quarter	1	0		1										
3. Second Quarter	1	0		1										
4. Third Quarter	1	0		1										
5. Current Year	1	0		1										
6. Current Year Member Months	13	0		13										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	5,950			5,950										
13. Life Premiums Direct	866													866
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	6,565			6,565										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	570			570										
18. Amount Incurred for Provision of Health Care Services	489			489										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	3	0		3										
2. First Quarter	3	0		3										
3. Second Quarter	3	0		3										
4. Third Quarter	3	0		3										
5. Current Year	3	0		3										
6. Current Year Member Months	36	0		36										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	14,967			14,967										
13. Life Premiums Direct	312													312
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	16,194			16,194										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	11,968			11,968										
18. Amount Incurred for Provision of Health Care Services	12,410			12,410										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	4	0		4										
2. First Quarter	3	0		3										
3. Second Quarter	3	0		3										
4. Third Quarter	3	0		3										
5. Current Year	3	0		3										
6. Current Year Member Months	38	0		38										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	19,336			19,336										
13. Life Premiums Direct	2,596													2,596
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	21,403			21,403										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	17,590			17,590										
18. Amount Incurred for Provision of Health Care Services	17,687			17,687										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0	0		0										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0			0										
13. Life Premiums Direct	2,419													2,419
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0			0										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0			0										
18. Amount Incurred for Provision of Health Care Services	0			0										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	2	0		2										
2. First Quarter	2	0		2										
3. Second Quarter	2	0		2										
4. Third Quarter	2	0		2										
5. Current Year	2	0		2										
6. Current Year Member Months	24	0		24										
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	4,639			4,639										
13. Life Premiums Direct	0			0										
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	5,016			5,016										
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,220			2,220										
18. Amount Incurred for Provision of Health Care Services	2,349			2,349										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0	0		0										
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0	0		0										
3. Second Quarter	0	0		0										
4. Third Quarter	0	0		0										
5. Current Year	0	0		0										
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Provident American Life and Health Insurance Company 2. Cleveland, OH (LOCATION)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 67903

	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
Total Members at end of:														
1. Prior Year	512	1	0	511	0	0	0	0	0	0	0	0	0	0
2. First Quarter	476	1	0	475	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	450	1	0	449	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	433	1	0	432	0	0	0	0	0	0	0	0	0	0
5. Current Year	408	1	0	407	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	5,400	12	0	5,388	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	2,108,045	3,000	0	2,105,045	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	270,939	0	0	0	0	0	0	0	0	0	0	0	0	270,939
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	2,354,321	3,001	0	2,351,320	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,657,942	82	0	1,657,860	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,678,843	82	0	1,678,761	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
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
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL		0
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	10,400	50,364
0899999. Life and Annuity - U.S. Non-Affiliates					10,400	50,364
1099999. Total Life and Annuity - Non-Affiliates					10,400	50,364
1199999. Total Life and Annuity					10,400	50,364
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
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	18,429	15,609
1999999. Accident and Health - U.S. Non-Affiliates					18,429	15,609
2199999. Total Accident and Health - Non-Affiliates					18,429	15,609
2299999. Total Accident and Health					18,429	15,609
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					28,829	65,973
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					28,829	65,973

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
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	MS	185,173	9,330	1,416				
60836	42-0113630	08/01/2006	American Republic Insurance Co	IA	OTH/I	CMM	3,000	11	0				
0899999. General Account - Authorized U.S. Non-Affiliates							188,173	9,341	1,416	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							188,173	9,341	1,416	0	0	0	0
1199999. Total General Account Authorized							188,173	9,341	1,416	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							188,173	9,341	1,416	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)							188,173	9,341	1,416	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							188,173	9,341	1,416	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	188	224	275	373	455
2.	Title XVIII - Medicare	0				
3.	Title XIX - Medicaid	0				
4.	Commissions and reinsurance expense allowance	14	17	21	29	36
5.	Total hospital and medical expenses	116	116	190	216	268
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	49	54	72	98	113
7.	Claims payable	66	786	105	112	157
8.	Reinsurance recoverable on paid losses	29	33	39	44	58
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due	0				
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0				
14.	Letters of credit (L)	0				
15.	Trust agreements (T)	0				
16.	Other (O)	0				
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	14,224,099		14,224,099
2.	Accident and health premiums due and unpaid (Line 15)	78,806		78,806
3.	Amounts recoverable from reinsurers (Line 16.1)	28,829	(28,829)	0
4.	Net credit for ceded reinsurance	XXX	1,949,025	1,949,025
5.	All other admitted assets (Balance)	736,035	(6,073)	729,962
6.	Total assets (Line 28)	15,067,769	1,914,123	16,981,892
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	190,047	65,973	256,020
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	34,802	43	34,845
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	585,179	1,848,107	2,433,286
15.	Total liabilities (Line 24)	810,028	1,914,123	2,724,151
16.	Total capital and surplus (Line 33)	14,257,741	XXX	14,257,741
17.	Total liabilities, capital and surplus (Line 34)	15,067,769	1,914,123	16,981,892
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	65,973		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	43		
21.	Reinsurance recoverable on paid losses	28,829		
22.	Other ceded reinsurance recoverables	6,073		
23.	Total ceded reinsurance recoverables	100,918		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	(1,848,107)		
30.	Total ceded reinsurance payables/offsets	(1,848,107)		
31.	Total net credit for ceded reinsurance	1,949,025		

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	18,492				0	18,492
2. Alaska	AK					0	0
3. Arizona	AZ	1,356				0	1,356
4. Arkansas	AR					0	0
5. California	CA	1,842				0	1,842
6. Colorado	CO	638				0	638
7. Connecticut	CT					0	0
8. Delaware	DE					0	0
9. District of Columbia	DC					0	0
10. Florida	FL	780				0	780
11. Georgia	GA					0	0
12. Hawaii	HI					0	0
13. Idaho	ID	1,317				0	1,317
14. Illinois	IL	6,995				0	6,995
15. Indiana	IN	1,411				0	1,411
16. Iowa	IA	4,175				0	4,175
17. Kansas	KS					0	0
18. Kentucky	KY	7,093				0	7,093
19. Louisiana	LA	738				0	738
20. Maine	ME					0	0
21. Maryland	MD					0	0
22. Massachusetts	MA					0	0
23. Michigan	MI	1,153				0	1,153
24. Minnesota	MN	417				0	417
25. Mississippi	MS	2,869				0	2,869
26. Missouri	MO	4,652				0	4,652
27. Montana	MT	1,593				0	1,593
28. Nebraska	NE	1,660				0	1,660
29. Nevada	NV	612				0	612
30. New Hampshire	NH					0	0
31. New Jersey	NJ					0	0
32. New Mexico	NM					0	0
33. New York	NY					0	0
34. North Carolina	NC	1,242				0	1,242
35. North Dakota	ND					0	0
36. Ohio	OH	2,654				0	2,654
37. Oklahoma	OK	2,312				0	2,312
38. Oregon	OR	8,216				0	8,216
39. Pennsylvania	PA	9,910				0	9,910
40. Rhode Island	RI					0	0
41. South Carolina	SC	42,062				0	42,062
42. South Dakota	SD					0	0
43. Tennessee	TN					0	0
44. Texas	TX	134,337				0	134,337
45. Utah	UT	6,220				0	6,220
46. Vermont	VT					0	0
47. Virginia	VA	866				0	866
48. Washington	WA	312				0	312
49. West Virginia	WV	2,596				0	2,596
50. Wisconsin	WI	2,419				0	2,419
51. Wyoming	WY					0	0
52. American Samoa	AS					0	0
53. Guam	GU					0	0
54. Puerto Rico	PR					0	0
55. U.S. Virgin Islands	VI					0	0
56. Northern Mariana Islands	MP					0	0
57. Canada	CAN					0	0
58. Aggregate Other Alien	OT					0	0
59. Total		270,939	0	0	0	0	270,939

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group	00000	88-1945947				73 Pond Street Apartments Venture, L.L.C.	DE	NIA	CARING Waltham Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-2153426				9am Health Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.300	The Cigna Group	NO	
0901	Cigna Group	00000	82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	47-3828401				ABD Group, Inc.	DE	NIA	Priority Healthcare Corporaiton	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1712743				ABL Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-4202407				ABL Holding Co., L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	73.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-3747773				ABL Townhomes Venture, L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	75.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1046126				ABS Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-4355549				AGA Apartments Venture, L.L.C.	DE	NIA	CARING Galleria Investor LLC	Ownership	70.000	The Cigna Group	NO	
0901	Cigna Group	00000	92-1596970				AGS Apartments Venture, L.L.C.	DE	NIA	CARING Glenwood Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	03-0507057				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-4023291				AOP II Apartments Venture, L.L.C.	DE	IA	CARING Optimist Park II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	47-3883928				Apothecary by Design Acquisition Co., LLC	DE	NIA	ABD Group, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	13.900	The Cigna Group	NO	
0901	Cigna Group	00000	86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-1304984				ASE Apartments Venture, L.L.C.	DE	NIA	CARING St. Elmo Investor, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1750832				ASM Apartments Venture, L.L.C.	DE	NIA	CARING St. Matthew's Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				ATX Merrilltown, LP	DE	NIA	CARING EndOpII-MIA Investor LLC	Ownership	40.289	The Cigna Group	NO	
0901	Cigna Group	00000	81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral, Inc.	DE	IA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral of Texas, Inc.	TX	IA	Breakthrough Behavioral, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	47-4991296				Bright Health Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	15.500	The Cigna Group	NO	
0901	Cigna Group	00000	61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CareAllies Accountable Care Solutions LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group	00000	26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-4247420				CARING ABS Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2851501				CARING Alta Duraleigh Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2966766				CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-1992977				CARING Berwyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1885283				CARING Brinkman Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	99-0930736				CARING Brixton Windsor Investor TIC, LLC	DE	NIA	CARING Windsor Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	99-0973949				CARING Brixton Windsor Manager, LLC	DE	NIA	CARING Windsor TIC Manager, LLC	Ownership	50.000	The Cigna Group	NO	
0901	Cigna Group	00000	99-0945998				CARING Brixton Windsor Owner TIC, LLC	DE	NIA	CARING Windsor Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	32-0570889				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	37-1903297				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2851364				CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5402196				CARING Continental Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-4265529				CARING Deco Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2912145				CARING Elan I Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-0928526				CARING Elan II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-2276875				CARING EndOpII-MIA Investor, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-3701937				CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-4803572				CARING Galleria Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	92-0571674				CARING Glenwood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

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0901	Cigna Group	00000	00-0000000				CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-4265529				CARING Montclair Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-2627703				CARING Optimist Park II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5402196				CARING Rock Island Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	99-4129808				CARING Rosslyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2031777				CARING Slabtown Investor, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-3275381				CARING St. Elmo Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-2629352				CARING Tasman East Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-2431671				CARING Towers Crescent Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-2074593				CARING Waltham Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5402196				CARING Windsor Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5402196				CARING Windsor TIC Manager LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

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0901	Cigna Group	00000	84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-2604992				CCN NMO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	The Cigna Group	NO	
0901	Cigna Group	00000	85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2928410				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-1280312				CG/Wood Alta 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-2964997				CI-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-3726159				CI-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-4774243				CI-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	The Cigna Group	NO	
0901	Cigna Group	00000	82-1612980				CI-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-3907567				CI-GS Slabtown, LLC	DE	NIA	CARING Slabtown Investor LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	92-2089889				CI-GS Tasman East Apartments, LLC	DE	NIA	CARING Tasman East Investor LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Apac Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group		01-0947889		1489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0901	Cigna Group	00000	00-0000000				Cigna Cedar Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3396038				Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-4991898		1739940	US	The Cigna Group (A Delaware corporation and ultimate parent company)	DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	NO	
0901	Cigna Group	00000	00-0000000				Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-2600475				Cigna Dental Health Of California, Inc.	CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2732455				Cigna-Evernorth Services, Inc.	DE	NIA	The Cigna Group	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	68-0676638				Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	The Cigna Group	NO	
0901	Cigna Group	00000	98-0210110				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	UIP	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	The Cigna Group	NO	
0901	Cigna Group	00000	23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Healthcare Eastern Technology Services Company	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	95-3310115				Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1059331				Cigna Holding Company	DE	UIP	The Cigna Group	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Holding Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	65269	75-2305400				Cigna Insurance Company	OH	DS	Provident American Life and Health Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	The Cigna Group	NO	
0901	Cigna Group	00000	30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	AA-1560515				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	The Cigna Group	NO	
0901	Cigna Group	00000	46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-2741294				Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3374500				Cigna Management Company LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1154657				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	99.999	The Cigna Group	NO	
0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	OH	UDP	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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0901	Cigna Group	00000	81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				International Pharmaceutical Solutions, GmbH	CHE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3406799				JA Lofts Holdings, LLC	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3395923				JA Lofts JV Limited Partnership	DE	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Kuwait Emirates Administration Services WLL	KWT	NIA	NAS Administrative Services Company LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	47-5292506				L&C Investments, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2790325				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1749446				MSINJ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

NONE

Asterisk	Explanation

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)
00000	88-1945947	73 Pond Street Apartments Venture, L.L.C.									0	
00000	00-0000000	680 Investors LLC									0	
00000	00-0000000	685 New Hampshire LLC									0	
00000	82-2153426	9am Health Inc.									0	
00000	82-4794800	9171 Wilshire CPI-CII LLC									0	
00000	47-3828401	ABD Group, Inc.									0	
00000	86-1712743	ABL Apartments Venture, L.L.C.									0	
00000	88-4202407	ABL Holding Co., L.L.C.									0	
00000	88-3747773	ABL Townhomes Venture, L.L.C.									0	
00000	85-1046126	ABS Apartments Venture, L.L.C.									0	
00000	11-3358535	Accredo Health Group, Inc.									0	
00000	55-0894449	Accredo Health, Incorporated									0	
00000	87-4355549	AGA Apartments Venture, L.L.C.									0	
00000	92-1596970	AGS Apartments Venture, L.L.C.									0	
00000	13-3888838	AHG of New York, Inc.									0	
00000	75-3040465	Airport Holdings, LLC									0	
00000	35-2562415	Alegis Care Services, LLC									0	
00000	85-0909305	Alegis Care Services of Colorado, LLC									0	
00000	81-0400550	Allegiance Benefit Plan Management, Inc.	(12,000,000)				17,046,251				5,046,251	
00000	03-0507057	Allegiance Care Management, LLC					138				138	
00000	71-0916514	Allegiance COBRA Services, Inc.									0	
12814	20-4433475	Allegiance Life & Health Insurance Company					5,309	663			5,972	
00000	26-2201582	Allegiance Provider Direct, LLC									0	
00000	20-3851464	Allegiance Re, Inc.									0	
88366	59-2760189	American Retirement Life Insurance Company		(35,000,000)			(13,547,111)				(48,547,111)	
00000	87-4023291	AOP II Apartments Venture, L.L.C.									0	
00000	47-3883928	Apothecary by Design Acquisition Co., LLC									0	
00000	82-3315524	Arbor Heights Venture LLC									0	
00000	46-4080861	AristaMD, Inc.									0	
00000	86-3581583	Arizona Health Plan, Inc.									0	
00000	00-0000000	Ascent Health Services LLC					(247,415)				(247,415)	
00000	87-1304984	ASE Apartments Venture, L.L.C.									0	
00000	86-1750832	ASM Apartments Venture, L.L.C.									0	
00000	00-0000000	ATX Merrilltown, LP									0	
00000	81-0585518	Benefit Management Corp.									0	
00000	81-2650133	Berewick Apartments LLC									0	
00000	43-1815573	Biopartners in Care, Inc.									0	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(45,468,881)	(54,695)			(45,523,576)	
11524	52-2363406	Bravo Health Pennsylvania, Inc.		118,000,000			(113,048,235)	(149,521)			4,802,244	
00000	00-0000000	Breakthrough Behavioral, Inc.									0	
00000	00-0000000	Breakthrough Behavioral of Texas, Inc.									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)
00000	27-1713977	Brighter, Inc.									0	
00000	47-4991296	Bright Health Group, Inc.									0	
00000	61-1162797	Care Continuum, Inc.									0	
00000	85-0954556	CareAllies Accountable Care Collaborative LLC									0	
00000	00-0000000	CareAllies Accountable Care Solutions LLC									0	
00000	26-0180898	CareAllies, Inc.					(1,342)				(1,342)	
10144	20-1089572	CareCore NJ, LLC					(8,495,891)				(8,495,891)	
00000	83-1400586	CARING 18th & Salmon Investor LLC									0	
00000	83-2562994	CARING 500 Ygnacio Investor LLC									0	
00000	84-1960231	CARING 3130 Investor LLC									0	
00000	83-2318410	CARING 9171 Wilshire Investor LLC									0	
00000	85-4247420	CARING ABS Investor LLC									0	
00000	83-2851501	CARING Alta Duraleigh Investor LLC									0	
00000	83-2851501	CARING Alta Englewood Investor LLC									0	
00000	85-2966766	CARING Alta Leander Investor LLC									0	
00000	83-2563284	CARING Alta Woodson Investor LLC									0	
00000	87-1992977	CARING Berwyn Investor LLC									0	
00000	86-1885283	CARING Brinkman Investor LLC									0	
00000	99-0930736	CARING Brixton Windsor Investor TIC, LLC									0	
00000	99-0973949	CARING Brixton Windsor Manager, LLC									0	
00000	99-0945998	CARING Brixton Windsor Owner TIC, LLC									0	
00000	32-0570889	CARING Capitol Hill GP LLC									0	
00000	37-1903297	CARING Capitol Hill LP LLC									0	
00000	83-2851364	CARING Century Plaza Investor LLC									0	
00000	27-5402196	CARING Continental Investor LLC									0	
00000	85-4265529	CARING Deco Investor LLC									0	
00000	85-2912145	CARING Elan I Investor LLC									0	
00000	87-0928526	CARING Elan II Investor LLC									0	
00000	88-2276875	CARING EndOpII-MIA Investor, LLC									0	
00000	83-3701937	CARING Firestone Investor LLC									0	
00000	87-4803572	CARING Galleria Investor LLC									0	
00000	92-0571674	CARING Glenwood Investor LLC									0	
00000	00-0000000	CARING JA Lofts Investor LP LLC									0	
00000	00-0000000	CARING JA Lofts Investor GP LLC									0	
00000	83-2318233	CARING Heights at Bear Creek Investor LLC									0	
00000	83-1400482	CARING Hillcrest Investor LLC									0	
00000	84-4410554	CARING IBP Investor LLC									0	
00000	85-1961034	CARING Interbay Investor GP LLC									0	
00000	85-1984627	CARING Interbay Investor LP LLC									0	
00000	83-2339522	CARING Mallory Square Investor LLC									0	
00000	85-4265529	CARING Montclair Investor LLC									0	
00000	83-2563138	CARING Soma Investor LLC									0	

SCHEDULE Y

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

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00000	83-2633790	CARING Alexan Enclave Investor LLC									0	
00000	83-2633886	CARING Orange Collection Investor LLC									0	
00000	86-2627703	CARING Optimist Park II Investor LLC									0	
00000	27-5402196	CARING Rock Island Investor LLC									0	
00000	99-4129808	CARING Rosslyn Investor LLC									0	
00000	87-2031777	CARING Slabtown Investor, LLC									0	
00000	83-8294933	CARING South Coast Subsidiary LLC									0	
00000	86-3275381	CARING St. Elmo Investor LLC									0	
00000	86-1942593	CARING St. Matthew's Investor LLC									0	
00000	88-2629352	CARING Tasman East Investor LLC									0	
00000	88-2431671	CARING Towers Crescent Investor LLC									0	
00000	88-2074593	CARING Waltham Investor LLC									0	
00000	38-4085763	CARING Westcore Holding Investor LLC									0	
00000	87-3646420	CARING Westcore Holding II Investor LLC									0	
00000	27-5402196	CARING Windsor Investor LLC									0	
00000	27-5402196	CARING Windsor TIC Manager LLC									0	
00000	83-3923178	CARING XR International Investor LLC									0	
00000	83-4317078	CARING XR 2 International Investor LLC									0	
00000	84-1843578	CGGL XR 2 International JV LLC									0	
00000	84-1843578	CGGL XR 2 International Mezz LLC									0	
00000	45-2604992	CCN NMO, LLC					(2,452)				(2,452)	
00000	33-1039759	CCN-WNY IPA, LLC					(2,066)				(2,066)	
00000	34-1970892	Ceres Sales of Ohio, LLC					(67)				(67)	
00000	06-1332403	CG Individual Tax Benefit Payments, Inc.									0	
00000	06-1332405	CG Life Pension Benefits Payments, Inc.									0	
00000	06-1332401	CG LINA Pension Benefits Payments, Inc.									0	
00000	84-2083351	CG-AQ 477 South Market Street LLC									0	
00000	84-4773972	CG-LEDO IBP Venture LLC									0	
00000	84-4747045	CG-LEDO IBP I LLC									0	
00000	84-4755025	CG-LEDO IBP II LLC									0	
00000	83-2993316	CG-Muller 550 Winchester, LLC									0	
00000	45-5499889	CG Seventh Street, LLC									0	
00000	85-0734624	CG/Wood Alta Duraleigh, LLC									0	
00000	85-0655107	CG/Wood Alta Duraleigh Owner, LLC									0	
00000	87-2928410	CG/Wood Alta Duraleigh Townhome, LLC									0	
00000	82-1280312	CG/Wood Alta 601, LLC									0	
00000	85-2233381	CG/Wood Alta Leander Station, LLC									0	
00000	81-3313562	CGGL City Parkway LLC									0	
00000	61-1797835	CGGL Orange Collection LLC									0	
00000	00-0000000	CGGL Orange Collection Mezz LLC									0	
00000	84-1921719	CGGL XR International LLC									0	
00000	84-1843578	CGGL XR 2 International LLC									0	
00000	59-3466707	Chiro Alliance Corporation									0	
00000	81-3389374	CIG-LEI Ygnacio Associates LLC									0	

SCHEDULE Y

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00000	86-2964997	CI-GS Elan Everett Phase I, LLC									0	
00000	86-3726159	CI-GS Elan Everett Phase II, LLC									0	
00000	82-4774243	CI-GS Portland, LLC									0	
00000	82-1612980	CI-GS Hillcrest LLC									0	
00000	88-3907567	CI-GS Slabtown, LLC									0	
00000	92-2089889	CI-GS Tasman East Apartments, LLC									0	
00000	00-0000000	Cigna & CMB Asset Management Company Limited									0	
00000	00-0000000	Cigna & CMB Health Services Company, Ltd.									0	
00000	00-0000000	Cigna & CMB Life Insurance Company Limited									0	
00000	00-0000000	CIGNA 2000 UK Pension LTD									0	
00000	27-5402196	Cigna Affiliates Realty Investment Group, LLC		131,788,197							131,788,197	
00000	00-0000000	Cigna Alder Holdings, LLC									0	
00000	00-0000000	Cigna Apac Holdings, Ltd.									0	
13733	03-0452349	Cigna Arbor Life Insurance Company					(4,779)				(4,779)	
00000	98-1181787	Cigna Beechwood Holdings									0	
00000	00-0000000	Cigna Bellevue Alpha LLC									0	
00000	01-0947889	Cigna Benefits Financing, Inc.					1,246,272				1,246,272	
00000	00-0000000	Cigna Cedar Holdings, Ltd.									0	
00000	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
00000	27-3396038	Cigna Corporate Services, LLC									0	
00000	82-4991898	The Cigna Group (A Delaware corporation and ultimate parent company)	4,139,475,000								4,139,475,000	
00000	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
00000	59-2600475	Cigna Dental Health Of California, Inc.	(13,000,000)				340,408				(12,659,592)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(1,750,000)				(639,373)				(2,389,373)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(18,189)				(18,189)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(10,000,000)				(2,824,866)				(12,824,866)	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(600,000)				(169,081)				(769,081)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(2,750,000)				(777,353)				(3,527,353)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,500,000)				(644,378)				(4,144,378)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,650,000)				(254,675)				(1,904,675)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(2,199,000)				(1,244,716)				(3,443,716)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	(750,000)				(469,178)				(1,219,178)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,900,000)				(671,745)				(3,571,745)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(3,500,000)				(444,247)				(3,944,247)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(9,500,000)				(3,697,837)				(13,197,837)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,250,000)				(436,473)				(1,686,473)	

SCHEDULE Y

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

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47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(3,000,000)				3,510,865				510,865	
00000	59-2308055	Cigna Dental Health, Inc.	(4,651,000)				21,500,253				16,849,253	
00000	58-1136865	Cigna Direct Marketing Company, Inc.									0	
00000	98-1155943	Cigna Elmwood Holdings, SPRL									0	
00000	00-0000000	Cigna Europe Insurance Company S.A.-N.V.									0	
00000	00-0000000	Cigna European Services (UK) Limited									0	
00000	85-2732455	Cigna-Evernorth Services, Inc.									0	
00000	62-1724116	Cigna Federal Benefits, Inc.									0	
00000	51-0389196	Cigna Global Holdings, Inc.	(140,000,000)				(1,809)				(140,001,809)	
00000	68-0676638	Cigna Global Insurance Company Limited					10,213,861	(25,757)			10,188,104	(197,271,782)
00000	98-0210110	Cigna Global Reinsurance Company, Ltd.		(71,000,000)			(78,998)	(92,522,123)			(163,601,121)	
00000	00-0000000	Cigna Global Wellbeing Holdings Limited									0	
00000	00-0000000	Cigna Global Wellbeing Solutions Limited									0	139,894,501
67369	59-1031071	Cigna Health and Life Insurance Company	(2,076,000,000)	(280,628,367)			(92,357,142)	90,516,077			(2,358,469,432)	
00000	62-1312478	Cigna Health Corporation	(2,000,000)				203,340,101				201,340,101	
00000	23-1728483	Cigna Health Management, Inc.					19,490,002				19,490,002	
00000	00-0000000	Cigna Health Solution India Pvt. Ltd.									0	
00000	23-2741293	Cigna Healthcare Benefits, Inc.									0	
00000	00-0000000	Cigna Healthcare Eastern Technology Services Company									0	
00000	84-0985843	Cigna Healthcare Holdings, Inc.									0	587,459
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		70,000,000			(34,097,377)	198,913			36,101,536	10,473,055
00000	95-3310115	Cigna HealthCare of California, Inc.	(18,000,000)				(38,454,539)	(5,099,509)			(61,554,048)	1,142
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		8,000,000			(17,296,905)	(1,449)			(9,298,354)	472
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	(3,000,000)				(1,710,974)	(598)			(4,711,572)	58,847
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(343,879)	104,124			(239,755)	19,676
96229	58-1641057	Cigna HealthCare of Georgia, Inc.	(50,000,000)				(81,257,779)	(24,955)			(131,282,734)	460,280
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(3,000,000)				(7,655,758)	(110,692)			(10,766,450)	762
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(6,895)	(966)			(7,861)	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(3,172)				(3,172)	101,736
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(75,305)	(16,100)			(91,405)	12,694
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	(5,000,000)				(60,609,151)	(91,735)			(65,700,886)	1,832
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.					(20,213,781)	(2,323)			(20,216,104)	41,511
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	(8,000,000)				(2,708,489)	(52,647)			(10,761,136)	326,590
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(2,589,726)				(2,589,726)	1,232,261
95383	74-2767437	Cigna HealthCare of Texas, Inc.					(84,562,392)	(503,996)			(85,066,388)	
00000	02-0495422	Cigna Healthcare, Inc.					12,110				12,110	
00000	06-1059331	Cigna Holding Company					(3,963)				(3,963)	
00000	23-3009279	Cigna Holdings Overseas, Inc.									0	
00000	06-1072796	Cigna Holdings, Inc.		(2,171,000,000)							(2,171,000,000)	
00000	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
00000	27-1903785	Cigna Insurance Agency, LLC									0	
65269	75-2305400	Cigna Insurance Company		10,000,000			(4,835,210)				5,164,790	

SCHEDULE Y

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

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00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.									0	41,964,500
00000	00-0000000	Cigna Insurance Middle East S.A.L.					8,451,873	(25,590,633)			(17,138,760)	
00000	00-0000000	Cigna Insurance Services (Europe) Limited									0	
00000	23-2924152	Cigna Integratedcare, Inc.									0	
00000	51-0402128	Cigna Intellectual Property, Inc.									0	
00000	51-0111677	Cigna International Corporation, Inc.					(7,470,732)				(7,470,732)	
00000	52-0291385	Cigna International Finance, Inc.									0	
00000	00-0000000	Cigna International Health Services Kenya Limited									0	
00000	00-0000000	Cigna International Health Services Sdn. Bhd.									0	
00000	00-0000000	Cigna International Health Services, BVBA									0	
00000	30-0526216	Cigna International Health Services, LLC									0	
00000	00-0000000	Cigna International Marketing (Thailand) Limited									0	
00000	00-0000000	Cigna International Services Australia Pty Ltd.									0	
00000	23-2610178	Cigna International Services, Inc.									0	
00000	06-1095823	Cigna Investment Group, Inc.					(190)				(190)	
00000	06-0861092	Cigna Investments, Inc.					43,512,032				43,512,032	
00000	98-1146864	Cigna Laurel Holdings, Ltd.									0	
00000	00-0000000	Cigna Legal Protection U.K. Ltd.									0	
00000	AA-1560515	Cigna Life Insurance Company of Canada					(8,021,316)				(8,021,316)	
00000	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					1,145,496	946,520			2,092,016	
00000	46-4110289	Cigna Linden Holdings, Inc.									0	
00000	23-2741294	Cigna Managed Care Benefits Company					29,279,076				29,279,076	
00000	87-3374500	Cigna Management Company LLC	(1,083,200,000)								(1,083,200,000)	
00000	98-1154657	Cigna Myrtle Holdings, Ltd.									0	
61727	34-0970995	Cigna National Health Insurance Company		100,000,000			(34,653,756)				65,346,244	
00000	00-0000000	Cigna Nederland Gamma B.V.									0	
00000	00-0000000	Cigna Oak Holdings, Ltd.									0	
00000	98-1232443	Cigna Palmetto Holdings, Ltd.									0	
00000	46-4099800	Cigna Poplar Holdings, Inc.									0	
00000	06-1071502	Cigna RE Corporation									0	
00000	06-1567902	Cigna Resource Manager, Inc.									0	
00000	00-0000000	Cigna Services Middle East FZE									0	
00000	00-0000000	Cigna Spruce Holdings GmBH									0	
00000	00-0000000	Cigna Teak Holdings, LLC									0	
00000	83-1069280	Cigna Ventures, LLC		38,994,437							38,994,437	
00000	00-0000000	Cigna Walnut Holdings, Ltd.									0	

SCHEDULE Y

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00000	00-0000000	Cigna Willow Holdings, Ltd.									0	
00000	00-0000000	Cigna Worldwide General Insurance Company Limited									0	2,094,464
90859	23-2088429	Cigna Worldwide Insurance Company		71,000,000			674,860	1,845,525			73,520,385	
00000	00-0000000	Claims and Risk Services Limited									0	
00000	00-0000000	ManipalCigna Health Insurance Company Limited									0	
00000	84-1461840	Community Health Network, LLC									0	
00000	06-1252419	Connecticut General Benefit Payments, Inc.									0	
00000	06-0840391	Connecticut General Corporation	366,697,141	(366,697,141)			(608)				(608)	
62308	06-0303370	Connecticut General Life Insurance Company	(100,000,000)	366,362,464			(16,407,220)	(663)			249,954,581	
00000	99-2781951	Constellation Continental Owner, LLC									0	
00000	82-4936006	CPI-CII 9171 Wilshire JV LLC									0	
00000	27-3555688	CR Washington Street Investors LP									0	
00000	36-4369972	CuraScript, Inc.									0	
00000	86-1305728	Deco Apartments JV LLC									0	
00000	86-1334095	Deco Apartments Owner LLC									0	
00000	16-1526641	Diversified NY IPA, Inc.									0	
00000	41-1627938	Diversified Pharmaceutical Services, Inc.									0	
00000	27-3542089	Econdisc Contracting Solutions, LLC									0	
00000	00-0000000	Egyptian Emirates Administration Services SAE									0	
00000	00-0000000	ESI Canada									0	
00000	00-0000000	ESI GP Canada ULC									0	
00000	43-1925556	ESI GP Holdings, Inc.									0	
00000	00-0000000	ESI GP2 Canada ULC									0	
00000	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)									0	
00000	43-1867735	ESI Mail Pharmacy Service, Inc.									0	
00000	43-1925562	ESI Partnership									0	
00000	41-2006555	ESI Resources, Inc.									0	
00000	92-1016132	ESSCH Holdings, Inc.									0	
00000	93-1916563	Evernorth Accountable Care, LLC									0	
00000	00-0000000	Evernorth Accountable Care One, LLC									0	
00000	94-3107309	Evernorth Behavioral Health of California, Inc.					(30,338)				(30,338)	
00000	75-2751090	Evernorth Behavioral Health of Texas, Inc.					(137,929)				(137,929)	
00000	41-1648670	Evernorth Behavioral Health, Inc.	(50,875,000)				53,540,204				2,665,204	
00000	99-1584892	Evernorth Care Group, LLC									0	
00000	86-1465626	Evernorth Care Solutions, Inc.									0	
00000	32-0222252	Evernorth Direct Health, LLC					(2,325)				(2,325)	

SCHEDULE Y

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00000	33-2256054	Evernorth Federal Services, Inc.									0	
00000	45-2884094	Evernorth Health, Inc.									0	
00000	00-0000000	Evernorth Ireland Limited									0	
00000	99-1207331	Evernorth Network Services, LLC									0	
00000	85-2759151	Evernorth Sales Operations, Inc.									0	
00000	85-2717903	Evernorth Strategic Development, Inc.									0	
00000	93-2676484	Evernorth-VillageMD Health Organization of Texas, Inc.									0	
00000	93-1946921	Evernorth-VillageMD Care Alliance of AZ, LLC									0	
00000	93-3088901	Evernorth-VillageMD Care Alliance of CT, LLC									0	
00000	93-1971121	Evernorth-VillageMD Care Alliance of GA, LLC									0	
00000	93-2000610	Evernorth-VillageMD Care Alliance of NJ, LLC									0	
00000	93-2024744	Evernorth-VillageMD Care Alliance of TX, LLC									0	
00000	93-3608409	Evernorth Wholesale Distribution, Inc.									0	
00000	46-4676347	eviCore 1, LLC									0	
00000	62-1615395	eviCore healthcare MSI, LLC					8,455,502				8,455,502	
13918	27-3175443	Express Reinsurance Company									0	
00000	41-2063830	Express Scripts Administrators LLC									0	
00000	00-0000000	Express Scripts Canada Co.									0	
00000	43-1942542	Express Scripts Canada Holding Co.									0	
00000	27-1490640	Express Scripts Canada Holding, LLC									0	
00000	00-0000000	Express Scripts Canada Services									0	
00000	00-0000000	Express Scripts Canada Wholesale									0	
00000	84-5003423	Express Scripts Health Information Network Partners, Inc.									0	
00000	20-5826948	Express Scripts Pharmaceutical Procurement, LLC									0	
00000	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.									0	
00000	00-0000000	Express Scripts Pharmacy Central, Ltd.									0	
00000	00-0000000	Express Scripts Pharmacy Ontario, Ltd.									0	
00000	00-0000000	Express Scripts Pharmacy West, Ltd.									0	
00000	30-0789911	Express Scripts Pharmacy, Inc.									0	
00000	22-3114423	Express Scripts Sales Operations, Inc.									0	
00000	20-3126104	Express Scripts Senior Care Holdings LLC									0	
00000	20-3126075	Express Scripts Senior Care, Inc.									0	
00000	43-1832983	Express Scripts Services Co.									0	
00000	43-1869712	Express Scripts Specialty Distribution Services, Inc.									0	

SCHEDULE Y

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00000	22-2230703	Express Scripts Strategic Development, Inc.									0	
00000	43-1869714	Express Scripts Utilization Management Company									0	
00000	43-1420563	Express Scripts, Inc.					(7,507,587)				(7,507,587)	
00000	00-0000000	FirstAssist Administration Limited									0	
00000	23-1914061	Former Cigna Investments, Inc.					(125)				(125)	
00000	88-3762943	Forsyth Health, LLC					(816)				(816)	
00000	02-0523249	Freco, Inc.									0	
00000	20-3229217	Freedom Service Company, LLC									0	
00000	00-0000000	Gillette Ridge Community Council, Inc.									0	
00000	20-3700105	Gillette Ridge Golf, LLC									0	
00000	82-5244279	Global Pharmacy LLC									0	
00000	00-0000000	GRG Acquisitions LLC		180,410							180,410	
00000	76-0657035	GulfQuest, LP					431,654,636				431,654,636	
00000	87-3650143	Hartford Community Lender Holding LLC									0	
00000	87-3686301	Hartford Community Lender I LLC									0	
00000	04-2992335	Healthbridge Reimbursement & Product Support, Inc.									0	
00000	26-2159005	Healthbridge, Inc.									0	
00000	46-2086778	Health-Lynx, LLC									0	
00000	06-1533555	Healthsource Benefits, Inc.									0	
00000	02-0467679	Healthsource Properties, Inc.									0	
00000	02-0387748	Healthsource, Inc.					(208)				(208)	
00000	20-8534298	HealthSpring Life & Health Insurance Company, Inc.		450,000,000			(692,572,038)				(242,572,038)	
00000	20-8647386	HealthSpring Management of America, LLC					185,767,658				185,767,658	
11532	65-1129599	HealthSpring of Florida, Inc.					(60,004,648)				(60,004,648)	
00000	72-1559530	HealthSpring USA, LLC					179,837,076				179,837,076	
00000	20-1821898	HealthSpring, Inc.					(87,724,517)				(87,724,517)	
00000	47-5651517	Healy Pharmacy, LLC									0	
00000	81-4139432	Heights at Bear Creek Borrower LLC									0	
00000	81-4139432	Heights at Bear Creek Mezzanine LLC									0	
00000	81-4139432	Heights at Bear Creek Venture LLC									0	
00000	20-4266628	Home Physicians Management, LLC									0	
00000	75-3108521	HouQuest, LLC									0	
00000	37-1708015	Houston Briar Forest Apartments Limited Partnership									0	
00000	95-4838551	Ideal Properties II LLC									0	
00000	35-2041388	IHN, Inc.					(228)				(228)	
00000	00-0000000	Independent Health Information Technology Services L.L.C.									0	
00000	82-1655179	Innovative Product Alignment, LLC									0	
00000	82-0658250	Inside RX, LLC									0	

SCHEDULE Y

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

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00000	46-5556043	Integrity Rx Specialty Pharmacy LLC									0	
00000	81-0425785	Intermountain Underwriters, Inc.									0	
00000	00-0000000	International Pharmaceutical Solutions, GmbH									0	
00000	84-3406799	JA Lofts Holdings, LLC									0	
00000	84-3395923	JA Lofts JV Limited Partnership									0	
00000	00-0000000	Kuwait Emirates Administration Services WLL									0	
00000	20-8064696	Kronos Optimal Health Company					(402)				(402)	
00000	47-5292506	L&C Investments, LLC									0	
00000	47-4375626	Lakehills CM-CG LLC									0	
65722	63-0343428	Loyal American Life Insurance Company	(65,000,000)	35,000,000			(86,136,003)				(116,136,003)	
00000	58-2593075	Lynnfield Compounding Center, Inc.									0	
00000	04-3546044	Lynnfield Drug, Inc.									0	
00000	27-1506930	MAH Pharmacy, LLC									0	
00000	80-0908244	Mallory Square Partners I, LLC									0	
00000	51-0500147	Matrix GPO, LLC									0	
00000	59-3720653	Matrix Healthcare Services, Inc.									0	
00000	06-1346406	MCC Independent Practice Association of New York, Inc.					(2,325)				(2,325)	
00000	45-4937055	MDLive, Inc.					324,072				324,072	
00000	00-0000000	MDLive LLC									0	
00000	00-0000000	MDLivevisit, LLC									0	
00000	00-0000000	MDLive Provider Services, LLC									0	
34720	13-3506395	Medco Containment Insurance Company of NY		225,000,000			(28,995,053)				196,004,947	
63762	42-1425239	Medco Containment Life Insurance Company		1,000,000,000			(185,036,168)	30,636,540			845,600,372	
00000	27-3709630	Medco Europe II, LLC									0	
00000	46-2166374	Medco Europe, LLC									0	
00000	84-5017653	Medco Health Information Network Partners, Inc.									0	
00000	81-0616525	Medco Health Puerto Rico, LLC									0	
00000	26-3544786	Medco Health Services, Inc.									0	
00000	22-3461740	Medco Health Solutions, Inc.									0	
00000	27-3801345	MedSolutions Holdings, Inc.									0	
00000	87-2810715	Montclair 11 Pine Operating Company LLC									0	
00000	87-2790325	Montclair 11 Pine Urban Renewal LLC									0	
00000	87-2772585	Montclair Residences JV LLC									0	
00000	32-0071543	MSI Health Organization of Texas, Inc.					(1,768,683)				(1,768,683)	
00000	27-5492993	MSI HT, LLC									0	
00000	27-5493148	MSI LT, LLC									0	
00000	27-5493321	MSI SAR-GW, LLC									0	
00000	86-1090522	MSIAZ I, LLC									0	
00000	20-1749733	MSICA I, LLC									0	
00000	20-1222347	MSICO I, LLC									0	

SCHEDULE Y

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00000	55-0840800	MSIFL, LLC									0	
00000	26-0181185	MSIMD I, LLC									0	
00000	74-3122235	MSINC I, LLC									0	
00000	11-3715243	MSINH II, LLC									0	
00000	03-0524694	MSINH, LLC									0	
00000	20-1749446	MSINJ I, LLC									0	
00000	20-1761914	MSINV I, LLC									0	
00000	55-0840806	MSISC II, LLC									0	
00000	26-0336736	MSIVT I, LLC									0	
00000	20-2536458	MSIWA, LLC									0	
00000	36-4833284	MyM Technology Services, LLC									0	
00000	82-1350878	myMatrixx Holdings, LLC									0	
00000	46-2589799	myMatrixx-B, LLC									0	
00000	00-0000000	NAS Administrative Services Company LLC									0	
00000	00-0000000	NAS Neuron Health Services, L.L.C.									0	
00000	00-0000000	NAS United SPV									0	
00000	00-0000000	Neuron LLC									0	
00000	52-1929677	NewQuest Management Northeast, LLC					261,433,593				261,433,593	
00000	33-1033586	NewQuest Management of Alabama, LLC					296,178,771				296,178,771	
00000	20-4954206	NewQuest Management of Florida, LLC					23,800,171				23,800,171	
00000	77-0632665	NewQuest Management of Illinois, LLC					58,905,719				58,905,719	
00000	76-0628370	NewQuest, LLC	(820,097,141)	300,000,000			(1,415,965)				(521,513,106)	
00000	00-0000000	NNHS India Private Limited									0	
00000	82-5244890	Octave Health Group, Inc.									0	
00000	80-0818758	Patient Provider Alliance, Inc.									0	
00000	35-1927379	Priority Healthcare Corporation									0	
00000	59-3761140	Priority Healthcare Distribution, Inc.									0	
67903	23-1335885	Provident American Life & Health Insurance Company					(99,474)				(99,474)	
00000	00-0000000	PT GAR Indonesia									0	
00000	45-5046449	PUR Arbors Apartments Venture LLC									0	
00000	46-1801639	QualCare Management Resources Limited Liability Company									0	
00000	00-0000000	Quallent Pharmaceuticals Holdings LP									0	
00000	00-0000000	Quallent Pharmaceuticals Health LLC					(6,432)				(6,432)	
00000	45-5569416	QPID Health, LLC									0	
00000	83-1460134	Rise-CG Capitol Hill, LP									0	
00000	84-3254168	Rise-CG JA Lofts Limited Partnership									0	
00000	99-3690790	Rock Island Owner, LLC									0	
00000	99-4491221	Rosslyn Owner, LLC									0	
00000	35-1641636	Sagamore Health Network, Inc.					1,568,925				1,568,925	
00000	46-3593103	SB-SNH LLC									0	
00000	95-2876207	Secon Properties, LP									0	
00000	82-1732483	SOMA Apartments Venture LLC									0	

SCHEDULE Y

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00000	82-4405071	Specialty Products Acquisitions, LLC									0	
00000	61-1317695	SpectraCare Health Care Ventures, Inc.									0	
00000	61-1147068	SpectraCare, Inc.									0	
77399	13-1867829	Sterling Life Insurance Company	(9,000,000)				(1,234,881)				(10,234,881)	
00000	47-2658932	Strategic Pharmaceutical Investments, LLC									0	
00000	00-0000000	SureScripts, LLC									0	
00000	87-0903685	Swedesford Road Apartments, LLC									0	
00000	22-3474888	Systemed, LLC									0	
00000	23-3074013	Tel-Drug of Pennsylvania, LLC									0	
00000	46-0427127	Tel-Drug, Inc.									0	
00000	00-0000000	Temple Insurance Company Limited					(29,618)				(29,618)	
00000	20-5524622	Tennessee Quest, LLC									0	
00000	75-3108527	TexQuest, LLC									0	
00000	85-1955731	The Flats at Interbay Holdings, LLC									0	
00000	85-1955075	The Flats at Interbay JV Limited Partnership									0	
00000	85-1962013	The Flats at Interbay Limited Partnership									0	
00000	00-0000000	Transwestern Federal, L.L.C.									0	
00000	00-0000000	Transwestern Federal Holdings, L.L.C.									0	
00000	98-0463704	Vielife Services, Inc.									0	
00000	81-3492421	Village Fertility Pharmacy, LLC									0	
00000	92-3642270	Village West Coast LLC									0	
00000	00-0000000	Verity Solutions Group, Inc.					(2,055)				(2,055)	
00000	00-0000000	Westcore CG AC, LLC									0	
00000	84-3178563	Westcore CG Camelback, LLC									0	
00000	84-3178563	Westcore CG Cedar Port, LLC									0	
00000	84-3178563	Westcore CG Dove Valley I, LLC									0	
00000	84-3178563	Westcore CG Dove Valley II, LLC									0	
00000	84-3178563	Westcore CG Eisenhauer, LLC									0	
00000	84-3178563	Westcore CG Fountain Lakes, LLC									0	
00000	84-3178563	Westcore CG Gateway, LLC									0	
00000	84-3178563	Westcore CG I-35, LLC									0	
00000	84-3178563	Westcore CG Navy, LLC									0	
00000	84-3178563	Westcore CG Potomac Park, LLC									0	
00000	84-3178563	Westcore CG Raceway, LLC									0	
00000	84-3178563	Westcore CG Solano, LLC									0	
00000	84-3178563	Westcore CG Susana, LLC									0	
00000	00-0000000	Westcore CG Venture, LLC									0	
00000	87-3624928	Westcore CG Venture II, LLC									0	
00000	87-3624928	Westcore CG II AC, LLC									0	
00000	87-3624928	Westcore CG II Denton, LLC									0	
00000	87-3624928	Westcore CG II Milan, LLC									0	
00000	87-3624928	Westcore CG II Park 225, LLC									0	

SCHEDULE Y

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00000	87-3624928	Westcore CG II Union Cross, LLC									0	
00000	00-0000000	Willow DSP LLC									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)
Allegiance Life & Health Insurance Company	Benefit Management Corp.	95.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Allegiance Re, Inc.	Benefit Management Corp.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
American Retirement Life Insurance Company	Loyal American Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
AOP II Apartments Venture, L.L.C.	CARING Optimist Park II Investor LLC	90.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Bravo Health Mid-Atlantic, Inc.	NewQuest Management Northeast, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Bravo Health Pennsylvania, Inc.	NewQuest Management Northeast, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Breakthrough Behavioral, Inc.	MDLive, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Breakthrough Behavioral of Texas, Inc.	Breakthrough Behavioral, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
CareCore NJ, LLC	eviCore healthcare MSI, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna & CMB Life Insurance Company Limited	Cigna Health and Life Insurance Company	50.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Arbor Life Insurance Company	Connecticut General Corporation	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Colorado, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Delaware, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Florida, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Kansas, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Kentucky, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Maryland, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Missouri, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of New Jersey, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of North Carolina, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Ohio, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Pennsylvania, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Texas, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Of Virginia, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Dental Health Plan Of Arizona, Inc.	Cigna Dental Health, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Europe Insurance Company S.A.-N.V.	Cigna Beechwood Holdings	99.999	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Global Insurance Company Limited	Cigna Holdings Overseas, Inc.	99.990	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Global Reinsurance Company, Ltd.	Cigna Global Holdings, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Health and Life Insurance Company	Connecticut General Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Arizona, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Colorado, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Connecticut, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Florida, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Georgia, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Illinois, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Indiana, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of New Hampshire, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of New Jersey, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of North Carolina, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of South Carolina, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of St. Louis, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Tennessee, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna HealthCare of Texas, Inc.	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Insurance Company	Provident American Life and Health Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO

SCHEDULE Y

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

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Cigna Insurance Middle East S.A.L.	Cigna Cedar Holdings, Ltd.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Life Insurance Company of Canada	Cigna Chestnut Holdings, Ltd.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Life Insurance Company of Europe S.A.-N.V.	Cigna Beechwood Holdings	99.993	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna National Health Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Worldwide General Insurance Company Limited	Cigna Hong Kong Holdings Company Limited	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Cigna Worldwide Insurance Company	Cigna Global Reinsurance Company, Ltd.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Claims and Risk Services Limited	NAS Neuron Health Services, L.L.C.	50.000	NO	The Cigna Group	The Cigna Group	100.000	NO
ManipalCigna Health Insurance Company Limited	Cigna Holdings Overseas, Inc.	49.000	NO	TTK (non-affiliate)	The Cigna Group	100.000	NO
Connecticut General Life Insurance Company	Connecticut General Corporation	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Express Reinsurance Company	Express Scripts, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
HealthSpring Life & Health Insurance Company, Inc.	NewQuest, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
HealthSpring of Florida, Inc.	NewQuest, LLC	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Loyal American Life Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Medco Containment Insurance Company of NY	Medco Health Solutions, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Medco Containment Life Insurance Company	Medco Health Solutions, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Provident American Life & Health Insurance Company	Cigna National Health Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Sterling Life Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO
Temple Insurance Company Limited	Healthsource, Inc.	100.000	NO	The Cigna Group	The Cigna Group	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit 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 the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	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
17.	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
18.	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
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
23.	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?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14.
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.
18. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.

Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Participating Opinion for Exhibit 5 [Document Identifier 371]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

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

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

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

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

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

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

24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]

6 7 9 0 3 2 0 2 4 3 6 0 0 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alabama
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 0 2 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alaska

NAIC Group Code 0901 NAIC Company Code 67903

ADDRESS (City, State and Zip Code) Cleveland , OH 44114

Person Completing This Exhibit

Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 0 3 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arizona
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3LK(AZ)	F	NO	0034000	12/22/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	947	22	2.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										947	22	2.4	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 0 4 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arkansas.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6 7 9 0 3 2 0 2 4 3 6 0 0 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF California.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

360.CA

6 7 9 0 3 2 0 2 4 3 6 0 0 6 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Colorado
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(CO)	F	NO	0034000	07/22/2005	06/01/2010			MEDICARE SUPPLEMENT	1,754	(402)	(22.9)	0	0	0	0.0	0
YES	3PJ(CO)	J	NO	0034000	12/11/2006	10/11/2009			MEDICARE SUPPLEMENT	48,576	40,373	83.1	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										50,330	39,971	79.4	5	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.CO

6 7 9 0 3 2 0 2 4 3 6 0 0 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Connecticut
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 0 8 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Delaware
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.DE

6 7 9 0 3 2 0 2 4 3 6 0 0 9 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF District of Columbia
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.DC

6 7 9 0 3 2 0 2 4 3 6 0 1 0 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Florida
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 1 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Georgia
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3LD(GA)	D	NO	0034000	05/18/2005	10/11/2009			MEDICARE SUPPLEMENT	4,428	221	5.0	1	0	0	0.0	0
YES	3LF(GA)	F	NO	0034000	05/18/2005	06/01/2010			MEDICARE SUPPLEMENT	6,886	11,504	167.1	1	0	0	0.0	0
YES	3LK(GA)	F	NO	0034000	05/18/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	832	23	2.8	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										12,147	11,748	96.7	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 1 2 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Hawaii
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 1 3 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Idaho
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ID

6 7 9 0 3 2 0 2 4 3 6 0 1 4 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Illinois
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(IL)	F	NO	0034000	06/09/2005	06/01/2010			MEDICARE SUPPLEMENT	7,988	2,258	28.3	1	0	0	0.0	0
YES	3PH(IL)	H	NO	0034000	04/26/2007	10/15/2009			MEDICARE SUPPLEMENT	5,423	6,275	115.7	1	0	0	0.0	0
YES	3PJ(IL)	J	NO	0034000	04/26/2007	10/15/2009			MEDICARE SUPPLEMENT	43,100	39,193	90.9	6	0	0	0.0	0
0199999. Total Experience on Individual Policies										56,512	47,725	84.5	8	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 1 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Indiana
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF	F	NO	0034000	11/01/2005	06/01/2010			MEDICARE SUPPLEMENT	1,025	3,277	319.9	0	0	0	0.0	0
YES	3PH(IN)	H	NO	0034000	04/10/2007	10/11/2009			MEDICARE SUPPLEMENT	6,968	3,397	48.7	2	0	0	0.0	0
YES	3PJ(IN)	J	NO	0034000	04/10/2007	10/11/2009			MEDICARE SUPPLEMENT	5,051	848	16.8	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										13,044	7,521	57.7	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.IN

6 7 9 0 3 2 0 2 4 3 6 0 1 6 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Iowa
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(IA)	F	NO	0034000	05/09/2005	06/01/2010			MEDICARE SUPPLEMENT	27,044	9,988	36.9	4	0	0	0.0	0
YES	3PH(IA)	H	NO	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	4,523	667	14.7	1	0	0	0.0	0
YES	3PJ(IA)	J	NO	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	108,815	83,974	77.2	19	0	0	0.0	0
0199999. Total Experience on Individual Policies										140,382	94,629	67.4	24	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 1 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kansas
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.KS

6 7 9 0 3 2 0 2 4 3 6 0 1 8 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kentucky
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(KY)	F	NO	0034000	05/25/2005	06/01/2010			MEDICARE SUPPLEMENT	6,470	3,261	50.4	0	0	0	0.0	0
YES	3PH(KY)	H	NO	0034000	01/09/2007	10/11/2009			MEDICARE SUPPLEMENT	11,395	4,052	35.6	2	0	0	0.0	0
YES	3PJ(KY)	J	NO	0034000	01/09/2007	10/11/2009			MEDICARE SUPPLEMENT	17,225	2,381	13.8	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										35,089	9,694	27.6	5	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 1 9 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Louisiana
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PH(LA)	H	NO	0034000	12/22/2006	10/11/2009			MEDICARE SUPPLEMENT	10,514	1,652	15.7	2	0	0	0.0	0
YES	3PJ(LA)	J	NO	0034000	12/22/2006	10/11/2009			MEDICARE SUPPLEMENT	26,550	6,829	25.7	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										37,064	8,481	22.9	5	0	0	0.0	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 2 0 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Maine
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 2 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Maryland.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6 7 9 0 3 2 0 2 4 3 6 0 2 2 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Massachusetts.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6 7 9 0 3 2 0 2 4 3 6 0 2 3 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Michigan
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Minnesota.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

360.MN

6 7 9 0 3 2 0 2 4 3 6 0 2 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Mississippi
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(MS)	F	NO	0034000	04/07/2005	06/01/2010			MEDICARE SUPPLEMENT	14,396	3,013	20.9	2	0	0	0.0	0
YES	3PJ(MS)	J	NO	0034000	03/22/2007	10/11/2009			MEDICARE SUPPLEMENT	34,041	35,234	103.5	6	0	0	0.0	0
0199999. Total Experience on Individual Policies										48,437	38,246	79.0	8	0	0	0.0	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 2 6 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Missouri
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3LK(MO)	F	NO	0034000	06/05/2014	10/09/2011			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	715	17	2.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										715	17	2.4	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MO

6 7 9 0 3 2 0 2 4 3 6 0 2 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Montana
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(MT)	F	NO	0034000					MEDICARE SUPPLEMENT	26,668	22,498	84.4	7	0	0	0.0	0
YES	3PI(MT)	I	NO	0034000					MEDICARE SUPPLEMENT	3,250	1,925	59.2	1	0	0	0.0	0
YES	3PJ(MT)	J	NO	0034000					MEDICARE SUPPLEMENT	36,473	33,529	91.9	11	0	0	0.0	0
0199999. Total Experience on Individual Policies										66,392	57,952	87.3	19	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 2 8 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nebraska
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(NE)	F	NO	0034000	05/09/2005	06/01/2010			MEDICARE SUPPLEMENT	6,800	8,628	126.9	1	0	0	0.0	0
YES	3PJ(NE)	J	NO	0034000	10/24/2006	10/11/2009			MEDICARE SUPPLEMENT	26,456	30,304	114.5	4	0	0	0.0	0
YES	3PK(NE)	F	NO	0034000	05/09/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,379	11,586	839.8	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										34,635	50,517	145.9	6	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 2 9 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nevada
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 3 0 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Hampshire.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6 7 9 0 3 2 0 2 4 3 6 0 3 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Jersey.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

360.NJ

6 7 9 0 3 2 0 2 4 3 6 0 3 2 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Mexico.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6 7 9 0 3 2 0 2 4 3 6 0 3 3 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New York.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Carolina.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

360.NC

6 7 9 0 3 2 0 2 4 3 6 0 3 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Dakota.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

360.ND

6 7 9 0 3 2 0 2 4 3 6 0 3 6 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Ohio
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PD(OH)	D	NO	0034000	04/18/2005	10/11/2009			MEDICARE SUPPLEMENT	7,008	445	6.4	1	0	0	0.0	0
YES	3PF(OH)	F	NO	0034000	04/18/2005	06/01/2010			MEDICARE SUPPLEMENT	12,020	1,257	10.5	1	0	0	0.0	0
YES	3PH(OH)	H	NO	0034000	10/19/2006	10/11/2009			MEDICARE SUPPLEMENT	10,354	2,697	26.0	2	0	0	0.0	0
YES	3PJ(OH)	J	NO	0034000	10/19/2006	10/11/2009			MEDICARE SUPPLEMENT	(14,756)	2,662	(18.0)	1	0	0	0.0	0
YES	3PK(OH)	F	NO	0034000	04/18/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	0	102	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										14,625	7,164	49.0	5	0	0	0.0	0

360.OH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 3 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oklahoma
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PD(OK)	D	NO	0034000	04/15/2005	10/11/2009			MEDICARE SUPPLEMENT	4,530	(130)	(2.9)	0	0	0	0.0	0
YES	3PF(OK)	F	NO	0034000	04/15/2005	06/01/2010			MEDICARE SUPPLEMENT	48,607	16,712	34.4	7	0	0	0.0	0
YES	3PJ(OK)	J	NO	0034000	10/25/2006	10/11/2009			MEDICARE SUPPLEMENT	50,718	18,688	36.8	8	0	0	0.0	0
0199999. Total Experience on Individual Policies										103,855	35,269	34.0	15	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.OK

6 7 9 0 3 2 0 2 4 3 6 0 3 8 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oregon
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(OR)	F	NO	0034000	04/21/2005	06/01/2010			MEDICARE SUPPLEMENT	17,796	13,930	78.3	2	0	0	0.0	0
YES	3PJ(OR)	J	NO	0034000	01/19/2007	10/11/2009			MEDICARE SUPPLEMENT	140,098	52,489	37.5	25	0	0	0.0	0
YES	3PK(OR)	F	NO	0034000	04/21/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,223	14	0.4	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										161,117	66,433	41.2	29	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.OR

6 7 9 0 3 2 0 2 4 3 6 0 3 9 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Pennsylvania
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 4 0 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Rhode Island
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.RI

6 7 9 0 3 2 0 2 4 3 6 0 4 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Carolina
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF	F	NO	0034000					MEDICARE SUPPLEMENT	52,448	25,110	47.9	7	0	0	0.0	0
YES	3PH	H	NO	0034000					MEDICARE SUPPLEMENT	14,257	13,822	96.9	3	0	0	0.0	0
YES	3PJ	J	NO	0034000					MEDICARE SUPPLEMENT	161,620	122,880	76.0	27	0	0	0.0	0
0199999. Total Experience on Individual Policies										228,325	161,812	70.9	37	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 4 2 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Dakota.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Tennessee.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6 7 9 0 3 2 0 2 4 3 6 0 4 4 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Texas
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PA(TX)	A	NO	0034000	06/21/2005	06/01/2010			MEDICARE SUPPLEMENT	9,296	3,932	42.3	2	0	0	0.0	0
YES	3PF(TX)	F	NO	0034000	06/21/2005	06/01/2010			MEDICARE SUPPLEMENT	120,271	64,773	53.9	15	0	0	0.0	0
YES	3PG(TX)	G	NO	0034000	11/08/2007	10/11/2009			MEDICARE SUPPLEMENT	6,218	16,680	268.3	1	0	0	0.0	0
YES	3PH(TX)	H	NO	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	233,743	225,898	96.6	41	0	0	0.0	0
YES	3PI(TX)	I	NO	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	5,113	2,112	41.3	1	0	0	0.0	0
YES	3PJ(TX)	J	NO	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	924,353	702,883	76.0	155	0	0	0.0	0
YES	3PK(TX)	F	NO	0034000	06/21/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	17,813	6,336	35.6	13	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,316,806	1,022,614	77.7	228	0	0	0.0	0

360.TX

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 4 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Utah
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF(UT)	F	NO	0034000	09/09/2005	06/01/2010			MEDICARE SUPPLEMENT	8,190	1,165	14.2	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										8,190	1,165	14.2	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 4 6 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Vermont

NAIC Group Code 0901 NAIC Company Code 67903

ADDRESS (City, State and Zip Code) Cleveland , OH 44114

Person Completing This Exhibit

Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 4 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Virginia
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 7 9 0 3 2 0 2 4 3 6 0 4 8 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Washington
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.WA

6 7 9 0 3 2 0 2 4 3 6 0 4 9 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF West Virginia
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PF	F	NO	0034000	05/20/2005	06/01/2010			MEDICARE SUPPLEMENT	7,730	8,847	114.5	1	0	0	0.0	0
YES	3PJ	J	NO	0034000	12/12/2006	10/11/2009			MEDICARE SUPPLEMENT	13,675	8,821	64.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										21,405	17,668	82.5	3	0	0	0.0	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.WV

6 7 9 0 3 2 0 2 4 3 6 0 5 0 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wisconsin.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

360.WI

6 7 9 0 3 2 0 2 4 3 6 0 5 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wyoming
NAIC Group Code 0901 NAIC Company Code 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3PK(WY)	F	NO	0034000	04/13/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,303	112	8.6	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,303	112	8.6	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.WY

6 7 9 0 3 2 0 2 4 3 6 0 5 2 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF American Samoa.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

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

6 7 9 0 3 2 0 2 4 3 6 0 5 3 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Guam.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

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

6 7 9 0 3 2 0 2 4 3 6 0 5 4 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Puerto Rico.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

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

6 7 9 0 3 2 0 2 4 3 6 0 5 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF U.S. Virgin Islands.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

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

6 7 9 0 3 2 0 2 4 3 6 0 5 6 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Northern Mariana Islands.....
NAIC Group Code 0901 ..... NAIC Company Code 67903 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

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

GENERAL INTERROGATORIES

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

6 7 9 0 3 2 0 2 4 2 0 5 0 0 1 0 0

LIFE SUPPLEMENTS

For The Year Ended December 31, 2024

(To Be Filed By March 1)

Of The PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

ADDRESS (City, State and Zip Code) Cleveland , OH 44114

NAIC Group Code 0901 NAIC Company Code 67903 Employer's ID Number 23-1335885

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total [a]	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
0100001. 2001 CSO 4.0% ANB CRVM CNF. . . . .(06-10) ...	1,772,050		1,772,050		
0100002. 2001 CSO 4.0% ALB CRVM CNF. . . . . (06-10) .	13,029		13,029		
0100003. 2001 CSO 4.0% ANB NLP CRF. . . . . .(06-10)	40		40		
0199997. Totals (Gross)	1,785,119	0	1,785,119	0	0
0199998. Reinsurance ceded	0				
0199999. Life Insurance: Totals (Net)	1,785,119	0	1,785,119	0	0
0299998. Reinsurance ceded	0	XXX		XXX	
0299999. Annuities: Totals (Net)	0	XXX	0	XXX	0
0399998. Reinsurance ceded	0				
0399999. SCWLC: Totals (Net)	0	0	0	0	0
0499998. Reinsurance ceded	0				
0499999. Accidental Death Benefits: Totals (Net)	0	0	0	0	0
0599998. Reinsurance ceded	0				
0599999. Disability-Active Lives: Totals (Net)	0	0	0	0	0
0699998. Reinsurance ceded	0				
0699999. Disability-Disabled Lives: Totals (Net)	0	0	0	0	0
0700001. Non-deduction of deferred fractional premiums	52,231		52,231		
0700002. Immediate Payment of Death Claims	0		0		
0799997. Totals (Gross)	52,231	0	52,231	0	0
0799998. Reinsurance ceded	0				
0799999. Miscellaneous Reserves: Totals (Net)	52,231	0	52,231	0	0
9999999. Totals (Net)	1,837,350	0	1,837,350	0	0

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance $ ..... ; Annuities $ ..... ; Supplementary Contracts with Life Contingencies $ ..... ; Accidental Death Benefits $ ..... ; Disability - Active Lives $ ..... ; Disability - Disabled Lives $ ..... ; Miscellaneous Reserves $ ..... .

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? ..... Yes [X] No [ ]

1.2 If not, state which kind is issued.
.....

2.1 Does the reporting entity at present issue both participating and non-participating contracts? ..... Yes [ ] No [X]

2.2 If not, state which kind is issued.
.....

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? ..... Yes [X] No [ ]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [ ] No [X]
If so, state:
4.1 Amount of insurance? ..... $.....
4.2 Amount of reserve? ..... $.....
4.3 Basis of reserve
.....
4.4 Basis of regular assessments
.....
4.5 Basis of special assessments
.....
4.6 Assessments collected during the year: ..... $.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
.....

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? ..... Yes [ ] No [X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held: ..... $.....

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: ..... $.....

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [X]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements ..... $.....

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
.....

7.3 State the amount of reserves established for this business: ..... $.....

7.4 Identify where the reserves are reported in the blank
.....

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [X]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: ..... $.....

8.2 State the amount of reserves established for this business: ..... $.....

8.3 Identify where the reserves are reported in the blank:
.....

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? ..... Yes [ ] No [X]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: ..... $.....

9.2 State the amount of reserves established for this business: ..... $.....

9.3 Identify where the reserves are reported in the blank:
.....

Life Supplement - Exhibit 7 - Deposit-Type Contracts

N O N E

Life Supplement - Schedule S - Part 1 - Section 1

N O N E

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
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	OL	3,600,112	1,809,512	1,979,922	267,576				
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	OL	48,750	27,838	26,553	3,363				
0899999. General Account - Authorized U.S. Non-Affiliates							3,648,862	1,837,350	2,006,475	270,939	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							3,648,862	1,837,350	2,006,475	270,939	0	0	0	0
1199999. Total General Account Authorized							3,648,862	1,837,350	2,006,475	270,939	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
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							3,648,862	1,837,350	2,006,475	270,939	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							3,648,862	1,837,350	2,006,475	270,939	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	0
9999999 - Totals							3,648,862	1,837,350	2,006,475	270,939	0	0	0	0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 67903

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	354						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	354	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	13,110						0	XXX	XXX	XXX	8,635	8,635
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	13,110	0	0	0	0	0	0	XXX	XXX	XXX	8,635	8,635
47. Total	13,464 (c)	0	0	0	0	0	0	0	0	0	8,635	8,635

LS206.AL

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	1	10,000	1	10,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	1	10,000	1	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						(a)
18. Other								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						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								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						
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	6,504	1	6,606	2	13,110
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	6,504	1	6,606	2	13,110
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	6,504	2	16,606	3	23,110

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.AK

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 67903

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	1,356						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,356	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	6,227						0	XXX	XXX	XXX	17,815	17,815
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	6,227	0	0	0	0	0	0	XXX	XXX	XXX	17,815	17,815
47. Total	7,583 (c)	0	0	0	0	0	0	0	0	0	17,815	17,815

LS206.AZ

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	3	19,000	0	0	3	19,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	3	19,000	0	0	3	19,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	6,432	0	(205)	3	6,227
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	6,432	0	(205)	3	6,227
47. TOTAL	0	0	0	0	0	0	0	0	0	0	6	25,432	0	(205)	6	25,227

(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 $

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	10,104						0	XXX	XXX	XXX	4,137	4,137
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	10,104	0	0	0	0	0	0	XXX	XXX	XXX	4,137	4,137
47. Total	10,104 (c)	0	0	0	0	0	0	0	0	0	4,137	4,137

LS206.AR

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	13,157	0	(3,053)	2	10,104
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	13,157	0	(3,053)	2	10,104
47. TOTAL	0	0	0	0	0	0	0	0	0	0	2	13,157	0	(3,053)	2	10,104

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 67903

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	1,842						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,842	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	13,746						0	XXX	XXX	XXX	5,598	5,598
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	13,746	0	0	0	0	0	0	XXX	XXX	XXX	5,598	5,598
47. Total	15,588 (c)	0	0	0	0	0	0	0	0	0	5,598	5,598

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 67903

Line of Business	13 Incurred During Current Year	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							
2. Whole	0	0	0	0	0	0	0	0	0	0	2	20,000	2	9,000	4	29,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	2	20,000	2	9,000	4	29,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	17,209	0	(3,463)	1	13,746
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	17,209	0	(3,463)	1	13,746
47. TOTAL	0	0	0	0	0	0	0	0	0	0	3	37,209	2	5,537	5	42,746

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

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 67903

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	719						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	719	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	30,311						0	XXX	XXX	XXX	22,943	22,943
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	30,311	0	0	0	0	0	0	XXX	XXX	XXX	22,943	22,943
47. Total	31,030 (c)	0	0	0	0	0	0	0	0	0	22,943	22,943

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	2	10,000	0	0	2	10,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	2	10,000	0	0	2	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
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	7	45,253	(3)	(14,942)	4	30,311
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	45,253	(3)	(14,942)	4	30,311
47. TOTAL	0	0	0	0	0	0	0	0	0	0	9	55,253	(3)	(14,942)	6	40,311

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.DE

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.DC

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 67903

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	780						0	15,167		0		15,167
3. Term							0					0
4. Indexed							0					0
5. Universal							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	780	0	0	0	0	0	0	15,167	0	0	0	15,167
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	4,029						0	XXX	XXX	XXX	101	101
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	4,029	0	0	0	0	0	0	XXX	XXX	XXX	101	101
47. Total	4,809 (c)	0	0	0	0	0	0	15,167	0	0	101	15,268

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	15,000	1	15,000	0	0	0	0	1	15,000	0	2	21,000	(1)	(15,000)	1	6,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	15,000	1	15,000	0	0	0	0	1	15,000	0	2	21,000	(1)	(15,000)	1	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	12,671	0	(8,642)	1	4,029
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	12,671	0	(8,642)	1	4,029
47. TOTAL	15,000	1	15,000	0	0	0	0	1	15,000	0	3	33,671	(1)	(23,642)	2	10,029

(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 $

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	9,380						0	XXX	XXX	XXX	10,644	10,644
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	9,380	0	0	0	0	0	0	XXX	XXX	XXX	10,644	10,644
47. Total	9,380 (c)	0	0	0	0	0	0	0	0	0	10,644	10,644

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	1	107	0	0	1	107
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	1	107	0	0	1	107
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	15,961	(1)	(6,581)	3	9,380
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	15,961	(1)	(6,581)	3	9,380
47. TOTAL	0	0	0	0	0	0	0	0	0	0	5	16,068	(1)	(6,581)	4	9,488

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 67903

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	1,467						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,467	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	5,075						0	XXX	XXX	XXX	594	594
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	5,075	0	0	0	0	0	0	XXX	XXX	XXX	594	594
47. Total	6,542 (c)	0	0	0	0	0	0	0	0	0	594	594

LS206.ID

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	1	15,000	1	20,000	2	35,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	1	15,000	1	20,000	2	35,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5,200	0	(125)	1	5,075
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5,200	0	(125)	1	5,075
47. TOTAL	0	0	0	0	0	0	0	0	0	0	2	20,200	1	19,875	3	40,075

(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 $ .....

LS206.1.ID

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 67903

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	7,437						0	25,188		0		25,188
3. Term							0					0
4. Indexed							0					0
5. Universal							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	7,437	0	0	0	0	0	0	25,188	0	0	0	25,188
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	56,869						0	XXX	XXX	XXX	30,402	30,402
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	56,869	0	0	0	0	0	0	XXX	XXX	XXX	30,402	30,402
47. Total	64,306 (c)	0	0	0	0	0	0	25,188	0	0	30,402	55,590

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	25,084	3	25,084	0	0	0	0	3	25,084	0	16	134,000	(3)	(26,000)	13	108,000
3. Term								0	0		1	10,000	(1)	(10,000)	0	0
4. Indexed								0	0							
5. Universal								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	25,084	3	25,084	0	0	0	0	3	25,084	0	17	144,000	(4)	(36,000)	13	108,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	68,223	(1)	(11,354)	8	56,869
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	68,223	(1)	(11,354)	8	56,869
47. TOTAL	25,084	3	25,084	0	0	0	0	3	25,084	0	26	212,223	(5)	(47,354)	21	164,869

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 67903

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	1,552						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,552	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	11,817						0	XXX	XXX	XXX	7,633	7,633
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	11,817	0	0	0	0	0	0	XXX	XXX	XXX	7,633	7,633
47. Total	13,369 (c)	0	0	0	0	0	0	0	0	0	7,633	7,633

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	2	17,000	0	0	2	17,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	2	17,000	0	0	2	17,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	22,307	(1)	(10,490)	3	11,817
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	22,307	(1)	(10,490)	3	11,817
47. TOTAL	0	0	0	0	0	0	0	0	0	0	6	39,307	(1)	(10,490)	5	28,817

(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 $

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 67903

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	4,175						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	4,175	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	120,051						0	XXX	XXX	XXX	101,554	101,554
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	120,051	0	0	0	0	0	0	XXX	XXX	XXX	101,554	101,554
47. Total	124,226 (c)	0	0	0	0	0	0	0	0	0	101,554	101,554

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	5	44,000	0	0	5	44,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	5	44,000	0	0	5	44,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
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	30	140,418	(8)	(20,367)	22	120,051
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	140,418	(8)	(20,367)	22	120,051
47. TOTAL	0	0	0	0	0	0	0	0	0	0	35	184,418	(8)	(20,367)	27	164,051

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	5,371						0	XXX	XXX	XXX	547	547
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	5,371	0	0	0	0	0	0	XXX	XXX	XXX	547	547
47. Total	5,371 (c)	0	0	0	0	0	0	0	0	0	547	547

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term								0	0		0	0	0	0	0
4. Indexed								0	0						
5. Universal								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	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						(a)
18. Other								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						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total Individual Annuities	0	0	0	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	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	10,101	0	(4,730)	1	5,371
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	10,101	0	(4,730)	1	5,371
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	10,101	0	(4,730)	1	5,371

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 67903

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	7,157						0	0		4,579		4,579
3. Term							0					0
4. Indexed							0					0
5. Universal							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	7,157	0	0	0	0	0	0	0	0	4,579	0	4,579
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	31,907						0	XXX	XXX	XXX	9,418	9,418
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	31,907	0	0	0	0	0	0	XXX	XXX	XXX	9,418	9,418
47. Total	39,064 (c)	0	0	0	0	0	0	0	0	4,579	9,418	13,997

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	10,000	0	0	0	0	0	0	0	0	10,000	9	105,656	(1)	(10,000)	8	95,656
3. Term								0	0		2	20,000	0	0	2	20,000
4. Indexed								0	0							
5. Universal								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	10,000	0	0	0	0	0	0	0	0	10,000	11	125,656	(1)	(10,000)	10	115,656
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	40,080	(1)	(8,173)	5	31,907
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	40,080	(1)	(8,173)	5	31,907
47. TOTAL	10,000	0	0	0	0	0	0	0	0	10,000	17	165,736	(2)	(18,173)	15	147,563

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 67903

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	738						0	15,374		0		15,374
3. Term							0					0
4. Indexed							0					0
5. Universal							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	738	0	0	0	0	0	0	15,374	0	0	0	15,374
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	33,868						0	XXX	XXX	XXX	8,034	8,034
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	33,868	0	0	0	0	0	0	XXX	XXX	XXX	8,034	8,034
47. Total	34,606 (c)	0	0	0	0	0	0	15,374	0	0	8,034	23,408

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	15,312	2	15,312	0	0	0	0	2	15,312	0	3	20,312	(2)	(15,312)	1	5,000
3. Term								0	0		1	5,000	0	0	1	5,000
4. Indexed								0	0							
5. Universal								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	15,312	2	15,312	0	0	0	0	2	15,312	0	4	25,312	(2)	(15,312)	2	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	35,408	(1)	(1,540)	5	33,868
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	35,408	(1)	(1,540)	5	33,868
47. TOTAL	15,312	2	15,312	0	0	0	0	2	15,312	0	10	60,720	(3)	(16,852)	7	43,868

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.MD

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	3,000						0	XXX	XXX	XXX	82	82
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	3,000	0	0	0	0	0	0	XXX	XXX	XXX	82	82
47. Total	3,000 (c)	0	0	0	0	0	0	0	0	0	82	82

LS206.MA

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,000	0	1,000	1	3,000
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,000	0	1,000	1	3,000
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	2,000	0	1,000	1	3,000

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

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 67903

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	1,153						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,153	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,153 (c)	0	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	1	8,000	1	10,000	2	18,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	1	8,000	1	10,000	2	18,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	8,000	1	10,000	2	18,000

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

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 67903

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	417						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	417	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	7,850						0	XXX	XXX	XXX	3,427	3,427
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	7,850	0	0	0	0	0	0	XXX	XXX	XXX	3,427	3,427
47. Total	8,267 (c)	0	0	0	0	0	0	0	0	0	3,427	3,427

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	1	5,000	0	0	1	5,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	1	5,000	0	0	1	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	16,288	(1)	(8,438)	1	7,850
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	16,288	(1)	(8,438)	1	7,850
47. TOTAL	0	0	0	0	0	0	0	0	0	0	3	21,288	(1)	(8,438)	2	12,850

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 67903

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	3,253						0	7,289		1,022		8,311
3. Term							0					0
4. Indexed							0					0
5. Universal							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	3,253	0	0	0	0	0	0	7,289	0	1,022	0	8,311
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	38,942						0	XXX	XXX	XXX	32,923	32,923
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	38,942	0	0	0	0	0	0	XXX	XXX	XXX	32,923	32,923
47. Total	42,195 (c)	0	0	0	0	0	0	7,289	0	1,022	32,923	41,234

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	7,000	1	7,000	0	0	0	0	1	7,000	0	14	91,638	(3)	(24,638)	11	67,000
3. Term								0	0		1	7,000	(1)	(7,000)	0	0
4. Indexed								0	0							
5. Universal								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	7,000	1	7,000	0	0	0	0	1	7,000	0	15	98,638	(4)	(31,638)	11	67,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	63,761	(3)	(24,819)	7	38,942
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	63,761	(3)	(24,819)	7	38,942
47. TOTAL	7,000	1	7,000	0	0	0	0	1	7,000	0	25	162,399	(7)	(56,457)	18	105,942

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 67903

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	4,816						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	4,816	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	11,120						0	XXX	XXX	XXX	3,972	3,972
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	11,120	0	0	0	0	0	0	XXX	XXX	XXX	3,972	3,972
47. Total	15,936 (c)	0	0	0	0	0	0	0	0	0	3,972	3,972

LS206.MO

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	9	70,000	(1)	(5,000)	8	65,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	9	70,000	(1)	(5,000)	8	65,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	12,290	0	(1,170)	3	11,120
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	12,290	0	(1,170)	3	11,120
47. TOTAL	0	0	0	0	0	0	0	0	0	0	12	82,290	(1)	(6,170)	11	76,120

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 67903

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	1,593						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,593	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	61,168						0	XXX	XXX	XXX	62,475	62,475
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	61,168	0	0	0	0	0	0	XXX	XXX	XXX	62,475	62,475
47. Total	62,761 (c)	0	0	0	0	0	0	0	0	0	62,475	62,475

LS206.MT

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	1	25,000	0	0	1	25,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	1	25,000	0	0	1	25,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
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	19	63,413	0	(2,245)	19	61,168
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	63,413	0	(2,245)	19	61,168
47. TOTAL	0	0	0	0	0	0	0	0	0	0	20	88,413	0	(2,245)	20	86,168

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 67903

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	1,660						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,660	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	30,479						0	XXX	XXX	XXX	50,697	50,697
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	30,479	0	0	0	0	0	0	XXX	XXX	XXX	50,697	50,697
47. Total	32,139 (c)	0	0	0	0	0	0	0	0	0	50,697	50,697

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	3	35,000	0	0	3	35,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	3	35,000	0	0	3	35,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	49,212	(5)	(18,733)	6	30,479
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	49,212	(5)	(18,733)	6	30,479
47. TOTAL	0	0	0	0	0	0	0	0	0	0	14	84,212	(5)	(18,733)	9	65,479

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

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 67903

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	612						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	612	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	612 (c)	0	0	0	0	0	0	0	0	0	0	0

LS206.NV

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	2	8,638	0	0	2	8,638
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	2	8,638	0	0	2	8,638
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	2	8,638	0	0	2	8,638

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.NH

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

LS206.1.NH

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.NM

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(15)	0	15	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(15)	0	15	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	(15)	0	15	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 67903

Line of Business	13 Incurred During Current Year	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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 67903

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	1,374						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,374	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	2,388						0	XXX	XXX	XXX	1,596	1,596
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	2,388	0	0	0	0	0	0	XXX	XXX	XXX	1,596	1,596
47. Total	3,762 (c)	0	0	0	0	0	0	0	0	0	1,596	1,596

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	2	40,000	(1)	(20,000)	1	20,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	2	40,000	(1)	(20,000)	1	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	7,511	(1)	(5,123)	0	2,388
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	7,511	(1)	(5,123)	0	2,388
47. TOTAL	0	0	0	0	0	0	0	0	0	0	3	47,511	(2)	(25,123)	1	22,388

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.ND

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 67903

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	2,654						0	3,011		0		3,011
3. Term							0					0
4. Indexed							0					0
5. Universal							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	2,654	0	0	0	0	0	0	3,011	0	0	0	3,011
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	10,745						0	XXX	XXX	XXX	7,737	7,737
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	10,745	0	0	0	0	0	0	XXX	XXX	XXX	7,737	7,737
47. Total	13,399 (c)	0	0	0	0	0	0	3,011	0	0	7,737	10,748

LS206.OH

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	3,000	1	3,000	0	0	0	0	1	3,000	0	7	47,500	(1)	(3,000)	6	44,500
3. Term								0	0		1	7,500	0	0	1	7,500
4. Indexed								0	0							
5. Universal								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	3,000	1	3,000	0	0	0	0	1	3,000	0	8	55,000	(1)	(3,000)	7	52,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	31,565	(3)	(20,820)	5	10,745
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	31,565	(3)	(20,820)	5	10,745
47. TOTAL	3,000	1	3,000	0	0	0	0	1	3,000	0	16	86,565	(4)	(23,820)	12	62,745

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 67903

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	8,419						0	33,997		0		33,997
3. Term							0					0
4. Indexed							0					0
5. Universal							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	8,419	0	0	0	0	0	0	33,997	0	0	0	33,997
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	82,417						0	XXX	XXX	XXX	31,979	31,979
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	82,417	0	0	0	0	0	0	XXX	XXX	XXX	31,979	31,979
47. Total	90,836 (c)	0	0	0	0	0	0	33,997	0	0	31,979	65,976

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	43,401	6	33,401	0	0	0	0	6	33,401	10,000	18	138,183	(5)	(21,401)	13	116,781
3. Term								0	0		1	12,000	(1)	(12,000)	0	0
4. Indexed								0	0							
5. Universal								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	43,401	6	33,401	0	0	0	0	6	33,401	10,000	19	150,183	(6)	(33,401)	13	116,781
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
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	18	111,338	(5)	(28,921)	13	82,417
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	111,338	(5)	(28,921)	13	82,417
47. TOTAL	43,401	6	33,401	0	0	0	0	6	33,401	10,000	37	261,521	(11)	(62,322)	26	199,199

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 67903

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	8,280						0	10,029		0		10,029
3. Term							0					0
4. Indexed							0					0
5. Universal							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	8,280	0	0	0	0	0	0	10,029	0	0	0	10,029
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	123,679						0	XXX	XXX	XXX	55,099	55,099
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	123,679	0	0	0	0	0	0	XXX	XXX	XXX	55,099	55,099
47. Total	131,959 (c)	0	0	0	0	0	0	10,029	0	0	55,099	65,128

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	0	18	113,000	(1)	(10,000)	17	103,000
3. Term								0	0		2	15,000	0	0	2	15,000
4. Indexed								0	0							
5. Universal								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	10,000	1	10,000	0	0	0	0	1	10,000	0	20	128,000	(1)	(10,000)	19	118,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
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	33	157,645	(8)	(33,966)	25	123,679
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	157,645	(8)	(33,966)	25	123,679
47. TOTAL	10,000	1	10,000	0	0	0	0	1	10,000	0	53	285,645	(9)	(43,966)	44	241,679

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 67903

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	895						0	0		7,027		7,027
3. Term							0					0
4. Indexed							0					0
5. Universal							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	895	0	0	0	0	0	0	0	0	7,027	0	7,027
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	7,161						0	XXX	XXX	XXX	1,222	1,222
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	7,161	0	0	0	0	0	0	XXX	XXX	XXX	1,222	1,222
47. Total	8,056 (c)	0	0	0	0	0	0	0	0	7,027	1,222	8,249

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SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	2	15,000	(2)	(15,000)	0	0
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	2	15,000	(2)	(15,000)	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5,835	0	1,326	1	7,161
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5,835	0	1,326	1	7,161
47. TOTAL	0	0	0	0	0	0	0	0	0	0	3	20,835	(2)	(13,674)	1	7,161

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 67903

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	42,368						0	78,013		7,678		85,691
3. Term							0					0
4. Indexed							0					0
5. Universal							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	42,368	0	0	0	0	0	0	78,013	0	7,678	0	85,691
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	204,306						0	XXX	XXX	XXX	159,224	159,224
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	204,306	0	0	0	0	0	0	XXX	XXX	XXX	159,224	159,224
47. Total	246,674 (c)	0	0	0	0	0	0	78,013	0	7,678	159,224	244,915

LS206.SC

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	77,000	6	77,000	0	0	0	0	6	77,000	0	63	698,000	(9)	(94,500)	54	603,500
3. Term								0	0		2	15,000	1	7,500	3	22,500
4. Indexed								0	0							
5. Universal								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	77,000	6	77,000	0	0	0	0	6	77,000	0	65	713,000	(8)	(87,000)	57	626,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
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	45	288,011	(8)	(83,705)	37	204,306
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	288,011	(8)	(83,705)	37	204,306
47. TOTAL	77,000	6	77,000	0	0	0	0	6	77,000	0	110	1,001,011	(16)	(170,705)	94	830,306

(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 $

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.SD

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	9,823						0	XXX	XXX	XXX	4,960	4,960
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	9,823	0	0	0	0	0	0	XXX	XXX	XXX	4,960	4,960
47. Total	9,823 (c)	0	0	0	0	0	0	0	0	0	4,960	4,960

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	6,165	1	3,658	2	9,823
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	6,165	1	3,658	2	9,823
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	6,165	1	3,658	2	9,823

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 67903

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	137,975						0	172,841		41,538		214,379
3. Term							0					0
4. Indexed							0					0
5. Universal							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	137,975	0	0	0	0	0	0	172,841	0	41,538	0	214,379
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	1,110,789						0	XXX	XXX	XXX	981,169	981,169
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	1,110,789	0	0	0	0	0	0	XXX	XXX	XXX	981,169	981,169
47. Total	1,248,764 (c)	0	0	0	0	0	0	172,841	0	41,538	981,169	1,195,548

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	170,300	34	141,800	0	0	0	0	34	141,800	28,500	317	1,992,480	(46)	(254,300)	271	1,738,180
3. Term								0	0		29	196,000	(3)	(15,000)	26	181,000
4. Indexed								0	0							
5. Universal								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	170,300	34	141,800	0	0	0	0	34	141,800	28,500	346	2,188,480	(49)	(269,300)	297	1,919,180
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
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	271	1,722,996	(54)	(612,207)	217	1,110,789
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	271	1,722,996	(54)	(612,207)	217	1,110,789
47. TOTAL	170,300	34	141,800	0	0	0	0	34	141,800	28,500	617	3,911,476	(103)	(881,507)	514	3,029,969

(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 $ .....

LS206.1.TX

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 67903

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	6,366						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	6,366	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	7,421						0	XXX	XXX	XXX	977	977
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	7,421	0	0	0	0	0	0	XXX	XXX	XXX	977	977
47. Total	13,787 (c)	0	0	0	0	0	0	0	0	0	977	977

LS206.UT

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	7	86,000	0	0	7	86,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	7	86,000	0	0	7	86,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	8,180	0	(759)	1	7,421
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	8,180	0	(759)	1	7,421
47. TOTAL	0	0	0	0	0	0	0	0	0	0	8	94,180	0	(759)	8	93,421

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.VT

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term								0	0		0	0	0	0	0
4. Indexed								0	0						
5. Universal								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	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						(a)
18. Other								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						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total Individual Annuities	0	0	0	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	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 67903

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	866						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	866	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	5,950						0	XXX	XXX	XXX	570	570
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	5,950	0	0	0	0	0	0	XXX	XXX	XXX	570	570
47. Total	6,816 (c)	0	0	0	0	0	0	0	0	0	570	570

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	0	0	0	0	0	0	0	0	0	0	2	12,500	0	0	2	12,500
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	2	12,500	0	0	2	12,500
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	14,664	(1)	(8,714)	1	5,950
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	14,664	(1)	(8,714)	1	5,950
47. TOTAL	0	0	0	0	0	0	0	0	0	0	4	27,164	(1)	(8,714)	3	18,450

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 67903

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	312						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	312	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	14,967						0	XXX	XXX	XXX	11,968	11,968
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	14,967	0	0	0	0	0	0	XXX	XXX	XXX	11,968	11,968
47. Total	15,279 (c)	0	0	0	0	0	0	0	0	0	11,968	11,968

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	1	5,000	0	0	1	5,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	1	5,000	0	0	1	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	15,315	0	(348)	3	14,967
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	15,315	0	(348)	3	14,967
47. TOTAL	0	0	0	0	0	0	0	0	0	0	4	20,315	0	(348)	4	19,967

(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 $

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 67903

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	2,596						0	15,089		0		15,089
3. Term							0					0
4. Indexed							0					0
5. Universal							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	2,596	0	0	0	0	0	0	15,089	0	0	0	15,089
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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	19,336						0	XXX	XXX	XXX	17,590	17,590
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	19,336	0	0	0	0	0	0	XXX	XXX	XXX	17,590	17,590
47. Total	21,932 (c)	0	0	0	0	0	0	15,089	0	0	17,590	32,679

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole	15,000	2	15,000	0	0	0	0	2	15,000	0	4	55,000	(2)	(15,000)	2	40,000
3. Term								0	0		0	0	0	0	0	0
4. Indexed								0	0							
5. Universal								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	15,000	2	15,000	0	0	0	0	2	15,000	0	4	55,000	(2)	(15,000)	2	40,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	26,947	(1)	(7,611)	3	19,336
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	26,947	(1)	(7,611)	3	19,336
47. TOTAL	15,000	2	15,000	0	0	0	0	2	15,000	0	8	81,947	(3)	(22,611)	5	59,336

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

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 67903

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	2,419						0	0		0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							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	2,419	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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	2,419 (c)	0	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 67903

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						
2. Whole	0	0	0	0	0	0	0	0	0	0	3	26,000	0	0	3	26,000
3. Term								0	0		1	5,000	(1)	(5,000)	0	0
4. Indexed								0	0							
5. Universal								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	4	31,000	(1)	(5,000)	3	26,000
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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	4	31,000	(1)	(5,000)	3	26,000

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

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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)	4,639						0	XXX	XXX	XXX	2,220	2,220
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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	4,639	0	0	0	0	0	0	XXX	XXX	XXX	2,220	2,220
47. Total	4,639 (c)	0	0	0	0	0	0	0	0	0	2,220	2,220

LS206.WY

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 67903

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							
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
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	4,964	0	(325)	2	4,639
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	4,964	0	(325)	2	4,639
47. TOTAL	0	0	0	0	0	0	0	0	0	0	2	4,964	0	(325)	2	4,639

(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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.AS

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	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						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	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						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	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						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	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						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

LS206.1.VI

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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						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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	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						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2024 NAIC Company Code 67903

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
3. Term							0					0
4. Indexed							0					0
5. Universal							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
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							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	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							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

LS206.CN

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2024 NAIC Company Code 67903

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							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								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	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							(a)
18. Other								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							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								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							
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	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						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 $ .....

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 67903

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	255,605	0	0	0	0	0	0	375,998	0	61,844	0	437,841
3. Term	0	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	0	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	255,605	0	0	0	0	0	0	375,998	0	61,844	0	437,841
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	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	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	0	0	0	0	0
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	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)	3,000	0	0	0	0	0	0	XXX	XXX	XXX	82	82
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	2,105,045	0	0	0	0	0	0	XXX	XXX	XXX	1,657,860	1,657,860
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,108,045	0	0	0	0	0	0	XXX	XXX	XXX	1,657,942	1,657,942
47. Total	2,363,650 (c)	0	0	0	0	0	0	375,998	0	61,844	1,657,942	2,095,783

LS206.GT

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 67903

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	391,097	57	342,597	0	0	0	0	57	342,597	48,500	521	3,878,014	(73)	(480,151)	448	3,397,862
3. Term	0	0	0	0	0	0	0	0	0	0	41	292,500	(6)	(41,500)	35	251,000
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	0	0	0
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	391,097	57	342,597	0	0	0	0	57	342,597	48,500	562	4,170,514	(79)	(521,651)	483	3,648,862
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	0	0	0
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	0	0	0
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	1	2,000	0	1,000	1	3,000
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	511	3,045,009	(104)	(939,964)	407	2,105,045
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	512	3,047,009	(104)	(938,964)	408	2,108,045
47. TOTAL	391,097	57	342,597	0	0	0	0	57	342,597	48,500	1,074	7,217,523	(183)	(1,460,615)	891	5,756,907

(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

6 7 9 0 3 2 0 2 4 6 0 0 0 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Alabama

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Alaska

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arizona

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arkansas

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 0 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: California

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Colorado

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Connecticut

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Delaware

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: District of Columbia

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Florida

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Georgia

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Hawaii

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Idaho

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Illinois

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 1 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Indiana

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Iowa

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 1 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Kansas

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Kentucky

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Louisiana

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Maine

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Maryland

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Massachusetts

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Michigan

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Minnesota

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Mississippi

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Missouri

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 2 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Montana

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Nebraska

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Nevada

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: New Hampshire

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: New Jersey

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: New Mexico

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: North Carolina

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 3 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: North Dakota

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Ohio

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 3 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Oklahoma

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Oregon

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Pennsylvania

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Rhode Island

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: South Carolina

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: South Dakota

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Tennessee

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Texas

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 4 5 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Utah

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Vermont

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 4 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Virginia

NAIC Group Code 0901 NAIC Company Code 67903

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

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Washington

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: West Virginia

NAIC Group Code 0901 NAIC Company Code 67903

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 PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Wisconsin

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 5 1 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Wyoming

NAIC Group Code 0901 NAIC Company Code 67903

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 9 0 3 2 0 2 4 6 0 0 5 4 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Puerto Rico

NAIC Group Code 0901 NAIC Company Code 67903

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