

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

NAIC Group Code0067,.....0067.....NAIC Company Code88064.....Employer's ID Number35-1452221.....

(Current)(Prior)

Organized under the Laws ofOH.....State of Domicile or Port of EntryOH.....

Country of DomicileUS.....

Licensed as business type:Life, Accident and Health.....

Incorporated/Organized10/19/1977.....Commenced Business07/11/1978.....

Statutory Home Office525 VINE STREET, SUITE 1925.....CINCINNATI, OH, US 45202.....

Main Administrative Office525 VINE STREET, SUITE 1925.....

CINCINNATI, OH, US 45202.....513-621-1826.....

(Telephone)

Mail AddressP.O. BOX 3428.....CINCINNATI, OH, US 45202-3428.....

Primary Location of Books and

Records525 VINE STREET, SUITE 1925.....

CINCINNATI, OH, US 45202.....513-621-1826.....

(Telephone)

Internet Website AddressWWW.CINEQLIFE.COM.....

Statutory Statement ContactJOSHUA C KORSON.....517-679-4756.....

(Telephone)

JKORSON@FBINSMI.COM.....513-621-4531.....

(E-Mail)(Fax)

OFFICERS

CARL JOSEPH BEDNARSKI, PRESIDENT.....DONALD EUGENE SIMON, EXECUTIVE VICE PRESIDENT.....

ANDREW JAMES KOK, SECRETARY.....THOMAS LIGOURI NUGENT, TREASURER.....

OTHER

PAUL ROBERT RETZLAFF#, CHIEF OPERATING OFFICER.....TONYA GAIL CRAWFORD, VICE PRESIDENT OF SALES & MARKETING.....

DIRECTORS OR TRUSTEES

DAVID HOWARD BAHRMAN.....CARL JOSEPH BEDNARSKI.....

MARY LEONA DANIELS.....MICHAEL ALLEN DERUITER.....

TRAVIS EDWARD FAHLEY.....MICHAEL CHARLES FUSILIER.....

BENJAMIN JEFFERY LACROSS.....JENNIFER LYNN LEWIS.....

PATRICK WILLIAM MCGUIRE.....MICHAEL RICHARD MULDER.....

ABRAHAM JOHN PASCH.....PAUL DAVID PRIDGEON.....

JEFFERY BLAIR SANDBORN.....STEPHANIE LEE SCHAFER.....

LARRY MARTIN SHAW.....LARRY ALLEN WALTON.....

State ofMichigan.....

County ofEaton.....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.

X

Carl Joseph Bednarski
President

X

Donald Eugene Simon
Executive Vice President

X

Thomas Ligouri Nugent
Treasurer

Subscribed and sworn to before me

this_____day of

_____, 2025

a. Is this an original filing? Yes

b. If no:

1. State the amendment number:_____

2. Date filed:_____

3. Number of pages attached:_____

X

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 0067

NAIC Company Code: 88064

| Line of Business | 1 Premiums and Annuities Considerations | 2 Other Considerations | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|--|----------------------------------|---|--|--|----------------|----------------------------------|--|--------------------------------|---|------------------------------|--|
| | | | 3 Paid in Cash or Left on Deposit | 4 Applied to Pay Renewal Premiums | 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | 6 Other | 7 Total (Col. 3+4+5+6) | 8 Death and Annuity Benefits | 9 Matured Endowments | 10 Surrender Values and Withdrawals for Life Contracts | 11 All Other Benefits | 12 Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 10,174,549 | | | | | | | 6,276,984 | | 40,969 | | 6,317,954 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 10,174,549 | | | | | | | 6,276,984 | | 40,969 | | 6,317,954 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | 8,288 | | | | | | | 103,569 | | | | 103,569 |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | 8,288 | | | | | | | 103,569 | | | | 103,569 |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | | | | | | | | XXX | XXX | XXX | | |
| 46. Total Accident and Health | | | | | | | | XXX | XXX | XXX | | |
| 47. Total | 10,182,837 (c) | | | | | | | 6,380,553 | | 40,969 | | 6,421,523 |

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

| Line of Business | | Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits | | | | | | | | | Policy Exhibit | | | | | | |
|----------------------|--|---|------------------------------------|------------------|-----------------------------------|------------------|-----------------------------------|------------------|-----------------------------------|------------------|--|-----------------------------------|------------------|-----------------------------------|------------------|--|------------------|
| | | 13 Incurred During Current Year | Claims Settled During Current Year | | | | | | | | 22 Unpaid December 31, Current Year | Issued During Year | | Other Changes to In Force (Net) | | In Force December 31, Current Year (b) | |
| | | | Totals Paid | | Reduction by Compromise | | Amount Rejected | | Total Settled During Current Year | | | 23 Number of Pols/Certs | 24 Amount | 25 Number of Pols/Certs | 26 Amount | 27 Number of Pols/Certs | 28 Amount |
| | | | 14 Number of Pols/Certs | 15 Amount | 16 Number of Pols/Certs | 17 Amount | 18 Number of Pols/Certs | 19 Amount | 20 Number of Pols/Certs | 21 Amount | | | | | | | |
| Individual Life | | | | | | | | | | | | | | | | | |
| 1. | Industrial | | | | | | | | | | | | | | | | |
| 2. | Whole | 6,279,338 | 993 | 6,268,738 | 12 | 8,246 | | | 1,005 | 6,276,984 | 129,459 | 1,815 | 11,082,918 | (1,134) | (6,261,159) | 12,066 | 73,643,306 |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 6,279,338 | 993 | 6,268,738 | 12 | 8,246 | | | 1,005 | 6,276,984 | 129,459 | 1,815 | 11,082,918 | (1,134) | (6,261,159) | 12,066 | 73,643,306 |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | | (a) |
| 18. | Other | | | | | | | | | | | | | | | | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | 87,525 | 14 | 103,569 | | | | | 14 | 103,569 | — | 1 | 1,408 | (12) | (64,647) | 89 | 717,706 |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | 87,525 | 14 | 103,569 | | | | | 14 | 103,569 | — | 1 | 1,408 | (12) | (64,647) | 89 | 717,706 |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 47. | Total | 6,366,864 | 1,007 | 6,372,307 | 12 | 8,246 | | | 1,019 | 6,380,553 | 129,459 | 1,816 | 11,084,326 | (1,146) | (6,325,806) | 12,155 | 74,361,012 |

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 0067

NAIC Company Code: 88064

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

24.LL

NONE

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

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

NONE

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 0067

NAIC Company Code: 88064

| | 1 | 2 | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|---------------------------------------|----------------------|---|---------------------------------|--|-------|----------------------|----------------------------|--------------------|---|--------------------|----------------------------------|
| | | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Line of Business | Premiums and Annuities Considerations | Other Considerations | Paid in Cash or Left on Deposit | Applied to Pay Renewal Premiums | Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | Other | Total (Col. 3+4+5+6) | Death and Annuity Benefits | Matured Endowments | Surrender Values and Withdrawals for Life Contracts | All Other Benefits | Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 11,361,656 | | | | | | | 8,668,919 | | 2,976 | | 8,671,895 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 11,361,656 | | | | | | | 8,668,919 | | 2,976 | | 8,671,895 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | 19,357 | | | | | | | 24,761 | | | | 24,761 |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | 19,357 | | | | | | | 24,761 | | | | 24,761 |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | | | | | | | | XXX | XXX | XXX | | |
| 46. Total Accident and Health | | | | | | | | XXX | XXX | XXX | | |
| 47. Total | 11,381,013 (c) | | | | | | | 8,693,680 | | 2,976 | | 8,696,657 |

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

| 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 |
| | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | |
| Incurred During Current Year | | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | 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 | | | | | | | | | | | | | | | | |
| 2. | Whole | 8,739,893 | 1,256 | 8,663,126 | 9 | 5,793 | | 1,265 | 8,668,919 | 228,794 | 2,021 | 11,798,210 | (1,327) | (7,808,656) | 14,967 | 94,622,204 | |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 8,739,893 | 1,256 | 8,663,126 | 9 | 5,793 | | 1,265 | 8,668,919 | 228,794 | 2,021 | 11,798,210 | (1,327) | (7,808,656) | 14,967 | 94,622,204 | |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | (a) | |
| 18. | Other | | | | | | | | | | | | | | | | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | 14,344 | 3 | 24,761 | | | | 3 | 24,761 | — | 6 | 2,410 | (6) | 4,086 | 24 | 135,669 | |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | 14,344 | 3 | 24,761 | | | | 3 | 24,761 | — | 6 | 2,410 | (6) | 4,086 | 24 | 135,669 | |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 47. | Total | 8,754,237 | 1,259 | 8,687,888 | 9 | 5,793 | | 1,268 | 8,693,680 | 228,794 | 2,027 | 11,800,620 | (1,333) | (7,804,570) | 14,991 | 94,757,873 | |

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

| Line of Business | 1 Premiums and Annuities Considerations | 2 Other Considerations | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|--|-------------------------------|---|--|---|----------------|-------------------------------|-------------------------------------|-----------------------------|---|------------------------------|--|
| | | | 3 Paid in Cash or Left on Deposit | 4 Applied to Pay Renewal Premiums | 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | 6 Other | 7 Total (Col. 3+4+5+6) | 8 Death and Annuity Benefits | 9 Matured Endowments | 10 Surrender Values and Withdrawals for Life Contracts | 11 All Other Benefits | 12 Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 7,613,859 | | | | | | | 5,153,021 | | 14,209 | | 5,167,230 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 7,613,859 | | | | | | | 5,153,021 | | 14,209 | | 5,167,230 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | 5,792 | | | | | | | 3,945 | | | | 3,945 |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | 5,792 | | | | | | | 3,945 | | | | 3,945 |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | | | | | | | | XXX | XXX | XXX | | |
| 46. Total Accident and Health | | | | | | | | XXX | XXX | XXX | | |
| 47. Total | 7,619,651 (c) | | | | | | | 5,156,966 | | 14,209 | | 5,171,175 |

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

| 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 |
| | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | |
| Incurred During Current Year | | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | 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 | | | | | | | | | | | | | | | | |
| 2. | Whole | 5,159,033 | 846 | 5,150,208 | 4 | 2,813 | | 850 | 5,153,021 | 35,997 | 1,467 | 8,418,104 | (980) | (5,967,624) | 10,091 | 56,679,466 | |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 5,159,033 | 846 | 5,150,208 | 4 | 2,813 | | 850 | 5,153,021 | 35,997 | 1,467 | 8,418,104 | (980) | (5,967,624) | 10,091 | 56,679,466 | |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | | |
| 18. | Other | | | | | | | | | | | | | | | (a) | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | 3,945 | 3 | 3,945 | | | | 3 | 3,945 | — | 5 | 2,803 | (4) | 155 | 24 | 66,819 | |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | 3,945 | 3 | 3,945 | | | | 3 | 3,945 | — | 5 | 2,803 | (4) | 155 | 24 | 66,819 | |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 47. | Total | 5,162,978 | 849 | 5,154,153 | 4 | 2,813 | | 853 | 5,156,966 | 35,997 | 1,472 | 8,420,907 | (984) | (5,967,469) | 10,115 | 56,746,285 | |

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

| Line of Business | 1 Premiums and Annuities Considerations | 2 Other Considerations | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|--|----------------------------------|---|--|--|----------------|----------------------------------|--|--------------------------------|---|------------------------------|--|
| | | | 3 Paid in Cash or Left on Deposit | 4 Applied to Pay Renewal Premiums | 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | 6 Other | 7 Total (Col. 3+4+5+6) | 8 Death and Annuity Benefits | 9 Matured Endowments | 10 Surrender Values and Withdrawals for Life Contracts | 11 All Other Benefits | 12 Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 364,343 | | | | | | | 27,049 | | — | | 27,049 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 364,343 | | | | | | | 27,049 | | — | | 27,049 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | — | | | | | | | — | | | | — |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | — | | | | | | | — | | | | — |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | | | | | | | | XXX | XXX | XXX | | |
| 46. Total Accident and Health | | | | | | | | XXX | XXX | XXX | | |
| 47. Total | 364,343 (c) | | | | | | | 27,049 | | — | | 27,049 |

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

| Line of Business | | Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits | | | | | | | | | | Policy Exhibit | | | | | |
|----------------------|--|---|------------------------------------|------------------|--------------------------------|------------------|--------------------------------|------------------|-----------------------------------|------------------|--|--------------------------------|------------------|---------------------------------|------------------|--|------------------|
| | | 13 Incurred During Current Year | Claims Settled During Current Year | | | | | | | | 22 Unpaid December 31, Current Year | Issued During Year | | Other Changes to In Force (Net) | | In Force December 31, Current Year (b) | |
| | | | Totals Paid | | Reduction by Compromise | | Amount Rejected | | Total Settled During Current Year | | | 23 Number of Pols/Certs | 24 Amount | 25 Number of Pols/Certs | 26 Amount | 27 Number of Pols/Certs | 28 Amount |
| | | | 14 Number of Pols/Certs | 15 Amount | 16 Number of Pols/Certs | 17 Amount | 18 Number of Pols/Certs | 19 Amount | 20 Number of Pols/Certs | 21 Amount | | | | | | | |
| Individual Life | | | | | | | | | | | | | | | | | |
| 1. | Industrial | | | | | | | | | | | | | | | | |
| 2. | Whole | 27,049 | 4 | 27,049 | — | — | | | 4 | 27,049 | — | 137 | 3,710,559 | (19) | (480,254) | 120 | 3,430,305 |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 27,049 | 4 | 27,049 | — | — | | | 4 | 27,049 | — | 137 | 3,710,559 | (19) | (480,254) | 120 | 3,430,305 |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | | (a) |
| 18. | Other | | | | | | | | | | | | | | | | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | — | — | — | | | | | — | — | — | — | — | — | — | — | — |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | — | — | — | | | | | — | — | — | — | — | — | — | — | — |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 47. | Total | 27,049 | 4 | 27,049 | — | — | | | 4 | 27,049 | — | 137 | 3,710,559 | (19) | (480,254) | 120 | 3,430,305 |

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

24.MS

| Line of Business | 1 Premiums and Annuities Considerations | 2 Other Considerations | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|--|----------------------------------|---|--|--|----------------|----------------------------------|--|--------------------------------|---|------------------------------|--|
| | | | 3 Paid in Cash or Left on Deposit | 4 Applied to Pay Renewal Premiums | 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | 6 Other | 7 Total (Col. 3+4+5+6) | 8 Death and Annuity Benefits | 9 Matured Endowments | 10 Surrender Values and Withdrawals for Life Contracts | 11 All Other Benefits | 12 Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 576,808 | | | | | | | 274,046 | | 15,661 | | 289,707 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 576,808 | | | | | | | 274,046 | | 15,661 | | 289,707 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | - | | | | | | | - | | | | - |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | - | | | | | | | - | | | | - |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | | | | | | | | XXX | XXX | XXX | | |
| 46. Total Accident and Health | | | | | | | | XXX | XXX | XXX | | |
| 47. Total | 576,808 (c) | | | | | | | 274,046 | | 15,661 | | 289,707 |

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

| 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 |
| | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | |
| Incurred During Current Year | | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | 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 | | | | | | | | | | | | | | | | |
| 2. | Whole | 301,468 | 43 | 272,246 | 1 | 1,800 | | 44 | 274,046 | 32,000 | 290 | 3,406,738 | (173) | (3,219,890) | 838 | 5,863,585 | |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 301,468 | 43 | 272,246 | 1 | 1,800 | | 44 | 274,046 | 32,000 | 290 | 3,406,738 | (173) | (3,219,890) | 838 | 5,863,585 | |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | (a) | |
| 18. | Other | | | | | | | | | | | | | | | | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | - | - | - | | | | - | - | - | - | - | - | - | - | - | |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | - | - | - | | | | - | - | - | - | - | - | - | - | - | |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 47. | Total | 301,468 | 43 | 272,246 | 1 | 1,800 | | 44 | 274,046 | 32,000 | 290 | 3,406,738 | (173) | (3,219,890) | 838 | 5,863,585 | |

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

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

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

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

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

| Line of Business | 1 Premiums and Annuities Considerations | 2 Other Considerations | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|--|----------------------------------|---|--|--|----------------|----------------------------------|--|--------------------------------|---|------------------------------|--|
| | | | 3 Paid in Cash or Left on Deposit | 4 Applied to Pay Renewal Premiums | 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | 6 Other | 7 Total (Col. 3+4+5+6) | 8 Death and Annuity Benefits | 9 Matured Endowments | 10 Surrender Values and Withdrawals for Life Contracts | 11 All Other Benefits | 12 Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 8,759,743 | | | | | | | 5,350,627 | | 51,601 | | 5,402,229 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 8,759,743 | | | | | | | 5,350,627 | | 51,601 | | 5,402,229 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | 8,129 | | | | | | | 4,471 | | | | 4,471 |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | 8,129 | | | | | | | 4,471 | | | | 4,471 |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | 8,459 | | | | | | | XXX | XXX | XXX | 3,185 | 3,185 |
| 46. Total Accident and Health | 8,459 | | | | | | | XXX | XXX | XXX | 3,185 | 3,185 |
| 47. Total | 8,776,331 (c) | | | | | | | 5,355,098 | | 51,601 | 3,185 | 5,409,885 |

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

| 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 |
| | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | |
| Incurred During Current Year | | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | 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 | | | | | | | | | | | | | | | | |
| 2. | Whole | 5,381,769 | 1,182 | 5,333,825 | 14 | 16,802 | | 1,196 | 5,350,627 | 112,000 | 2,288 | 11,482,384 | (1,327) | (6,852,236) | 14,243 | 66,785,580 | |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 5,381,769 | 1,182 | 5,333,825 | 14 | 16,802 | | 1,196 | 5,350,627 | 112,000 | 2,288 | 11,482,384 | (1,327) | (6,852,236) | 14,243 | 66,785,580 | |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | (a) | |
| 18. | Other | | | | | | | | | | | | | | | | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | 4,471 | 2 | 4,471 | | | | 2 | 4,471 | — | 4 | 905 | (2) | 2,866 | 6 | 15,815 | |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | 4,471 | 2 | 4,471 | | | | 2 | 4,471 | — | 4 | 905 | (2) | 2,866 | 6 | 15,815 | |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | 6 | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | 6 | | |
| 47. | Total | 5,386,240 | 1,184 | 5,338,296 | 14 | 16,802 | | 1,198 | 5,355,098 | 112,000 | 2,292 | 11,483,289 | (1,329) | (6,849,370) | 14,255 | 66,801,395 | |

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 0067

NAIC Company Code: 88064

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

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

| 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 |
| | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | |
| Incurred During Current Year | | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | 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 | | | | | | | | | | | | | | | | | |
| 2. Whole | | | | | | | | | | | 113 | 1,035,500 | (36) | (323,500) | 77 | 712,000 | |
| 3. Term | | | | | | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | | | | | | |
| 11. Total Individual Life | | | | | | | | | | | 113 | 1,035,500 | (36) | (323,500) | 77 | 712,000 | |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | | | | | (a) | |
| 18. Other | | | | | | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. Fixed | | | | | | | | | | | | | | | | | |
| 21. Indexed | | | | | | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | | | | | | |
| 26. Total Individual Annuities | | | | | | | | | | | | | | | | | |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 35. Comprehensive group (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 36. Medicare Supplement (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 37. Vision only (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 38. Dental only (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 39. Federal Employees Health Benefits Plan (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 40. Title XVIII Medicare (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 41. Title XIX Medicaid (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 42. Credit A&H | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 43. Disability income (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 44. Long-term care (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 45. Other health (d) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 46. Total Accident and Health | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 47. Total | | | | | | | | | | | 113 | 1,035,500 | (36) | (323,500) | 77 | 712,000 | |

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

| Line of Business | 1 Premiums and Annuities Considerations | 2 Other Considerations | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|--|----------------------------------|---|--|--|----------------|----------------------------------|--|--------------------------------|---|------------------------------|--|
| | | | 3 Paid in Cash or Left on Deposit | 4 Applied to Pay Renewal Premiums | 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | 6 Other | 7 Total (Col. 3+4+5+6) | 8 Death and Annuity Benefits | 9 Matured Endowments | 10 Surrender Values and Withdrawals for Life Contracts | 11 All Other Benefits | 12 Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 270,119 | | | | | | | 305,688 | | — | | 305,688 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 270,119 | | | | | | | 305,688 | | — | | 305,688 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | | | | | | | | | | | | |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | | | | | | | | | | | | |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | | | | | | | | XXX | XXX | XXX | | |
| 46. Total Accident and Health | | | | | | | | XXX | XXX | XXX | | |
| 47. Total | 270,119 (c) | | | | | | | 305,688 | | — | | 305,688 |

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

| 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 |
| | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | |
| Incurred During Current Year | | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | 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 | | | | | | | | | | | | | | | | |
| 2. | Whole | 330,504 | 39 | 305,688 | — | — | | | 39 | 305,688 | 38,647 | 170 | 2,185,292 | (195) | (3,143,782) | 456 | 3,295,407 |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 330,504 | 39 | 305,688 | — | — | | | 39 | 305,688 | 38,647 | 170 | 2,185,292 | (195) | (3,143,782) | 456 | 3,295,407 |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | (a) | |
| 18. | Other | | | | | | | | | | | | | | | | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | — | — | — | | | | | — | — | — | — | — | — | — | — | |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | — | — | — | | | | | — | — | — | — | — | — | — | — | |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 47. | Total | 330,504 | 39 | 305,688 | — | — | | | 39 | 305,688 | 38,647 | 170 | 2,185,292 | (195) | (3,143,782) | 456 | 3,295,407 |

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

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

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

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

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



GRAND TOTAL DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

| Line of Business | 1 Premiums and Annuities Considerations | 2 Other Considerations | Dividends to Policyholders/Refunds to Members | | | | | Claims and Benefits Paid | | | | |
|--|--|-------------------------------|---|--|---|----------------|-------------------------------|-------------------------------------|-----------------------------|---|------------------------------|--|
| | | | 3 Paid in Cash or Left on Deposit | 4 Applied to Pay Renewal Premiums | 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period | 6 Other | 7 Total (Col. 3+4+5+6) | 8 Death and Annuity Benefits | 9 Matured Endowments | 10 Surrender Values and Withdrawals for Life Contracts | 11 All Other Benefits | 12 Total (Sum Columns 8 through 11) |
| Individual Life | | | | | | | | | | | | |
| 1. Industrial | | | | | | | | | | | | |
| 2. Whole | 39,121,077 | | | | | | | 26,056,335 | | 125,462 | | 26,181,798 |
| 3. Term | | | | | | | | | | | | |
| 4. Indexed | | | | | | | | | | | | |
| 5. Universal | | | | | | | | | | | | |
| 6. Universal with secondary guarantees | | | | | | | | | | | | |
| 7. Variable | | | | | | | | | | | | |
| 8. Variable universal | | | | | | | | | | | | |
| 9. Credit | | | | | | | | | | | | |
| 10. Other | | | | | | | | | | | | |
| 11. Total Individual Life | 39,121,077 | | | | | | | 26,056,335 | | 125,462 | | 26,181,798 |
| Group Life | | | | | | | | | | | | |
| 12. Whole | | | | | | | | | | | | |
| 13. Term | | | | | | | | | | | | |
| 14. Universal | | | | | | | | | | | | |
| 15. Variable | | | | | | | | | | | | |
| 16. Variable universal | | | | | | | | | | | | |
| 17. Credit | | | | | | | | | | | | |
| 18. Other | | | | | | | | | | | | |
| 19. Total Group Life | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | |
| 20. Fixed | 41,566 | | | | | | | 136,746 | | | | 136,746 |
| 21. Indexed | | | | | | | | | | | | |
| 22. Variable with guarantees | | | | | | | | | | | | |
| 23. Variable without guarantees | | | | | | | | | | | | |
| 24. Life contingent payout | | | | | | | | | | | | |
| 25. Other | | | | | | | | | | | | |
| 26. Total Individual Annuities | 41,566 | | | | | | | 136,746 | | | | 136,746 |
| Group Annuities | | | | | | | | | | | | |
| 27. Fixed | | | | | | | | | | | | |
| 28. Indexed | | | | | | | | | | | | |
| 29. Variable with guarantees | | | | | | | | | | | | |
| 30. Variable without guarantees | | | | | | | | | | | | |
| 31. Life contingent payout | | | | | | | | | | | | |
| 32. Other | | | | | | | | | | | | |
| 33. Total Group Annuities | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | |
| 34. Comprehensive individual (d) | | | | | | | | XXX | XXX | XXX | | |
| 35. Comprehensive group (d) | | | | | | | | XXX | XXX | XXX | | |
| 36. Medicare Supplement (d) | | | | | | | | XXX | XXX | XXX | | |
| 37. Vision only (d) | | | | | | | | XXX | XXX | XXX | | |
| 38. Dental only (d) | | | | | | | | XXX | XXX | XXX | | |
| 39. Federal Employees Health Benefits Plan (d) | | | | | | | | XXX | XXX | XXX | | |
| 40. Title XVIII Medicare (d) | (e) | | | | | | | XXX | XXX | XXX | | |
| 41. Title XIX Medicaid (d) | | | | | | | | XXX | XXX | XXX | | |
| 42. Credit A&H | | | | | | | | XXX | XXX | XXX | | |
| 43. Disability income (d) | | | | | | | | XXX | XXX | XXX | | |
| 44. Long-term care (d) | | | | | | | | XXX | XXX | XXX | | |
| 45. Other health (d) | 8,459 | | | | | | | XXX | XXX | XXX | 3,185 | 3,185 |
| 46. Total Accident and Health | 8,459 | | | | | | | XXX | XXX | XXX | 3,185 | 3,185 |
| 47. Total | 39,171,102 (c) | | | | | | | 26,193,081 | | 125,462 | 3,185 | 26,321,729 |

GRAND TOTAL DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

| 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 |
| | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | |
| Incurred During Current Year | | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | Amount | Number of Pols/Certs | 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 | | | | | | | | | | | | | | | | |
| 2. | Whole | 26,219,055 | 4,363 | 26,020,881 | 40 | 35,455 | | 4,403 | 26,056,335 | 576,898 | 8,301 | 53,119,705 | (5,191) | (34,057,101) | 52,858 | 305,031,853 | |
| 3. | Term | | | | | | | | | | | | | | | | |
| 4. | Indexed | | | | | | | | | | | | | | | | |
| 5. | Universal | | | | | | | | | | | | | | | | |
| 6. | Universal with secondary guarantees | | | | | | | | | | | | | | | | |
| 7. | Variable | | | | | | | | | | | | | | | | |
| 8. | Variable universal | | | | | | | | | | | | | | | | |
| 9. | Credit | | | | | | | | | | | | | | | | |
| 10. | Other | | | | | | | | | | | | | | | | |
| 11. | Total Individual Life | 26,219,055 | 4,363 | 26,020,881 | 40 | 35,455 | | 4,403 | 26,056,335 | 576,898 | 8,301 | 53,119,705 | (5,191) | (34,057,101) | 52,858 | 305,031,853 | |
| Group Life | | | | | | | | | | | | | | | | | |
| 12. | Whole | | | | | | | | | | | | | | | | |
| 13. | Term | | | | | | | | | | | | | | | | |
| 14. | Universal | | | | | | | | | | | | | | | | |
| 15. | Variable | | | | | | | | | | | | | | | | |
| 16. | Variable universal | | | | | | | | | | | | | | | | |
| 17. | Credit | | | | | | | | | | | | | | | (a) | |
| 18. | Other | | | | | | | | | | | | | | | | |
| 19. | Total Group Life | | | | | | | | | | | | | | | | |
| Individual Annuities | | | | | | | | | | | | | | | | | |
| 20. | Fixed | 110,286 | 22 | 136,746 | | | | 22 | 136,746 | — | 16 | 7,526 | (24) | (57,540) | 143 | 936,009 | |
| 21. | Indexed | | | | | | | | | | | | | | | | |
| 22. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 23. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 24. | Life contingent payout | | | | | | | | | | | | | | | | |
| 25. | Other | | | | | | | | | | | | | | | | |
| 26. | Total Individual Annuities | 110,286 | 22 | 136,746 | | | | 22 | 136,746 | — | 16 | 7,526 | (24) | (57,540) | 143 | 936,009 | |
| Group Annuities | | | | | | | | | | | | | | | | | |
| 27. | Fixed | | | | | | | | | | | | | | | | |
| 28. | Indexed | | | | | | | | | | | | | | | | |
| 29. | Variable with guarantees | | | | | | | | | | | | | | | | |
| 30. | Variable without guarantees | | | | | | | | | | | | | | | | |
| 31. | Life contingent payout | | | | | | | | | | | | | | | | |
| 32. | Other | | | | | | | | | | | | | | | | |
| 33. | Total Group Annuities | | | | | | | | | | | | | | | | |
| Accident and Health | | | | | | | | | | | | | | | | | |
| 34. | Comprehensive individual (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 35. | Comprehensive group (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 36. | Medicare Supplement (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 37. | Vision only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 38. | Dental only (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 39. | Federal Employees Health Benefits Plan (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 40. | Title XVIII Medicare (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 41. | Title XIX Medicaid (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 42. | Credit A&H | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 43. | Disability income (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 44. | Long-term care (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 45. | Other health (d) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | 6 | | |
| 46. | Total Accident and Health | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | 6 | | |
| 47. | Total | 26,329,341 | 4,385 | 26,157,627 | 40 | 35,455 | | 4,425 | 26,193,081 | 576,898 | 8,317 | 53,127,231 | (5,215) | (34,114,641) | 53,007 | 305,967,862 | |

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

| INTEREST MAINTENANCE RESERVE | | 1 |
|------------------------------|--|---------|
| | | Amount |
| 1. | Reserve as of December 31, prior year..... | 69,602 |
| 2. | Current year's realized pre-tax capital gains/(losses) of \$.....(12,207) transferred into the reserve net of taxes of \$.....2,563..... | (9,644) |
| 3. | Adjustment for current year's liability gains/(losses) released from the reserve..... | |
| 4. | Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)..... | 59,958 |
| 5. | Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)..... | 40,485 |
| 6. | Reserve as of December 31, current year (Line 4 minus Line 5)..... | 19,474 |

| AMORTIZATION | | | | |
|--------------------------------|--|---|--|--|
| | 1 | 2 | 3 | 4 |
| Year of Amortization | Reserve as of December 31, Prior Year | Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes | Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve | Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3) |
| 1. 2024..... | 39,136 | 1,349 | | 40,485 |
| 2. 2025..... | 15,317 | 3,997 | | 19,314 |
| 3. 2026..... | (4,895) | 3,945 | | (950) |
| 4. 2027..... | (14,212) | 2,281 | | (11,931) |
| 5. 2028..... | (13,378) | 529 | | (12,849) |
| 6. 2029..... | (14,003) | (1,355) | | (15,358) |
| 7. 2030..... | (15,280) | (2,424) | | (17,704) |
| 8. 2031..... | (16,149) | (2,563) | | (18,713) |
| 9. 2032..... | (17,704) | (2,706) | | (20,409) |
| 10. 2033..... | (15,491) | (2,916) | | (18,407) |
| 11. 2034..... | (10,641) | (3,089) | | (13,730) |
| 12. 2035..... | (4,853) | (2,871) | | (7,724) |
| 13. 2036..... | 1,589 | (2,258) | | (669) |
| 14. 2037..... | 7,444 | (1,569) | | 5,874 |
| 15. 2038..... | 11,608 | (883) | | 10,726 |
| 16. 2039..... | 13,243 | (126) | | 13,117 |
| 17. 2040..... | 15,205 | 252 | | 15,457 |
| 18. 2041..... | 17,381 | 214 | | 17,595 |
| 19. 2042..... | 18,805 | 173 | | 18,978 |
| 20. 2043..... | 18,502 | 131 | | 18,632 |
| 21. 2044..... | 15,227 | 85 | | 15,312 |
| 22. 2045..... | 11,017 | 55 | | 11,072 |
| 23. 2046..... | 6,911 | 44 | | 6,955 |
| 24. 2047..... | 3,140 | 33 | | 3,172 |
| 25. 2048..... | 871 | 20 | | 891 |
| 26. 2049..... | 408 | 7 | | 415 |
| 27. 2050..... | 266 | — | | 266 |
| 28. 2051..... | 115 | — | | 115 |
| 29. 2052..... | 26 | — | | 26 |
| 30. 2053..... | — | — | | — |
| 31. 2054 and Later..... | — | — | | — |
| 32. Total (Lines 1 to 31)..... | 69,602 | (9,644) | | 59,958 |

ASSET VALUATION RESERVE

| | | Default Component | | | Equity Component | | | 7 Total Amount (Cols. 3 + 6) |
|-----|---|------------------------------|----------------|---------------------|------------------|--|---------------------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | Other Than Mortgage Loans | Mortgage Loans | Total (Cols. 1 + 2) | Common Stock | Real Estate and Other Invested Assets | Total (Cols. 4 + 5) | |
| 1. | Reserve as of December 31, prior year..... | 1,530,792 | 112,681 | 1,643,473 | — | 55,171 | 55,171 | 1,698,644 |
| 2. | Realized capital gains/(losses) net of taxes-General Account..... | 3,792 | | 3,792 | | | | 3,792 |
| 3. | Realized capital gains/(losses) net of taxes-Separate Accounts..... | 1,431 | | 1,431 | | | | 1,431 |
| 4. | Unrealized capital gains/(losses) net of deferred taxes-General Account..... | | | | | | | |
| 5. | Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts..... | | | | | | | |
| 6. | Capital gains credited/(losses charged) to contract benefits, payments or reserves..... | | | | | | | |
| 7. | Basic contribution..... | 366,584 | 34,093 | 400,677 | — | 4,116 | 4,116 | 404,792 |
| 8. | Accumulated balances (Lines 1 through 5 - 6 + 7)..... | 1,902,598 | 146,774 | 2,049,372 | — | 59,287 | 59,287 | 2,108,659 |
| 9. | Maximum reserve..... | 1,840,400 | 156,764 | 1,997,164 | — | 134,164 | 134,164 | 2,131,328 |
| 10. | Reserve objective..... | 1,048,003 | 120,731 | 1,168,734 | — | 130,270 | 130,270 | 1,299,004 |
| 11. | 20% of (Line 10 - Line 8)..... | (170,919) | (5,209) | (176,128) | — | 14,197 | 14,197 | (161,931) |
| 12. | Balance before transfers (Lines 8 + 11)..... | 1,731,679 | 141,565 | 1,873,244 | — | 73,484 | 73,484 | 1,946,728 |
| 13. | Transfers..... | | | | | | | |
| 14. | Voluntary contribution..... | | | | | | | |
| 15. | Adjustment down to maximum/up to zero..... | | | | | | | |
| 16. | Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)..... | 1,731,679 | 141,565 | 1,873,244 | — | 73,484 | 73,484 | 1,946,728 |

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

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|---|--------------------------------|---------------------------------------|------------------------------|--|--------------------|--------------------|-------------------|--------------------|-----------------|--------------------|
| | | | Book / Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| 1 | | LONG-TERM BONDS | | | | | | | | | | |
| | | Exempt Obligations..... | 638,735 | XXX | XXX | 638,735 | — | — | — | — | — | — |
| 2.1 | 1 | NAIC Designation Category 1.A..... | 15,001,724 | XXX | XXX | 15,001,724 | 0.0002 | 3,000 | 0.0007 | 10,501 | 0.0013 | 19,502 |
| 2.2 | 1 | NAIC Designation Category 1.B..... | 6,724,967 | XXX | XXX | 6,724,967 | 0.0004 | 2,690 | 0.0011 | 7,397 | 0.0023 | 15,467 |
| 2.3 | 1 | NAIC Designation Category 1.C..... | 24,762,883 | XXX | XXX | 24,762,883 | 0.0006 | 14,858 | 0.0018 | 44,573 | 0.0035 | 86,670 |
| 2.4 | 1 | NAIC Designation Category 1.D..... | 13,410,402 | XXX | XXX | 13,410,402 | 0.0007 | 9,387 | 0.0022 | 29,503 | 0.0044 | 59,006 |
| 2.5 | 1 | NAIC Designation Category 1.E..... | 22,646,033 | XXX | XXX | 22,646,033 | 0.0009 | 20,381 | 0.0027 | 61,144 | 0.0055 | 124,553 |
| 2.6 | 1 | NAIC Designation Category 1.F..... | 27,035,096 | XXX | XXX | 27,035,096 | 0.0011 | 29,739 | 0.0034 | 91,919 | 0.0068 | 183,839 |
| 2.7 | 1 | NAIC Designation Category 1.G..... | 27,507,179 | XXX | XXX | 27,507,179 | 0.0014 | 38,510 | 0.0042 | 115,530 | 0.0085 | 233,811 |
| 2.8 | | Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7)..... | 137,088,284 | XXX | XXX | 137,088,284 | XXX | 118,565 | XXX | 360,569 | XXX | 722,848 |
| 3.1 | 2 | NAIC Designation Category 2.A..... | 20,034,318 | XXX | XXX | 20,034,318 | 0.0021 | 42,072 | 0.0063 | 126,216 | 0.0105 | 210,360 |
| 3.2 | 2 | NAIC Designation Category 2.B..... | 26,598,851 | XXX | XXX | 26,598,851 | 0.0025 | 66,497 | 0.0076 | 202,151 | 0.0127 | 337,805 |
| 3.3 | 2 | NAIC Designation Category 2.C..... | 15,742,977 | XXX | XXX | 15,742,977 | 0.0036 | 56,675 | 0.0108 | 170,024 | 0.0180 | 283,374 |
| 3.4 | 2 | Subtotal NAIC 2 (3.1 + 3.2 + 3.3)..... | 62,376,146 | XXX | XXX | 62,376,146 | XXX | 165,244 | XXX | 498,392 | XXX | 831,539 |
| 4.1 | 3 | NAIC Designation Category 3.A..... | 2,352,098 | XXX | XXX | 2,352,098 | 0.0069 | 16,229 | 0.0183 | 43,043 | 0.0262 | 61,625 |
| 4.2 | 3 | NAIC Designation Category 3.B..... | 593,337 | XXX | XXX | 593,337 | 0.0099 | 5,874 | 0.0264 | 15,664 | 0.0377 | 22,369 |
| 4.3 | 3 | NAIC Designation Category 3.C..... | 1,242,243 | XXX | XXX | 1,242,243 | 0.0131 | 16,273 | 0.0350 | 43,479 | 0.0500 | 62,112 |
| 4.4 | | Subtotal NAIC 3 (4.1 + 4.2 + 4.3)..... | 4,187,678 | XXX | XXX | 4,187,678 | XXX | 38,377 | XXX | 102,186 | XXX | 146,106 |
| 5.1 | 4 | NAIC Designation Category 4.A..... | 487,869 | XXX | XXX | 487,869 | 0.0184 | 8,977 | 0.0430 | 20,978 | 0.0615 | 30,004 |
| 5.2 | 4 | NAIC Designation Category 4.B..... | 30,088 | XXX | XXX | 30,088 | 0.0238 | 716 | 0.0555 | 1,670 | 0.0793 | 2,386 |
| 5.3 | 4 | NAIC Designation Category 4.C..... | — | XXX | XXX | — | 0.0310 | — | 0.0724 | — | 0.1034 | — |
| 5.4 | | Subtotal NAIC 4 (5.1 + 5.2 + 5.3)..... | 517,957 | XXX | XXX | 517,957 | XXX | 9,693 | XXX | 22,648 | XXX | 32,390 |
| 6.1 | 5 | NAIC Designation Category 5.A..... | | XXX | XXX | | 0.0472 | | 0.0846 | | 0.1410 | |
| 6.2 | 5 | NAIC Designation Category 5.B..... | 499,922 | XXX | XXX | 499,922 | 0.0663 | 33,145 | 0.1188 | 59,391 | 0.1980 | 98,985 |
| 6.3 | 5 | NAIC Designation Category 5.C..... | | XXX | XXX | | 0.0836 | | 0.1498 | | 0.2496 | |
| 6.4 | | Subtotal NAIC 5 (6.1 + 6.2 + 6.3)..... | 499,922 | XXX | XXX | 499,922 | XXX | 33,145 | XXX | 59,391 | XXX | 98,985 |
| 7 | 6 | NAIC 6..... | | XXX | XXX | | 0.0000 | | 0.2370 | | 0.2370 | |
| 8 | | Total Unrated Multi-Class Securities Acquired by Conversion..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| 9 | | Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7+8)..... | 205,308,722 | XXX | XXX | 205,308,722 | XXX | 365,024 | XXX | 1,043,185 | XXX | 1,831,868 |
| | | PREFERRED STOCKS | | | | | | | | | | |
| 10 | 1 | Highest Quality..... | 850,000 | XXX | XXX | 850,000 | 0.0005 | 425 | 0.0016 | 1,360 | 0.0033 | 2,805 |
| 11 | 2 | High Quality..... | 540,274 | XXX | XXX | 540,274 | 0.0021 | 1,135 | 0.0064 | 3,458 | 0.0106 | 5,727 |
| 12 | 3 | Medium Quality..... | | XXX | XXX | | 0.0099 | | 0.0263 | | 0.0376 | |
| 13 | 4 | Low Quality..... | | XXX | XXX | | 0.0245 | | 0.0572 | | 0.0817 | |
| 14 | 5 | Lower Quality..... | | XXX | XXX | | 0.0630 | | 0.1128 | | 0.1880 | |
| 15 | 6 | In or Near Default..... | | XXX | XXX | | 0.0000 | | 0.2370 | | 0.2370 | |
| 16 | | Affiliated Life with AVR..... | | XXX | XXX | | 0.0000 | | 0.0000 | | 0.0000 | |
| 17 | | Total Preferred Stocks (Sum of Lines 10 through 16)..... | 1,390,274 | XXX | XXX | 1,390,274 | XXX | 1,560 | XXX | 4,818 | XXX | 8,532 |

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

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|------------------------|------------------|--|--------------------------------|---------------------------------------|------------------------------|--|--------------------|--------------------|-------------------|--------------------|-----------------|--------------------|
| | | | Book / Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| SHORT-TERM BONDS | | | | | | | | | | | | |
| 18 | | Exempt Obligations..... | | XXX | XXX | | — | | — | | — | |
| 19.1 | 1 | NAIC Designation Category 1.A..... | | XXX | XXX | | 0.0002 | | 0.0007 | | 0.0013 | |
| 19.2 | 1 | NAIC Designation Category 1.B..... | | XXX | XXX | | 0.0004 | | 0.0011 | | 0.0023 | |
| 19.3 | 1 | NAIC Designation Category 1.C..... | | XXX | XXX | | 0.0006 | | 0.0018 | | 0.0035 | |
| 19.4 | 1 | NAIC Designation Category 1.D..... | | XXX | XXX | | 0.0007 | | 0.0022 | | 0.0044 | |
| 19.5 | 1 | NAIC Designation Category 1.E..... | | XXX | XXX | | 0.0009 | | 0.0027 | | 0.0055 | |
| 19.6 | 1 | NAIC Designation Category 1.F..... | | XXX | XXX | | 0.0011 | | 0.0034 | | 0.0068 | |
| 19.7 | 1 | NAIC Designation Category 1.G..... | | XXX | XXX | | 0.0014 | | 0.0042 | | 0.0085 | |
| 19.8 | | Subtotal NAIC 1 (19.1 + 19.2 + 19.3 + 19.4 + 19.5 + 19.6 + 19.7)..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| 20.1 | 2 | NAIC Designation Category 2.A..... | | XXX | XXX | | 0.0021 | | 0.0063 | | 0.0105 | |
| 20.2 | 2 | NAIC Designation Category 2.B..... | | XXX | XXX | | 0.0025 | | 0.0076 | | 0.0127 | |
| 20.3 | 2 | NAIC Designation Category 2.C..... | | XXX | XXX | | 0.0036 | | 0.0108 | | 0.0180 | |
| 20.4 | | Subtotal NAIC 2 (20.1 + 20.2 + 20.3)..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| 21.1 | 3 | NAIC Designation Category 3.A..... | | XXX | XXX | | 0.0069 | | 0.0183 | | 0.0262 | |
| 21.2 | 3 | NAIC Designation Category 3.B..... | | XXX | XXX | | 0.0099 | | 0.0264 | | 0.0377 | |
| 21.3 | 3 | NAIC Designation Category 3.C..... | | XXX | XXX | | 0.0131 | | 0.0350 | | 0.0500 | |
| 21.4 | | Subtotal NAIC 3 (21.1 + 21.2 + 21.3)..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| 22.1 | 4 | NAIC Designation Category 4.A..... | | XXX | XXX | | 0.0184 | | 0.0430 | | 0.0615 | |
| 22.2 | 4 | NAIC Designation Category 4.B..... | | XXX | XXX | | 0.0238 | | 0.0555 | | 0.0793 | |
| 22.3 | 4 | NAIC Designation Category 4.C..... | | XXX | XXX | | 0.0310 | | 0.0724 | | 0.1034 | |
| 22.4 | | Subtotal NAIC 4 (22.1 + 22.2 + 22.3)..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| 23.1 | 5 | NAIC Designation Category 5.A..... | | XXX | XXX | | 0.0472 | | 0.0846 | | 0.1410 | |
| 23.2 | 5 | NAIC Designation Category 5.B..... | | XXX | XXX | | 0.0663 | | 0.1188 | | 0.1980 | |
| 23.3 | 5 | NAIC Designation Category 5.C..... | | XXX | XXX | | 0.0836 | | 0.1498 | | 0.2496 | |
| 23.4 | | Subtotal NAIC 5 (23.1 + 23.2 + 23.3)..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| 24 | 6 | NAIC 6..... | | XXX | XXX | | — | | 0.2370 | | 0.2370 | |
| 25 | | Total Short-Term Bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24)..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| DERIVATIVE INSTRUMENTS | | | | | | | | | | | | |
| 26 | | Exchange Traded..... | | XXX | XXX | | 0.0005 | | 0.0016 | | 0.0033 | |
| 27 | 1 | Highest Quality..... | | XXX | XXX | | 0.0005 | | 0.0016 | | 0.0033 | |
| 28 | 2 | High Quality..... | | XXX | XXX | | 0.0021 | | 0.0064 | | 0.0106 | |
| 29 | 3 | Medium Quality..... | | XXX | XXX | | 0.0099 | | 0.0263 | | 0.0376 | |
| 30 | 4 | Low Quality..... | | XXX | XXX | | 0.0245 | | 0.0572 | | 0.0817 | |
| 31 | 5 | Lower Quality..... | | XXX | XXX | | 0.0630 | | 0.1128 | | 0.1880 | |
| 32 | 6 | In or Near Default..... | | XXX | XXX | | — | | 0.2370 | | 0.2370 | |
| 33 | | Total Derivative Instruments..... | | XXX | XXX | | XXX | | XXX | | XXX | |
| 34 | | Total (Lines 9+ 17 + 25 + 33)..... | 206,698,996 | XXX | XXX | 206,698,996 | XXX | 366,584 | XXX | 1,048,003 | XXX | 1,840,400 |

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

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|---|--------------------------------|---------------------------------------|------------------------------|--|--------------------|--------------------|-------------------|--------------------|-----------------|--------------------|
| | | | Book / Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| | | MORTGAGE LOANS | | | | | | | | | | |
| | | In Good Standing: | | | | | | | | | | |
| 35 | | Farm Mortgages – CM1 – Highest Quality | | | XXX | | 0.0011 | | 0.0057 | | 0.0074 | |
| 36 | | Farm Mortgages – CM2 – High Quality | | | XXX | | 0.0040 | | 0.0114 | | 0.0149 | |
| 37 | | Farm Mortgages – CM3 – Medium Quality | | | XXX | | 0.0069 | | 0.0200 | | 0.0257 | |
| 38 | | Farm Mortgages – CM4 – Low Medium Quality | | | XXX | | 0.0120 | | 0.0343 | | 0.0428 | |
| 39 | | Farm Mortgages – CM5 – Low Quality | | | XXX | | 0.0183 | | 0.0486 | | 0.0628 | |
| 40 | | Residential Mortgages – Insured or Guaranteed | | | XXX | | 0.0003 | | 0.0007 | | 0.0011 | |
| 41 | | Residential Mortgages – All Other | | | XXX | | 0.0015 | | 0.0034 | | 0.0046 | |
| 42 | | Commercial Mortgages – Insured or Guaranteed | | | XXX | | 0.0003 | | 0.0007 | | 0.0011 | |
| 43 | | Commercial Mortgages – All Other – CM1 – Highest Quality | 9,014,573 | | XXX | 9,014,573 | 0.0011 | 9,916 | 0.0057 | 51,383 | 0.0074 | 66,708 |
| 44 | | Commercial Mortgages – All Other – CM2 – High Quality | 3,761,747 | | XXX | 3,761,747 | 0.0040 | 15,047 | 0.0114 | 42,884 | 0.0149 | 56,050 |
| 45 | | Commercial Mortgages – All Other – CM3 – Medium Quality | 1,323,197 | | XXX | 1,323,197 | 0.0069 | 9,130 | 0.0200 | 26,464 | 0.0257 | 34,006 |
| 46 | | Commercial Mortgages – All Other – CM4 – Low Medium Quality | | | XXX | | 0.0120 | | 0.0343 | | 0.0428 | |
| 47 | | Commercial Mortgages – All Other – CM5 – Low Quality | | | XXX | | 0.0183 | | 0.0486 | | 0.0628 | |
| | | Overdue, Not in Process: | | | | | | | | | | |
| 48 | | Farm Mortgages | | | XXX | | 0.0480 | | 0.0868 | | 0.1371 | |
| 49 | | Residential Mortgages – Insured or Guaranteed | | | XXX | | 0.0006 | | 0.0014 | | 0.0023 | |
| 50 | | Residential Mortgages - All Other | | | XXX | | 0.0029 | | 0.0066 | | 0.0103 | |
| 51 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | 0.0006 | | 0.0014 | | 0.0023 | |
| 52 | | Commercial Mortgages - All Other | | | XXX | | 0.0480 | | 0.0868 | | 0.1371 | |
| | | In Process of Foreclosure: | | | | | | | | | | |
| 53 | | Farm Mortgages | | | XXX | | — | | 0.1942 | | 0.1942 | |
| 54 | | Residential Mortgages - Insured or Guaranteed | | | XXX | | — | | 0.0046 | | 0.0046 | |
| 55 | | Residential Mortgages - All Other | | | XXX | | — | | 0.0149 | | 0.0149 | |
| 56 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | — | | 0.0046 | | 0.0046 | |
| 57 | | Commercial Mortgages - All Other | | | XXX | | — | | 0.1942 | | 0.1942 | |
| 58 | | Total Schedule B Mortgages (Sum of Lines 35 through 57) | 14,099,517 | | XXX | 14,099,517 | XXX | 34,093 | XXX | 120,731 | XXX | 156,764 |
| 59 | | Schedule DA Mortgages | | | XXX | | 0.0034 | | 0.0114 | | 0.0149 | |
| 60 | | Total Mortgage Loans on Real Estate (Lines 58 + 59) | 14,099,517 | | XXX | 14,099,517 | XXX | 34,093 | XXX | 120,731 | XXX | 156,764 |

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|---|---------------------|---|-----------------------------------|---|---------------------------------|---|--------------------|-----------------------|-------------------|-----------------------|-----------------|-----------------------|
| | | | Book / Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| COMMON STOCK | | | | | | | | | | | | |
| 1 | | Unaffiliated Public | | XXX | XXX | | — | — | (a) | | (a) | |
| 2 | | Unaffiliated Private | | XXX | XXX | | — | — | 0.1945 | | 0.1945 | |
| 3 | | Federal Home Loan Bank | | XXX | XXX | | — | — | 0.0061 | | 0.0097 | |
| 4 | | Affiliated Life with AVR | | XXX | XXX | | — | — | — | — | — | — |
| | | Affiliated Investment Subsidiary: | | | | | | | | | | |
| 5 | | Fixed Income Exempt Obligations | | | | | XXX | | XXX | | XXX | |
| 6 | | Fixed Income Highest Quality | | | | | XXX | | XXX | | XXX | |
| 7 | | Fixed Income High Quality | | | | | XXX | | XXX | | XXX | |
| 8 | | Fixed Income Medium Quality | | | | | XXX | | XXX | | XXX | |
| 9 | | Fixed Income Low Quality | | | | | XXX | | XXX | | XXX | |
| 10 | | Fixed Income Lower Quality | | | | | XXX | | XXX | | XXX | |
| 11 | | Fixed Income In or Near Default | | | | | XXX | | XXX | | XXX | |
| 12 | | Unaffiliated Common Stock Public | | | | | — | — | (a) | | (a) | |
| 13 | | Unaffiliated Common Stock Private | | | | | — | — | 0.1945 | | 0.1945 | |
| 14 | | Real Estate | | | | | (b) | | (b) | | (b) | |
| 15 | | Affiliated-Certain Other (See SVO Purposes & Procedures Manual) | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 16 | | Affiliated - All Other | | XXX | XXX | | — | — | 0.1945 | | 0.1945 | |
| 17 | | Total Common Stock (Sum of Lines 1 through 16) | | | | | XXX | — | XXX | — | XXX | — |
| REAL ESTATE | | | | | | | | | | | | |
| 18 | | Home Office Property (General Account only) | | | | | — | — | 0.0912 | | 0.0912 | |
| 19 | | Investment Properties | | | | | — | — | 0.0912 | | 0.0912 | |
| 20 | | Properties Acquired in Satisfaction of Debt | | | | | — | — | 0.1337 | | 0.1337 | |
| 21 | | Total Real Estate (Sum of Lines 18 through 20) | | | | | XXX | — | XXX | | XXX | |
| OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS | | | | | | | | | | | | |
| 22 | | Exempt Obligations | | XXX | XXX | | — | — | — | — | — | — |
| 23 | 1 | Highest Quality | | XXX | XXX | | 0.0005 | | 0.0016 | | 0.0033 | |
| 24 | 2 | High Quality | | XXX | XXX | | 0.0021 | | 0.0064 | | 0.0106 | |
| 25 | 3 | Medium Quality | | XXX | XXX | | 0.0099 | | 0.0263 | | 0.0376 | |
| 26 | 4 | Low Quality | | XXX | XXX | | 0.0245 | | 0.0572 | | 0.0817 | |
| 27 | 5 | Lower Quality | | XXX | XXX | | 0.0630 | | 0.1128 | | 0.1880 | |
| 28 | 6 | In or Near Default | | XXX | XXX | | — | — | 0.2370 | | 0.2370 | |
| 29 | | Total with Bond Characteristics (Sum of Lines 22 through 28) | | XXX | XXX | | XXX | — | XXX | — | XXX | — |

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

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|---|---------------------|---|-----------------------------------|---|---------------------------------|---|--------------------|-----------------------|-------------------|-----------------------|-----------------|-----------------------|
| | | | Book / Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS | | | | | | | | | | | | |
| 30 | 1 | Highest Quality | 231,405 | XXX | XXX | 231,405 | 0.0005 | 116 | 0.0016 | 370 | 0.0033 | 764 |
| 31 | 2 | High Quality | | XXX | XXX | | 0.0021 | | 0.0064 | | 0.0106 | |
| 32 | 3 | Medium Quality | | XXX | XXX | | 0.0099 | | 0.0263 | | 0.0376 | |
| 33 | 4 | Low Quality | | XXX | XXX | | 0.0245 | | 0.0572 | | 0.0817 | |
| 34 | 5 | Lower Quality | | XXX | XXX | | 0.0630 | | 0.1128 | | 0.1880 | |
| 35 | 6 | In or Near Default | | XXX | XXX | | — | | 0.2370 | | 0.2370 | |
| 36 | | Affiliated Life with AVR | | XXX | XXX | | — | — | — | — | — | — |
| 37 | | Total with Preferred Stock Characteristics (Sum of Lines 30 through 36) | 231,405 | XXX | XXX | 231,405 | XXX | 116 | XXX | 370 | XXX | 764 |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS | | | | | | | | | | | | |
| In Good Standing Affiliated: | | | | | | | | | | | | |
| 38 | | Mortgages - CM1 - Highest Quality | | | XXX | | 0.0011 | | 0.0057 | | 0.0074 | |
| 39 | | Mortgages - CM2 - High Quality | | | XXX | | 0.0040 | | 0.0114 | | 0.0149 | |
| 40 | | Mortgages - CM3 - Medium Quality | | | XXX | | 0.0069 | | 0.0200 | | 0.0257 | |
| 41 | | Mortgages - CM4 - Low Medium Quality | | | XXX | | 0.0120 | | 0.0343 | | 0.0428 | |
| 42 | | Mortgages - CM5 - Low Quality | | | XXX | | 0.0183 | | 0.0486 | | 0.0628 | |
| 43 | | Residential Mortgages - Insured or Guaranteed | | | XXX | | 0.0003 | | 0.0007 | | 0.0011 | |
| 44 | | Residential Mortgages - All Other | | XXX | XXX | | 0.0015 | | 0.0034 | | 0.0046 | |
| 45 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | 0.0003 | | 0.0007 | | 0.0011 | |
| Overdue, Not in Process Affiliated: | | | | | | | | | | | | |
| 46 | | Farm Mortgages | | | XXX | | 0.0480 | | 0.0868 | | 0.1371 | |
| 47 | | Residential Mortgages - Insured or Guaranteed | | | XXX | | 0.0006 | | 0.0014 | | 0.0023 | |
| 48 | | Residential Mortgages - All Other | | | XXX | | 0.0029 | | 0.0066 | | 0.0103 | |
| 49 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | 0.0006 | | 0.0014 | | 0.0023 | |
| 50 | | Commercial Mortgages -- All Other | | | XXX | | 0.0480 | | 0.0868 | | 0.1371 | |
| In Process of Foreclosure Affiliated: | | | | | | | | | | | | |
| 51 | | Farm Mortgages | | | XXX | | — | — | 0.1942 | | 0.1942 | |
| 52 | | Residential Mortgages - Insured or Guaranteed | | | XXX | | — | — | 0.0046 | | 0.0046 | |
| 53 | | Residential Mortgages - All Other | | | XXX | | — | — | 0.0149 | | 0.0149 | |
| 54 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | — | — | 0.0046 | | 0.0046 | |
| 55 | | Commercial Mortgages - All Other | | | XXX | | — | — | 0.1942 | | 0.1942 | |
| 56 | | Total Affiliated (Sum of Lines 38 through 55) | | | XXX | | XXX | — | XXX | | XXX | |
| 57 | | Unaffiliated - In Good Standing With Covenants | | | XXX | | (c) | | (c) | | (c) | |
| 58 | | Unaffiliated - In Good Standing Defeased With Government Securities | | | XXX | | 0.0011 | | 0.0057 | | 0.0074 | |
| 59 | | Unaffiliated - In Good Standing Primarily Senior | 1,000,000 | | XXX | 1,000,000 | 0.0040 | 4,000 | 0.0114 | 11,400 | 0.0149 | 14,900 |
| 60 | | Unaffiliated - In Good Standing All Other | | | XXX | | 0.0069 | | 0.0200 | | 0.0257 | |
| 61 | | Unaffiliated - Overdue, Not in Process | | | XXX | | 0.0480 | | 0.0868 | | 0.1371 | |
| 62 | | Unaffiliated - In Process of Foreclosure | | | XXX | | — | — | 0.1942 | | 0.1942 | |
| 63 | | Total Unaffiliated (Sum of Lines 57 through 62) | 1,000,000 | | XXX | 1,000,000 | XXX | 4,000 | XXX | 11,400 | XXX | 14,900 |
| 64 | | Total with Mortgage Loan Characteristics (Lines 56 + 63) | 1,000,000 | | XXX | 1,000,000 | XXX | 4,000 | XXX | 11,400 | XXX | 14,900 |

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

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|---|------------------|--|--------------------------------|---------------------------------------|------------------------------|--|--------------------|--------------------|-------------------|--------------------|-----------------|--------------------|
| | | | Book / Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK | | | | | | | | | | | | |
| 65 | | Unaffiliated Public | | XXX | XXX | | — | — | (a) | (a) | | |
| 66 | | Unaffiliated Private | | XXX | XXX | | — | — | 0.1945 | | 0.1945 | |
| 67 | | Affiliated Life with AVR | | XXX | XXX | | — | — | — | | — | |
| 68 | | Affiliated Certain Other (See SVO Purposes & Procedures Manual) | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 69 | | Affiliated Other - All Other | | XXX | XXX | | — | — | 0.1945 | | 0.1945 | |
| 70 | | Total with Common Stock Characteristics (Sum of Lines 65 through 69) | | XXX | XXX | | XXX | — | XXX | | XXX | |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | | | |
| 71 | | Home Office Property (General Account only) | | | | | — | — | 0.0912 | | 0.0912 | |
| 72 | | Investment Properties | | | | | — | — | 0.0912 | | 0.0912 | |
| 73 | | Properties Acquired in Satisfaction of Debt | | | | | — | — | 0.1337 | | 0.1337 | |
| 74 | | Total with Real Estate Characteristics (Sum of Lines 71 through 73) | | | | | XXX | — | XXX | | XXX | |
| LOW INCOME HOUSING TAX CREDIT INVESTMENTS | | | | | | | | | | | | |
| 75 | | Guaranteed Federal Low Income Housing Tax Credit | | | | | 0.0003 | | 0.0006 | | 0.0010 | |
| 76 | | Non-guaranteed Federal Low Income Housing Tax Credit | | | | | 0.0063 | | 0.0120 | | 0.0190 | |
| 77 | | Guaranteed State Low Income Housing Tax Credit | | | | | 0.0003 | | 0.0006 | | 0.0010 | |
| 78 | | Non-guaranteed State Low Income Housing Tax Credit | | | | | 0.0063 | | 0.0120 | | 0.0190 | |
| 79 | | All Other Low Income Housing Tax Credit | | | | | 0.0273 | | 0.0600 | | 0.0975 | |
| 80 | | Total LIHTC (Sum of Lines 75 through 79) | | | | | XXX | | XXX | | XXX | |
| RESIDUAL TRANCHES OR INTERESTS | | | | | | | | | | | | |
| 81 | | Fixed Income Instruments – Unaffiliated | | XXX | | | — | — | 0.1580 | | 0.1580 | |
| 82 | | Fixed Income Instruments – Affiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 83 | | Common Stock – Unaffiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 84 | | Common Stock – Affiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 85 | | Preferred Stock – Unaffiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 86 | | Preferred Stock – Affiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 87 | | Real Estate – Unaffiliated | | | | | — | — | 0.1580 | | 0.1580 | |
| 88 | | Real Estate – Affiliated | | | | | — | — | 0.1580 | | 0.1580 | |
| 89 | | Mortgage Loans – Unaffiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 90 | | Mortgage Loans – Affiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 91 | | Other – Unaffiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 92 | | Other – Affiliated | | XXX | XXX | | — | — | 0.1580 | | 0.1580 | |
| 93 | | Total Residual Tranches or Interests (Sum of Lines 81 through 92) | | | | | XXX | — | XXX | | XXX | |
| ALL OTHER INVESTMENTS | | | | | | | | | | | | |
| 94 | | NAIC 1 Working Capital Finance Investments | | XXX | | | — | — | 0.0042 | | 0.0042 | |
| 95 | | NAIC 2 Working Capital Finance Investments | | XXX | | | — | — | 0.0137 | | 0.0137 | |
| 96 | | Other Invested Assets - Schedule BA | 750,000 | XXX | | 750,000 | — | — | 0.1580 | 118,500 | 0.1580 | 118,500 |
| 97 | | Other Short-Term Invested Assets - Schedule DA | | XXX | | | — | — | 0.1580 | | 0.1580 | |
| 98 | | Total All Other (Sum of Lines 94, 95, 96 and 97) | 750,000 | XXX | | 750,000 | XXX | — | XXX | 118,500 | XXX | 118,500 |
| 99 | | Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98) | 1,981,405 | XXX | XXX | 1,981,405 | XXX | 4,116 | XXX | 130,270 | XXX | 134,164 |

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

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
REPLICATIONS (SYNTHETIC) ASSETS

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-----------------------|------|-------|-------------------------|---|----------------|---------------------------|--------------------------|------------------------|
| RSAT Number | Type | CUSIP | Description of Asset(s) | NAIC Designation or Other Description of Asset | Value of Asset | AVR Basic Contribution | AVR Reserve Objective | AVR Maximum Reserve |
| 0599999 – Totals..... | | | | | | | | |

NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------------|---------------|--------------------------------------|---|----------------|--------------------------------|---|-----------------------------|
| Contract Numbers | Claim Numbers | State of Residence of Claimant | Year of Claim for Death or Disability | Amount Claimed | Amount Paid During the Year | Amount Resisted Dec. 31 of Current Year | Why Compromised or Resisted |
| 5399999 – Totals | | | | | | | XXX |

NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS

| | | Total | | Comprehensive (Hospital and Medical) Individual | | Comprehensive (Hospital and Medical) Group | | Medicare Supplement | | Vision Only | | Dental Only | | Federal Employees Health Benefits Plan | |
|----------------------|--|--------|-------|---|-----|--|-----|---------------------|-----|-------------|-----|-------------|-----|--|-----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % |
| 1. | Premiums written..... | 8,459 | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 2. | Premiums earned..... | 8,459 | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 3. | Incurred claims..... | 3,003 | 35.5 | | | | | | | | | | | | |
| 4. | Cost containment expenses..... | | | | | | | | | | | | | | |
| 5. | Incurred claims and cost containment expenses (Lines 3 and 4)..... | 3,003 | 35.5 | | | | | | | | | | | | |
| 6. | Increase in contract reserves..... | (441) | (5.2) | | | | | | | | | | | | |
| 7. | Commissions (a)..... | 1,164 | 13.8 | | | | | | | | | | | | |
| 8. | Other general insurance expenses..... | 715 | 8.4 | | | | | | | | | | | | |
| 9. | Taxes, licenses and fees..... | 26 | 0.3 | | | | | | | | | | | | |
| 10. | Total other expenses incurred..... | 1,905 | 22.5 | | | | | | | | | | | | |
| 11. | Aggregate write-ins for deductions..... | | | | | | | | | | | | | | |
| 12. | Gain from underwriting before dividends or refunds..... | 3,992 | 47.2 | | | | | | | | | | | | |
| 13. | Dividends or refunds..... | | | | | | | | | | | | | | |
| 14. | Gain from underwriting after dividends or refunds..... | 3,992 | 47.2 | | | | | | | | | | | | |
| Details of Write-Ins | | | | | | | | | | | | | | | |
| 1101. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1102. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1103. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1198.. | Summary of remaining write-ins for Line 11 from overflow page..... | | | | | | | | | | | | | | |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | | | | | | | | | | | | | | |

| | | Medicare Title XVIII | | Medicaid Title XIX | | Credit A&H | | Disability Income | | Long-Term Care | | Other Health | |
|----------------------|--|----------------------|-----|--------------------|-----|------------|-----|-------------------|-----|----------------|-----|--------------|-------|
| | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| | | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % |
| 1. | Premiums written..... | | XXX | | XXX | | XXX | | XXX | | XXX | 8,459 | XXX |
| 2. | Premiums earned..... | | XXX | | XXX | | XXX | | XXX | | XXX | 8,459 | XXX |
| 3. | Incurred claims..... | | | | | | | | | | | 3,003 | 35.5 |
| 4. | Cost containment expenses..... | | | | | | | | | | | | |
| 5. | Incurred claims and cost containment expenses (Lines 3 and 4)..... | | | | | | | | | | | 3,003 | 35.5 |
| 6. | Increase in contract reserves..... | | | | | | | | | | | (441) | (5.2) |
| 7. | Commissions (a)..... | | | | | | | | | | | 1,164 | 13.8 |
| 8. | Other general insurance expenses..... | | | | | | | | | | | 715 | 8.4 |
| 9. | Taxes, licenses and fees..... | | | | | | | | | | | 26 | 0.3 |
| 10. | Total other expenses incurred..... | | | | | | | | | | | 1,905 | 22.5 |
| 11. | Aggregate write-ins for deductions..... | | | | | | | | | | | | |
| 12. | Gain from underwriting before dividends or refunds..... | | | | | | | | | | | 3,992 | 47.2 |
| 13. | Dividends or refunds..... | | | | | | | | | | | | |
| 14. | Gain from underwriting after dividends or refunds..... | | | | | | | | | | | 3,992 | 47.2 |
| Details of Write-Ins | | | | | | | | | | | | | |
| 1101. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 1102. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 1103. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 1198.. | Summary of remaining write-ins for Line 11 from overflow page..... | | | | | | | | | | | | |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | | | | | | | | | | | | |

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (CONTINUED)

PART 2 - RESERVES AND LIABILITIES

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|-------|--|--|------------------------|-------------|-------------|--|-------------------------|--------------------|------------|-------------------|----------------|--------------|
| | Total | Comprehensive (Hospital and Medical) Individual | Comprehensive (Hospital and Medical) Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Medicare Title XVIII | Medicaid Title XIX | Credit A&H | Disability Income | Long-Term Care | Other Health |
| A. Premium Reserves: | | | | | | | | | | | | | |
| 1. Unearned premiums | | | | | | | | | | | | | |
| 2. Advance premiums | | | | | | | | | | | | | |
| 3. Reserve for rate credits | | | | | | | | | | | | | |
| 4. Total premium reserves, current year | | | | | | | | | | | | | |
| 5. Total premium reserves, prior year | | | | | | | | | | | | | |
| 6. Increase in total premium reserves | | | | | | | | | | | | | |
| B. Contract Reserves: | | | | | | | | | | | | | |
| 1. Additional reserves (a) | 882 | | | | | | | | | | | | 882 |
| 2. Reserve for future contingent benefits | | | | | | | | | | | | | |
| 3. Total contract reserves, current year | 882 | | | | | | | | | | | | 882 |
| 4. Total contract reserves, prior year | 1,323 | | | | | | | | | | | | 1,323 |
| 5. Increase in contract reserves | (441) | | | | | | | | | | | | (441) |
| C. Claim Reserves and Liabilities: | | | | | | | | | | | | | |
| 1. Total current year | 3,487 | | | | | | | | | | | | 3,487 |
| 2. Total prior year | 3,669 | | | | | | | | | | | | 3,669 |
| 3. Increase | (182) | | | | | | | | | | | | (182) |

PART 3 - TEST OF PRIOR YEARS CLAIM RESERVES AND LIABILITIES

| | | | | | | | | | | | | | |
|--|---------|--|--|--|--|--|--|--|--|--|--|--|---------|
| 1. Claims paid during the year: | | | | | | | | | | | | | |
| 1.1. On claims incurred prior to current year | 615 | | | | | | | | | | | | 615 |
| 1.2. On claims incurred during current year | 2,570 | | | | | | | | | | | | 2,570 |
| 2. Claim reserves and liabilities, December 31, current year: | | | | | | | | | | | | | |
| 2.1. On claims incurred prior to current year | | | | | | | | | | | | | |
| 2.2. On claims incurred during current year | 3,487 | | | | | | | | | | | | 3,487 |
| 3. Test: | | | | | | | | | | | | | |
| 3.1. Lines 1.1 and 2.1 | 615 | | | | | | | | | | | | 615 |
| 3.2. Claim reserves and liabilities, December 31, prior year | 3,669 | | | | | | | | | | | | 3,669 |
| 3.3. Line 3.1 minus Line 3.2 | (3,054) | | | | | | | | | | | | (3,054) |

PART 4 - REINSURANCE

| | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. Reinsurance Assumed: | | | | | | | | | | | | | |
| 1. Premiums written | | | | | | | | | | | | | |
| 2. Premiums earned | | | | | | | | | | | | | |
| 3. Incurred claims | | | | | | | | | | | | | |
| 4. Commissions | | | | | | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | | | | | |
| 1. Premiums written | | | | | | | | | | | | | |
| 2. Premiums earned | | | | | | | | | | | | | |
| 3. Incurred claims | | | | | | | | | | | | | |
| 4. Commissions | | | | | | | | | | | | | |

NONE

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----|---|--|--|------------------------|-------------|-------------|--|-------------------------|--------------------|------------|-------------------|----------------|--------------|-------|
| | | Comprehensive (Hospital and Medical) Individual | Comprehensive (Hospital and Medical) Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Medicare Title XVIII | Medicaid Title XIX | Credit A&H | Disability Income | Long-Term Care | Other Health | Total |
| A. | Direct: | | | | | | | | | | | | | |
| | 1. Incurred Claims..... | | | | | | | | | | | | 3,003 | 3,003 |
| | 2. Beginning Claim Reserves and Liabilities..... | | | | | | | | | | | | 3,669 | 3,669 |
| | 3. Ending Claim Reserves and Liabilities..... | | | | | | | | | | | | 3,487 | 3,487 |
| | 4. Claims Paid..... | | | | | | | | | | | | 3,185 | 3,185 |
| B. | Assumed Reinsurance: | | | | | | | | | | | | | |
| | 1. Incurred Claims..... | | | | | | | | | | | | | |
| | 2. Beginning Claim Reserves and Liabilities..... | | | | | | | | | | | | | |
| | 3. Ending Claim Reserves and Liabilities..... | | | | | | | | | | | | | |
| | 4. Claims Paid..... | | | | | | | | | | | | | |
| C. | Ceded Reinsurance: | | | | | | | | | | | | | |
| | 1. Incurred Claims..... | | | | | | | | | | | | | |
| | 2. Beginning Claim Reserves and Liabilities..... | | | | | | | | | | | | | |
| | 3. Ending Claim Reserves and Liabilities..... | | | | | | | | | | | | | |
| | 4. Claims Paid..... | | | | | | | | | | | | | |
| D. | Net: | | | | | | | | | | | | | |
| | 1. Incurred Claims..... | | | | | | | | | | | | 3,003 | 3,003 |
| | 2. Beginning Claim Reserves and Liabilities..... | | | | | | | | | | | | 3,669 | 3,669 |
| | 3. Ending Claim Reserves and Liabilities..... | | | | | | | | | | | | 3,487 | 3,487 |
| | 4. Claims Paid..... | | | | | | | | | | | | 3,185 | 3,185 |
| E. | Net Incurred Claims and Cost Containment Expenses: | | | | | | | | | | | | | |
| | 1. Incurred Claims and Cost Containment Expenses..... | | | | | | | | | | | | 3,003 | 3,003 |
| | 2. Beginning Reserves and Liabilities..... | | | | | | | | | | | | 4,223 | 4,223 |
| | 3. Ending Reserves and Liabilities..... | | | | | | | | | | | | 3,487 | 3,487 |
| | 4. Paid Claims and Cost Containment Expenses..... | | | | | | | | | | | | 3,739 | 3,739 |

(41) Schedule S - Part 1 - Section 1

NONE

(42) Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|----------------|----------------|---|-----------------------------|-------------|---------------|
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Paid Losses | Unpaid Losses |
| Life and Annuity, Non-Affiliates, U.S. Non-Affiliates | | | | | | |
| 82627 | ..06-0839705.. | ..10/01/2022.. | SWISS RE LIFE & HEALTH OF AMERICA, INC..... | MO ..... | ..... | ..... 40,500 |
| 0899999 – Life and Annuity, Non-Affiliates, U.S. Non-Affiliates ..... |  |  |  |  | ..... | ..... 40,500 |
| 1099999 – Life and Annuity, Total Non-Affiliates ..... |  |  |  |  | ..... | ..... 40,500 |
| 1199999 – Total Life and Annuity ..... |  |  |  |  | ..... | ..... 40,500 |
| 2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) ..... |  |  |  |  | ..... | ..... 40,500 |
| 9999999 – Total (Sum of 1199999 and 2299999) ..... |  |  |  |  | ..... | ..... 40,500 |

SCHEDULE S - PART 3 - SECTION 1

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Amount in Force at End of Year | Reserve Credit Taken | | 11 Premiums | Outstanding Surplus Relief | | 14 Modified Coinsurance Reserve | 15 Funds Withheld Under Coinsurance |
|---|----------------|------------------------|---|----------------------------------|--------------------------------------|-----------------------------------|--|----------------------|------------|----------------|----------------------------|------------|--|--|
| | | | | | | | | 9 | 10 | | 12 | 13 | | |
| | | | | | | | | Current Year | Prior Year | | Current Year | Prior Year | | |
| General Account, Authorized, Affiliates, U.S., Other | | | | | | | | | | | | | | |
| 63096 | 38-6056370 | 11/16/2020 | FARM BUREAU LIFE INSURANCE COMPANY OF MI | MI | CO/I | OL | 2,885,000 | 6,252 | 3,196 | 8,509 | | | | |
| 63096 | 38-6056370 | 11/16/2020 | FARM BUREAU LIFE INSURANCE COMPANY OF MI | MI | OTH/I | ADB | | | | 130 | | | | |
| 0299999 – General Account, Authorized, Affiliates, U.S., Other | | | | | | | 2,885,000 | 6,252 | 3,196 | 8,639 | | | | |
| 0399999 – General Account, Authorized, Affiliates, U.S., Total | | | | | | | 2,885,000 | 6,252 | 3,196 | 8,639 | | | | |
| 0799999 – General Account, Authorized, Total Authorized Affiliates | | | | | | | 2,885,000 | 6,252 | 3,196 | 8,639 | | | | |
| General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates | | | | | | | | | | | | | | |
| 76236 | 31-1213778 | 07/01/1982 | Cincinnati Life Insurance Company | OH | YRT/I | OL | 15,000 | | | | | | | |
| 82627 | 06-0839705 | 03/01/1981 | Swiss Re Life & Health of America, Inc. | MO | YRT/I | OL | | | | | | | | |
| 82627 | 06-0839705 | 03/01/1981 | Swiss Re Life & Health of America, Inc. | MO | OTH/I | ADB | | | | | | | | |
| 82627 | 06-0839705 | 10/01/2022 | Swiss Re Life & Health of America, Inc. | MO | CO/I | OL | 6,404,828 | 106,819 | 21,200 | 416,996 | | | | |
| 0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates | | | | | | | 6,419,828 | 106,819 | 21,200 | 416,996 | | | | |
| 1099999 – General Account, Authorized, Total Authorized Non-Affiliates | | | | | | | 6,419,828 | 106,819 | 21,200 | 416,996 | | | | |
| 1199999 – Total General Account Authorized | | | | | | | 9,304,828 | 113,071 | 24,396 | 425,635 | | | | |
| 4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | | 9,304,828 | 113,071 | 24,396 | 425,635 | | | | |
| 9199999 – Total U.S. | | | | | | | 9,304,828 | 113,071 | 24,396 | 425,635 | | | | |
| 9999999 – Total (Sum of 4599999 and 9099999) | | | | | | | 9,304,828 | 113,071 | 24,396 | 425,635 | | | | |

(45) Schedule S - Part 3 - Section 2

NONE

(46) Schedule S - Part 4

NONE

(46) Schedule S - Part 4 - Bank Information

NONE

(47) Schedule S - Part 5

NONE

(47) Schedule S - Part 5 - Bank Information

NONE

SCHEDULE S - PART 6

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

| | | 1 | 2 | 3 | 4 | 5 |
|-----|--|------|------|------|------|------|
| | | 2024 | 2023 | 2022 | 2021 | 2020 |
| A. | OPERATIONS ITEMS | | | | | |
| 1. | Premiums and annuity considerations for life and accident and health contracts..... | 426 | 278 | 3 | 1 | 1 |
| 2. | Commissions and reinsurance expense allowances..... | 457 | 172 | | | |
| 3. | Contract claims..... | 45 | 8 | | | |
| 4. | Surrender benefits and withdrawals for life contracts..... | | | | | |
| 5. | Dividends to policyholders and refunds to members..... | | | | | |
| 6. | Reserve adjustments on reinsurance ceded..... | | | | | |
| 7. | Increase in aggregate reserves for life and accident and health contracts..... | 89 | 24 | | | |
| B. | BALANCE SHEET ITEMS | | | | | |
| 8. | Premiums and annuity considerations for life and accident and health contracts deferred and uncollected..... | 250 | 168 | | | |
| 9. | Aggregate reserves for life and accident and health contracts..... | 113 | 24 | 1 | | |
| 10. | Liability for deposit-type contracts..... | | | | | |
| 11. | Contract claims unpaid..... | 41 | | | | |
| 12. | Amounts recoverable on reinsurance..... | | 8 | — | | |
| 13. | Experience rating refunds due or unpaid..... | | | | | |
| 14. | Policyholders' dividends and refunds to members (not included in Line 10)..... | | | | | |
| 15. | Commissions and reinsurance expense allowances due..... | | | | | |
| 16. | Unauthorized reinsurance offset..... | | | | | |
| 17. | Offset for reinsurance with Certified Reinsurers..... | | | | | |
| C. | UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 18. | Funds deposited by and withheld from (F)..... | | | | | |
| 19. | Letters of credit (L)..... | | | | | |
| 20. | Trust agreements (T)..... | | | | | |
| 21. | Other (O)..... | | | | | |
| D. | REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 22. | Multiple Beneficiary Trust..... | | | | | |
| 23. | Funds deposited by and withheld from (F)..... | | | | | |
| 24. | Letters of credit (L)..... | | | | | |
| 25. | Trust agreements (T)..... | | | | | |
| 26. | Other (O)..... | | | | | |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | 1 | 2 | 3 |
|--|-------------------------------|----------------------------|------------------------------|
| | As Reported (net of ceded) | Restatement Adjustments | Restated (gross of ceded) |
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 226,836,777 | | 226,836,777 |
| 2. Reinsurance (Line 16) | 44,142 | (44,142) | — |
| 3. Premiums and considerations (Line 15) | 1,453,440 | 123,687 | 1,577,127 |
| 4. Net credit for ceded reinsurance | XXX | 33,526 | 33,526 |
| 5. All other admitted assets (balance) | 5,715,416 | | 5,715,416 |
| 6. Total assets excluding Separate Accounts (Line 26) | 234,049,775 | 113,071 | 234,162,846 |
| 7. Separate Account assets (Line 27) | | | |
| 8. Total assets (Line 28) | 234,049,775 | 113,071 | 234,162,846 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2) | 216,279,071 | 113,071 | 216,392,142 |
| 10. Liability for deposit-type contracts (Line 3) | 186,066 | | 186,066 |
| 11. Claim reserves (Line 4) | 539,885 | | 539,885 |
| 12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) | 1,002 | | 1,002 |
| 13. Premium & annuity considerations received in advance (Line 8) | 602,820 | | 602,820 |
| 14. Other contract liabilities (Line 9) | 19,474 | | 19,474 |
| 15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) | | | |
| 16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) | | | |
| 17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) | | | |
| 18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) | | | |
| 19. All other liabilities (balance) | 3,085,264 | | 3,085,264 |
| 20. Total liabilities excluding Separate Accounts (Line 26) | 220,713,582 | 113,071 | 220,826,653 |
| 21. Separate Account liabilities (Line 27) | | | |
| 22. Total liabilities (Line 28) | 220,713,582 | 113,071 | 220,826,653 |
| 23. Capital & surplus (Line 38) | 13,336,194 | XXX | 13,336,194 |
| 24. Total liabilities, capital & surplus (Line 39) | 234,049,775 | 113,071 | 234,162,846 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 25. Contract reserves | 113,071 | XXX | XXX |
| 26. Claim reserves | | XXX | XXX |
| 27. Policyholder dividends/reserves | | XXX | XXX |
| 28. Premium & annuity considerations received in advance | | XXX | XXX |
| 29. Liability for deposit-type contracts | | XXX | XXX |
| 30. Other contract liabilities | | XXX | XXX |
| 31. Reinsurance ceded assets | 44,142 | XXX | XXX |
| 32. Other ceded reinsurance recoverables | | XXX | XXX |
| 33. Total ceded reinsurance recoverables | 157,213 | XXX | XXX |
| 34. Premiums and considerations | 123,687 | XXX | XXX |
| 35. Reinsurance in unauthorized companies | | XXX | XXX |
| 36. Funds held under reinsurance treaties with unauthorized reinsurers | | XXX | XXX |
| 37. Reinsurance with Certified Reinsurers | | XXX | XXX |
| 38. Funds held under reinsurance treaties with Certified Reinsurers | | XXX | XXX |
| 39. Other ceded reinsurance payables/offsets | | XXX | XXX |
| 40. Total ceded reinsurance payable/offsets | 123,687 | XXX | XXX |
| 41. Total net credit for ceded reinsurance | 33,526 | XXX | XXX |

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

| | | | Direct Business Only | | | | | |
|--------------|--------------------------------|-----|-----------------------------|----------------------------------|--|---------------------------------------|------------------------|------------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| States, Etc. | | | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Deposit-Type Contracts | Totals |
| 1. | Alabama | AL | | | | | | |
| 2. | Alaska | AK | | | | | | |
| 3. | Arizona | AZ | | | | | | |
| 4. | Arkansas | AR | | | | | | |
| 5. | California | CA | | | | | | |
| 6. | Colorado | CO | | | | | | |
| 7. | Connecticut | CT | | | | | | |
| 8. | Delaware | DE | | | | | | |
| 9. | District of Columbia | DC | | | | | | |
| 10. | Florida | FL | | | | | | |
| 11. | Georgia | GA | 10,174,549 | 8,288 | | | | 10,182,837 |
| 12. | Hawaii | HI | | | | | | |
| 13. | Idaho | ID | | | | | | |
| 14. | Illinois | IL | | | | | | |
| 15. | Indiana | IN | 11,361,656 | 19,357 | | | | 11,381,013 |
| 16. | Iowa | IA | | | | | | |
| 17. | Kansas | KS | | | | | | |
| 18. | Kentucky | KY | 7,613,859 | 5,792 | | | | 7,619,651 |
| 19. | Louisiana | LA | | | | | | |
| 20. | Maine | ME | | | | | | |
| 21. | Maryland | MD | | | | | | |
| 22. | Massachusetts | MA | | | | | | |
| 23. | Michigan | MI | 364,343 | — | | | | 364,343 |
| 24. | Minnesota | MN | | | | | | |
| 25. | Mississippi | MS | 576,808 | — | | | | 576,808 |
| 26. | Missouri | MO | | | | | | |
| 27. | Montana | MT | | | | | | |
| 28. | Nebraska | NE | | | | | | |
| 29. | Nevada | NV | | | | | | |
| 30. | New Hampshire | NH | | | | | | |
| 31. | New Jersey | NJ | | | | | | |
| 32. | New Mexico | NM | | | | | | |
| 33. | New York | NY | | | | | | |
| 34. | North Carolina | NC | | | | | | |
| 35. | North Dakota | ND | | | | | | |
| 36. | Ohio | OH | 8,759,743 | 8,129 | | | | 8,767,872 |
| 37. | Oklahoma | OK | | | | | | |
| 38. | Oregon | OR | | | | | | |
| 39. | Pennsylvania | PA | | | | | | |
| 40. | Rhode Island | RI | | | | | | |
| 41. | South Carolina | SC | | | | | | |
| 42. | South Dakota | SD | | | | | | |
| 43. | Tennessee | TN | 270,119 | | | | | 270,119 |
| 44. | Texas | TX | | | | | | |
| 45. | Utah | UT | | | | | | |
| 46. | Vermont | VT | | | | | | |
| 47. | Virginia | VA | | | | | | |
| 48. | Washington | WA | | | | | | |
| 49. | West Virginia | WV | | | | | | |
| 50. | Wisconsin | WI | | | | | | |
| 51. | Wyoming | WY | | | | | | |
| 52. | American Samoa | AS | | | | | | |
| 53. | Guam | GU | | | | | | |
| 54. | Puerto Rico | PR | | | | | | |
| 55. | U.S. Virgin Islands | VI | | | | | | |
| 56. | Northern Mariana Islands | MP | | | | | | |
| 57. | Canada | CAN | | | | | | |
| 58. | Aggregate Other Alien | OT | | | | | | |
| 59. | Totals | | 39,121,077 | 41,566 | | | | 39,162,643 |

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) | * |
| | | | 38-1718391 | | | | Michigan Farm Bureau | MI | UIP | Ultimate Controlling Company | Board of Directors | | | NO | |
| 0067 | Michigan Farm Bureau Group | 21555 | 38-1316179 | | | | Farm Bureau Mutual Insurance Company of Michigan | MI | IA | Michigan Farm Bureau | Other | | Michigan Farm Bureau | NO | 1 |
| 0067 | Michigan Farm Bureau Group | 63096 | 38-6056370 | | | | Farm Bureau Life Insurance Company of Michigan | MI | IA | Michigan Farm Bureau Financial Corporation | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| 0067 | Michigan Farm Bureau Group | 21547 | 38-6056228 | | | | Farm Bureau General Insurance Company of Michigan | MI | IA | Michigan Farm Bureau Financial Corporation | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| | | | 38-2961817 | | | | Michigan Farm Bureau Financial Corporation | MI | UDP | Michigan Farm Bureau | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| | | | 27-5177082 | | | | FBL Real Estate Holdings, LLC | MI | DS | Farm Bureau Life Insurance Company of Michigan | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| | | | 38-2102277 | | | | MFB, Inc. | MI | NIA | Michigan Farm Bureau Financial Corporation | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| | | | 86-1744708 | | | | Gravity Works Design, LLC | MI | NIA | Michigan Farm Bureau Financial Corporation | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| | | | 38-1883116 | | | | Community Service Acceptance Company | MI | NIA | Michigan Farm Bureau Financial Corporation | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| 0067 | Michigan Farm Bureau Group | 74799 | 73-1333608 | | | | Leaders Life Insurance Company | OK | IA | Michigan Farm Bureau Financial Corporation | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| | | | 31-1154154 | | | | Cincinnati Equitable Companies, Inc. | OH | NIA | Michigan Farm Bureau Financial Corporation | Ownership | 100.000 | Michigan Farm Bureau | NO | |
| 0067 | Michigan Farm Bureau Group | 16721 | 31-0239840 | | | | Cincinnati Equitable Insurance Company | OH | IA | Michigan Farm Bureau Financial Corporation | Ownership | 90.100 | Michigan Farm Bureau | NO | |

| | |
|----------|--|
| Asterisk | Explanation |
| 1 | Michigan Farm Bureau holds sufficient policyholder proxies to constitute control |

SCHEDULE Y

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--------------------------|-------------|--|--------------------------|--------------------------|--|---|--|---|------|--|--------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 21555 | 38-1316179 | Farm Bureau Mutual Insurance Company of Michigan | | | | | | (36,104,913) | | | (36,104,913) | (461,518,589) |
| 63096 | 38-6056370 | Farm Bureau Life Insurance Company of Michigan | | 1,500,000 | | | | | | | 1,500,000 | (3,753,172) |
| 21547 | 38-60556228 | Farm Bureau General Insurance Company of Michigan | | | | | | 36,103,137 | | | 36,103,137 | 581,947,182 |
| | 38-2961817 | Michigan Farm Bureau Financial Corporation | 14,892,935 | (1,500,000) | | | | | | | 13,392,935 | |
| | 38-1883116 | Community Service Acceptance Company | (1,500,000) | | | | | | | | (1,500,000) | |
| 74799 | 73-1333608 | Leaders Life Insurance Company | | | | | | | | | | 3,748,964 |
| 88064 | 35-1452221 | Cincinnati Equitable Life Insurance Company | | 4,142 | | | | | | | 4,142 | 4,208 |
| 88064 | 31-1154154 | Cincinnati Equitable Companies, Inc. | (13,392,935) | (4,142) | | | | 1,776 | | | (13,395,301) | |
| 9999999 – Control Totals | | | – | – | | | | – | .XXX | | – | 120,428,593 |

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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|--|---|--|----------------------------|---|--|--|
| Insurers in Holding Company | Owners with Greater than 10% Ownership | Ownership Percentage Column 2 of Column 1 | Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No) | Ultimate Controlling Party | U.S. Insurance Groups or Entities Controlled by Column 5 | Ownership Percentage (Column 5 of Column 6) | Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No) |
| Farm Bureau Mutual Insurance Company of Michigan | Michigan Farm Bureau..... | 100.000 % | NO | Michigan Farm Bureau..... | Michigan Farm Bureau Group..... | 100.000 % | NO |
| Farm Bureau Life Insurance Company of Michigan | Michigan Farm Bureau Financial Corporation | 100.000 % | NO | Michigan Farm Bureau..... | Michigan Farm Bureau Group..... | 100.000 % | NO |
| Farm Bureau General Insurance Company of Michigan | Michigan Farm Bureau Financial Corporation | 100.000 % | NO | Michigan Farm Bureau..... | Michigan Farm Bureau Group..... | 100.000 % | NO |
| Leaders Life Insurance Company..... | Michigan Farm Bureau Financial Corporation | 100.000 % | NO | Michigan Farm Bureau..... | Michigan Farm Bureau Group..... | 100.000 % | NO |
| Cincinnati Equitable Life Insurance Company..... | Cincinnati Equitable Companies, Inc..... | 100.000 % | NO | Michigan Farm Bureau..... | Michigan Farm Bureau Group..... | 100.000 % | NO |
| Cincinnati Equitable Insurance Company | Michigan Farm Bureau Financial Corporation | 90.100 % | NO | Michigan Farm Bureau..... | Michigan Farm Bureau Group..... | 90.100 % | NO |

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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
















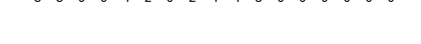






| | |
|--|-----------|
| March Filing | |
| 10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)..... | NO |
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?..... | YES |
| 12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?..... | YES |
| 14. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?..... | YES |
| 15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 28. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)..... | NO |
| 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?..... | YES |
| 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?..... | NO |
| 32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?..... | NO |
| 33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?..... | NO |
| 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 35. Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?..... | YES |
| 36. Will the Market Conduct Annual Statement (MCAS) Premium exhibit for the Year be filed with appropriate jurisdictions and with the NAIC by March 1?..... | YES |
| April Filing | |
| 37. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?..... | YES |
| 38. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?..... | NO |
| 39. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)..... | NO |

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES





| | | Response |
|-----|---|-----------|
| 40. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 41. | Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?..... | NO |
| 42. | Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? | NO |
| 43. | Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?..... | NO |
| 44. | Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?..... | NO |
| 45. | Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?..... | NO |
| 46. | Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?..... | NO |
| 47. | Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?..... | NO |

August Filing

| | | |
|-----|---|-----------|
| 48. | Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?..... | YES |
|-----|---|-----------|

| | Explanation | Barcode |
|-----|-------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | N/A |  8 8 0 6 4 2 0 2 4 4 2 0 0 0 0 0 |
| 11. | | |
| 12. | N/A |  8 8 0 6 4 2 0 2 4 4 9 0 0 0 0 0 |
| 13. | | |
| 14. | | |
| 15. | N/A |  8 8 0 6 4 2 0 2 4 4 4 2 0 0 0 0 |
| 16. | N/A |  8 8 0 6 4 2 0 2 4 4 4 3 0 0 0 0 |
| 17. | N/A |  8 8 0 6 4 2 0 2 4 4 4 4 0 0 0 0 |
| 18. | N/A |  8 8 0 6 4 2 0 2 4 4 4 5 0 0 0 0 |
| 19. | N/A |  8 8 0 6 4 2 0 2 4 4 4 6 0 0 0 0 |
| 20. | N/A |  8 8 0 6 4 2 0 2 4 4 4 7 0 0 0 0 |
| 21. | N/A |  8 8 0 6 4 2 0 2 4 4 4 8 0 0 0 0 |
| 22. | N/A |  8 8 0 6 4 2 0 2 4 4 4 9 0 0 0 0 |
| 23. | N/A |  8 8 0 6 4 2 0 2 4 4 5 0 0 0 0 0 |
| 24. | N/A |  8 8 0 6 4 2 0 2 4 4 5 1 0 0 0 0 |
| 25. | N/A |  8 8 0 6 4 2 0 2 4 4 5 2 0 0 0 0 |
| 26. | N/A |  8 8 0 6 4 2 0 2 4 4 5 3 0 0 0 0 |
| 27. | N/A |  8 8 0 6 4 2 0 2 4 4 5 4 0 0 0 0 |
| 28. | N/A |  8 8 0 6 4 2 0 2 4 4 9 5 0 0 0 0 |
| 29. | | |
| 30. | N/A |  8 8 0 6 4 2 0 2 4 3 6 5 0 0 0 0 |
| 31. | N/A |  8 8 0 6 4 2 0 2 4 2 2 4 0 0 0 0 |
| 32. | N/A |  8 8 0 6 4 2 0 2 4 2 2 5 0 0 0 0 |
| 33. | N/A |  8 8 0 6 4 2 0 2 4 2 2 6 0 0 0 0 |
| 34. | N/A |  8 8 0 6 4 2 0 2 4 4 5 6 0 0 0 0 |
| 35. | | |
| 36. | | |
| 37. | | |
| 38. | N/A |  8 8 0 6 4 2 0 2 4 3 0 6 0 0 0 0 |
| 39. | N/A | 8 8 0 6 4 2 0 2 4 2 3 0 0 0 0 0 |
| 40. | | |
| 41. | | 8 8 0 6 4 2 0 2 4 2 1 6 0 0 0 0 |
| 42. | N/A | 8 8 0 6 4 2 0 2 4 4 3 5 0 0 0 0 |
| 43. | N/A | 8 8 0 6 4 2 0 2 4 3 4 5 0 0 0 0 |

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

| | Explanation | Barcode |
|-----|-------------|--|
| 44. | N/A |  8 8 0 6 4 2 0 2 4 2 8 6 0 0 0 0 0 |
| 45. | N/A |  8 8 0 6 4 2 0 2 4 4 5 7 0 0 0 0 0 |
| 46. | N/A |  8 8 0 6 4 2 0 2 4 4 5 8 0 0 0 0 0 |
| 47. | N/A |  8 8 0 6 4 2 0 2 4 4 5 9 0 0 0 0 0 |
| 48. | | |

OVERFLOW PAGE FOR WRITE-INS

| | ASSETS | | | |
|---|--------------|--------------------|--------------------------------------|---------------------|
| | Current Year | | | Prior Year |
| | 1 | 2 | 3 | 4 |
| | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 1197. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 2504. Prepaid Expenses | 16,550 | 16,550 | — | |
| 2597. Summary of remaining write-ins for Line 25 from overflow page | 16,550 | 16,550 | — | |

OVERFLOW PAGE FOR WRITE-INS



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: 0067

NAIC Company Code: 88064

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

Person Completing This Exhibit: DAVID BRENT RANKIN

Title: LIFE ACCOUNTING MANAGER

Telephone Number: 517-679-5369

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2021 | | | | Policies Issued in 2022, 2023, 2024 | | | |
|---|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|------------------------|--------------------------------------|-------------------------|-------------------------------------|------------------------|--------------------------------------|-------------------------|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Incurred Claims Amount | Incurred Claims % of Premiums Earned | Number of Covered Lives | Premiums Earned | Incurred Claims Amount | Incurred Claims % of Premiums Earned | Number of Covered Lives |
| N/A | AP355BAUC | B | NO | 3 | 10/01/1996 | 12/31/2004 | 12/31/2004 | 12/31/2004 | MEDICARE SUPPLEMENT | 8,459 | 2,563 | 30.295 | 6 | | | | |
| 0199999 – TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | 8,459 | 2,563 | 30.295 | 6 | | | | |
| 0299999 – TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
WRITTEN BEFORE OBRA WAS PASSED
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”

Supp360.0H



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

Of The: Cincinnati Equitable Life Insurance Company

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

NAIC Group Code: 0067 NAIC Company Code: 88064 Employer's ID Number: 35-1452221

SUPPLEMENTAL SCHEDULE O – PART 1
Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

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

SECTION B – OTHER ACCIDENT AND HEALTH

| Years in Which Losses Were Incurred | Cumulative Net Amounts Paid Policyholders | | | | |
|-------------------------------------|---|------|------|------|----------|
| | 1 | 2 | 3 | 4 | 5 |
| | 2020 | 2021 | 2022 | 2023 | 2024 (a) |
| 1. Prior..... | 43 | | | | |
| 2. 2020..... | 5 | 1 | | | |
| 3. 2021..... | XXX | 6 | | | |
| 4. 2022..... | XXX | XXX | 1 | | |
| 5. 2023..... | XXX | XXX | XXX | | |
| 6. 2024..... | XXX | XXX | XXX | XXX | |

SECTION C – CREDIT ACCIDENT AND HEALTH

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

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

SUPPLEMENTAL SCHEDULE O – PART 1
Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | Years in Which Losses Were Incurred | Cumulative Net Amounts Paid Policyholders | | | | |
|----|-------------------------------------|---|------|------|------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 2020 | 2021 | 2022 | 2023 | 2024 (a) |
| 1. | Prior..... | NONE | | | | |
| 2. | 2020..... | | | | | |
| 3. | 2021..... | | | | | |
| 4. | 2022..... | | | | | |
| 5. | 2023..... | | | | | |
| 6. | 2024..... | XXX | XXX | XXX | XXX | |

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | Years in Which Losses Were Incurred | Cumulative Net Amounts Paid Policyholders | | | | |
|----|-------------------------------------|---|------|------|------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 2020 | 2021 | 2022 | 2023 | 2024 (a) |
| 1. | Prior..... | NONE | | | | |
| 2. | 2020..... | | | | | |
| 3. | 2021..... | | | | | |
| 4. | 2022..... | | | | | |
| 5. | 2023..... | | | | | |
| 6. | 2024..... | XXX | XXX | XXX | XXX | |

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | Years in Which Losses Were Incurred | Cumulative Net Amounts Paid Policyholders | | | | |
|----|-------------------------------------|---|------|------|------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 2020 | 2021 | 2022 | 2023 | 2024 (a) |
| 1. | Prior..... | NONE | | | | |
| 2. | 2020..... | | | | | |
| 3. | 2021..... | | | | | |
| 4. | 2022..... | | | | | |
| 5. | 2023..... | | | | | |
| 6. | 2024..... | XXX | XXX | XXX | XXX | |

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | Years in Which Losses Were Incurred | Cumulative Net Amounts Paid Policyholders | | | | |
|----|-------------------------------------|---|------|------|------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 2020 | 2021 | 2022 | 2023 | 2024 (a) |
| 1. | Prior..... | NONE | | | | |
| 2. | 2020..... | | | | | |
| 3. | 2021..... | | | | | |
| 4. | 2022..... | | | | | |
| 5. | 2023..... | | | | | |
| 6. | 2024..... | XXX | XXX | XXX | XXX | |

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

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

SECTION B – OTHER ACCIDENT AND HEALTH

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

SECTION C – CREDIT ACCIDENT AND HEALTH

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

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

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

SECTION B – OTHER ACCIDENT AND HEALTH

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

SECTION C – CREDIT ACCIDENT AND HEALTH

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

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|--|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | XXX | XXX |
| 2. | 2021 | | XXX | | | XXX |
| 3. | 2022 | | XXX | XXX | | |
| 4. | 2023 | | XXX | XXX | XXX | |
| 5. | 2024 | | XXX | XXX | XXX | |

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|--|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | XXX | XXX |
| 2. | 2021 | | XXX | | | XXX |
| 3. | 2022 | | XXX | XXX | | |
| 4. | 2023 | | XXX | XXX | XXX | |
| 5. | 2024 | | XXX | XXX | XXX | |

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|--|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | XXX | XXX |
| 2. | 2021 | | XXX | | | XXX |
| 3. | 2022 | | XXX | XXX | | |
| 4. | 2023 | | XXX | XXX | XXX | |
| 5. | 2024 | | XXX | XXX | XXX | |

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|--|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | XXX | XXX |
| 2. | 2021 | | XXX | | | XXX |
| 3. | 2022 | | XXX | XXX | | |
| 4. | 2023 | | XXX | XXX | XXX | |
| 5. | 2024 | | XXX | XXX | XXX | |

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

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

SECTION B – OTHER ACCIDENT AND HEALTH

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

SECTION C – CREDIT ACCIDENT AND HEALTH

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

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|---|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | | |
| 2. | 2021 | | | | | |
| 3. | 2022 | | XXX | | | |
| 4. | 2023 | | XXX | XXX | | |
| 5. | 2024 | | XXX | XXX | XXX | |

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|---|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | | |
| 2. | 2021 | | | | | |
| 3. | 2022 | | XXX | | | |
| 4. | 2023 | | XXX | XXX | | |
| 5. | 2024 | | XXX | XXX | XXX | |

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|---|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | | |
| 2. | 2021 | | | | | |
| 3. | 2022 | | XXX | | | |
| 4. | 2023 | | XXX | XXX | | |
| 5. | 2024 | | XXX | XXX | XXX | |

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

| | | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|-------------------------------------|------|---|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Years in Which Losses Were Incurred | | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. | 2020 | NONE | | | | |
| 2. | 2021 | | | | | |
| 3. | 2022 | | XXX | | | |
| 4. | 2023 | | XXX | XXX | | |
| 5. | 2024 | | XXX | XXX | XXX | |

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

| | | 1 | 2 |
|------------------|----------------------------|-------------|--------|
| Line of Business | | Methodology | Amount |
| 1. | Industrial life | | |
| 2. | Ordinary life | Other | 536 |
| 3. | Individual annuity | Other | |
| 4. | Supplementary contracts | | |
| 5. | Credit life | | |
| 6. | Group life | | |
| 7. | Group annuities | | |
| 8. | Group accident and health | | |
| 9. | Credit accident and health | | |
| 10. | Other accident and health | Development | 3 |
| 11. | Total | XXX | 540 |



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

Of The: Cincinnati Equitable Life Insurance Company

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

NAIC Group Code: 0067 NAIC Company Code: 88064 Employer's ID Number: 35-1452221

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | Comprehensive (Hospital and Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|-------|---|-------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|----------------------|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non- Health |
| 1. Net premium income..... | 8,459 | | | | | | | | | | | | 8,459 | |
| 2. Change in unearned premium reserves and reserve for rate credit..... | | | | | | | | | | | | | | |
| 3. Fee-for-service (net of \$..... medical expenses)..... | | | | | | | | | | | | | | XXX |
| 4. Risk revenue..... | | | | | | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues..... | | | | | | | | | | | | | | XXX |
| 6. Aggregate write-ins for other non-health care related revenues..... | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 7. Total revenues (Lines 1 to 6)..... | 8,459 | | | | | | | | | | | | 8,459 | |
| 8. Hospital/medical benefits..... | 3,003 | | | | | | | | | | | | 3,003 | XXX |
| 9. Other professional services..... | | | | | | | | | | | | | | XXX |
| 10. Outside referrals..... | | | | | | | | | | | | | | XXX |
| 11. Emergency room and out-of-area..... | | | | | | | | | | | | | | XXX |
| 12. Prescription drugs..... | | | | | | | | | | | | | | XXX |
| 13. Aggregate write-ins for other hospital and medical..... | | | | | | | | | | | | | | XXX |
| 14. Incentive pool, withhold adjustments and bonus amounts..... | | | | | | | | | | | | | | XXX |
| 15. Subtotal (Lines 8 to 14)..... | 3,003 | | | | | | | | | | | | 3,003 | XXX |
| 16. Net reinsurance recoveries..... | | | | | | | | | | | | | | XXX |
| 17. Total hospital and medical (Lines 15 minus 16)..... | 3,003 | | | | | | | | | | | | 3,003 | XXX |
| 18. Non-health claims (net)..... | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. Claims adjustment expenses including \$..... cost containment expenses..... | | | | | | | | | | | | | | |
| 20. General administrative expenses..... | 1,905 | | | | | | | | | | | | 1,905 | |
| 21. Increase in reserves for accident and health contracts..... | (441) | | | | | | | | | | | | (441) | XXX |
| 22. Increase in reserves for life contracts..... | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22)..... | 4,467 | | | | | | | | | | | | 4,467 | |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23)..... | 3,992 | | | | | | | | | | | | 3,992 | |
| Details of Write-Ins | | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 05 from overflow page..... | | | | | | | | | | | | | | XXX |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)..... | | | | | | | | | | | | | | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0698. Summary of remaining write-ins for Line 06 from overflow page..... | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 1301. | | | | | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page..... | | | | | | | | | | | | | | XXX |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)..... | | | | | | | | | | | | | | XXX |

OVERFLOW PAGE FOR WRITE-INS

EXHIBIT 3

Health Care Receivables

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|-------------|--------------|--------------|--------------|-------------|----------|
| Name of Debtor | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0799999 – Gross Health Care Receivables | | | | | | |

NONE

EXHIBIT 3A

Analysis of Health Care Receivables Collected and Accrued

| Type of Health Care Receivable | Health Care Receivables Collected or Offset During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|--|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables from Prior Years (Cols. 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | | NONE | | | | |
| 2. Claim overpayment receivables | | | | | | |
| 3. Loans and advances to providers | | | | | | |
| 4. Capitation arrangement receivables | | | | | | |
| 5. Risk sharing receivables | | | | | | |
| 6. Other health care receivables | | | | | | |
| 7. Totals (Lines 1 through 6) | | | | | | |

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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



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: 0067

NAIC Company Code: 88064

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