



ALAC Jurat Q1 2024 Final.pdf

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E-Signature Summary

E-Signature 1: Lori Dashewich (Ldd)

May 13, 2024 05:41:06 -8:00 [570D5E81B5C0] [174.207.164.93]
lori_dashewich@constellationinsurance.com (Principal) (Personally Known)

E-Signature 2: Carlos Fernando Paiva (CFP)

May 13, 2024 05:41:06 -8:00 [F8E31DEAB41D] [12.18.198.194]
carlos_paiva@constellationinsurance.com (Principal) (Personally Known)

E-Signature 3: Scott N. Shepherd (SNS)

May 13, 2024 05:41:06 -8:00 [659C6B1AB968] [50.5.138.220]
scott_shepherd@constellationinsurance.com (Principal) (Personally Known)

E-Signature Notary: Stephanie Coleman (sc)

May 13, 2024 05:41:06 -8:00 [0A9F8D0B7B14] [24.160.168.243]
stephanie_coleman@constellationinsurance.com

I, Stephanie Coleman, did witness the participants named above electronically sign this document.



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

QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF

AUGUSTAR LIFE ASSURANCE CORPORATION

NAIC Group Code 0704 0704 NAIC Company Code 89206 Employer's ID Number 31-0962495
(Current) (Prior)

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

Country of Domicile United States of America

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

Incorporated/Organized 06/26/1979 Commenced Business 08/22/1979

Statutory Home Office One Financial Way, Cincinnati, OH, US 45242
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Financial Way, 513-794-6100
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Post Office Box 237, Cincinnati, OH, US 45201
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Financial Way, 513-794-6100-6015
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A
Statutory Statement Contact Amber Dawn Roberts, 513-794-6100-6015
(Name) (Area Code) (Telephone Number)
amber.roberts@constellationinsurance.com, 513-794-4622
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer	<u>Anurag Chandra</u>	Treasurer & Chief Corporate Development Officer	<u>Brijendra Singh Grewal #</u>
SVP, Corporate Secretary & LATAM Regional Counsel and Compliance	<u>Carlos Fernando da Costa Almeida de Paiva Nascimento</u>	SVP, Chief Risk Officer & Head of U.S. M&A/Reinsurance	<u>Scott Niel Shepherd #</u>

OTHER

Michael Akker #, Senior Vice President, Chief Operating Officer	<u>Lori Dianne Dashewich #, Senior Vice President, Chief Financial Officer</u>	<u>Jonathan Egol #, Managing Director</u>
Sachin Jain #, Senior Vice President & Chief Investment Officer	<u>Gary Russell Rodmaker #, Managing Director</u>	

DIRECTORS OR TRUSTEES

<u>Anurag Chandra</u>	<u>Philippe Francois Charette</u>	<u>Patricia Lynn Quinn</u>
<u>Gregory Svend Nielsen</u>	<u>Westley Vander Thompson</u>	<u>Steven Carl Verney</u>

State of Ohio SS:
County of Butler

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.

Lori Dashewich
Signed on 2024/05/13 05:41:06 -8:00

Carlos Fernando Paiva
Signed on 2024/05/13 05:41:06 -8:00

Scott N. Shepherd
Signed on 2024/05/13 05:41:06 -8:00

Lori Dianne Dashewich

Senior Vice President, Chief Financial Officer

Carlos Fernando da Costa Almeida de Paiva Nascimento

SVP, Corporate Secretary & LATAM Regional Counsel and Compliance

Scott Niel Shepherd

SVP, Chief Risk Officer & Head of U.S. M&A/Reinsurance

Subscribed and sworn to before me this
13th day of May, 2024

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

Stephanie Coleman
Signed on 2024/05/13 05:41:06 -8:00
Stephanie Coleman
Notary Public
Expires November 24, 2025



Stephanie Coleman
Commission # 2020-RE-823068
Electronic Notary Public
State of Ohio
My Comm Exp. Nov 24, 2025

Notary Stamp 2024/05/13 05:41:06 PST

