



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
ALLIANCE OF PENNSYLVANIAN SAXONS

NAIC Group Code 0000, 0000 NAIC Company Code 56197 Employer's ID Number 34-0138510
Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Fraternal Benefit Societies
Incorporated/Organized 08/31/1902 Commenced Business 08/31/1902
Statutory Home Office 5323 Pearl Road Cleveland, OH, US 44129-1503
Main Administrative Office 5323 Pearl Road Cleveland, OH, US 44129-1503 440-842-8442 (Telephone)
Mail Address 5323 Pearl Road Cleveland, OH, US 44129-1503
Primary Location of Books and Records 5323 Pearl Road Cleveland, OH, US 44129-1503 440-842-8442 (Telephone)
Internet Website Address http://www.atsaxons.com
Statutory Statement Contact Denise A Crawford 440-842-8442 (Telephone)
office@atsaxons.com 440-842-5442 (E-Mail) (Fax)

OFFICERS

Denise A Crawford, President Christine D Oehlman, Secretary
Michael Teutsch Jr., Treasurer Miller & Newberg, Consulting Actuary

OTHER

Monica M Weber, First Vice President Randall B Floyd, Second Vice President
Michael Bachinger, Third Vice President

DIRECTORS OR TRUSTEES

Denise A Crawford Monica M Weber
Randall B Floyd Michael Bachinger
Michael Teutsch Jr. Barbara A Spack
Jacob F Spor Ingrid E Weihs-Ferguson
Margarete I Ziegler Debbie K Ferguson

State of Ohio
County of Cuyahoga 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 Denise A Crawford Christine D Oehlman Michael Teutsch Jr.
President Secretary Treasurer

Subscribed and sworn to before me this _____ day of _____, 2026
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 ILLINOIS DURING THE YEAR 2025
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid						
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	
Individual Life													
1. Industrial													
2. Whole	2,184		900		4,183			5,083	20,312		1,000		21,312
3. Term													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total individual life	2,184		900		4,183			5,083	20,312		1,000		21,312
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	140,962								441,674				441,674
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total individual annuities	140,962								441,674				441,674
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)	(f)								XXX	XXX	XXX		
35. Comprehensive group (d)	(f)								XXX	XXX	XXX		
36. Medicare supplement (d)	(f)								XXX	XXX	XXX		
37. Vision only (d)	(f)								XXX	XXX	XXX		
38. Dental only (d)	(f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)								XXX	XXX	XXX		
42. Credit A&H	(f)								XXX	XXX	XXX		
43. Disability income (d)	(f)								XXX	XXX	XXX		
44. Long-term care (d)	(f)								XXX	XXX	XXX		
45. Other health (d)	(f)								XXX	XXX	XXX		
46. Total accident and health									XXX	XXX	XXX		
47. Total	143,146 (c)		900		4,183			5,083	461,986		1,000		462,986

24.IL

Annual Statement for the Year 2025 of the Alliance Of Transylvanian Saxons

**DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2025
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	23,513	3	2,864					3	2,864	20,649	-	-	(4)	1,278	230	2,256,937
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	23,513	3	2,864					3	2,864	20,649	-	-	(4)	1,278	230	2,256,937
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	441,674	1	441,674					1	441,674	-			(1)	391,674	94	5,531,821
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	441,674	1	441,674					1	441,674	-			(1)	391,674	94	5,531,821
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	465,187	4	444,538					4	444,538	20,649	-	-	(5)	392,952	324	7,788,758

24.11.1

(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 \$

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2025

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

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	1,572		368		770			1,138	4,353		6,000	
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,572		368		770			1,138	4,353		6,000	10,353
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	13,139								60,157			60,157
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	13,139								60,157			60,157
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)	(f)								XXX	XXX	XXX	
35. Comprehensive group (d)	(f)								XXX	XXX	XXX	
36. Medicare supplement (d)	(f)								XXX	XXX	XXX	
37. Vision only (d)	(f)								XXX	XXX	XXX	
38. Dental only (d)	(f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	(f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d)	(e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d)	(f)								XXX	XXX	XXX	
42. Credit A&H	(f)								XXX	XXX	XXX	
43. Disability income (d)	(f)								XXX	XXX	XXX	
44. Long-term care (d)	(f)								XXX	XXX	XXX	
45. Other health (d)	(f)								XXX	XXX	XXX	
46. Total accident and health									XXX	XXX	XXX	
47. Total	14,711 (c)		368		770			1,138	64,510		6,000	70,510

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Annual Statement for the Year 2025 of the Alliance Of Transylvanian Saxons

**DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2025
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	5,039	3	6,069					3	6,069	-	1	10,000	(5)	(8,422)	151	503,553
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	5,039	3	6,069					3	6,069	-	1	10,000	(5)	(8,422)	151	503,553
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	55,906	2	60,157					2	60,157	-	1	1,270	(1)	(44,597)	63	700,209
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	55,906	2	60,157					2	60,157	-	1	1,270	(1)	(44,597)	63	700,209
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	60,945	5	66,226					5	66,226	-	2	11,270	(6)	(53,019)	214	1,203,762

24.IN.1

(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 \$

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2025

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

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
Individual Life											
1. Industrial											
2. Whole	526		360		851	1,211	3,365				3,365
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	526		360		851	1,211	3,365				3,365
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	67,153						264,512				264,512
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities	67,153						264,512				264,512
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)	(f)						XXX	XXX	XXX		
35. Comprehensive group (d)	(f)						XXX	XXX	XXX		
36. Medicare supplement (d)	(f)						XXX	XXX	XXX		
37. Vision only (d)	(f)						XXX	XXX	XXX		
38. Dental only (d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(f)						XXX	XXX	XXX		
43. Disability income (d)	(f)						XXX	XXX	XXX		
44. Long-term care (d)	(f)						XXX	XXX	XXX		
45. Other health (d)	(f)						XXX	XXX	XXX		
46. Total accident and health							XXX	XXX	XXX		
47. Total	67,679 (c)		360		851	1,211	267,877				267,877

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Annual Statement for the Year 2025 of the Alliance Of Transylvanian Saxons

**DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2025
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	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Amount	26 Amount	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	3,895	3	1,268					3	1,268	4,609			(4)	268	99	593,669
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	3,895	3	1,268					3	1,268	4,609			(4)	268	99	593,669
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		2	264,512					2	264,512	-	-	-	1	445,828	53	3,818,426
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities		2	264,512					2	264,512	-	-	-	1	445,828	53	3,818,426
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	3,895	5	265,780					5	265,780	4,609	-	-	(3)	446,096	152	4,412,095

24.MI.1

(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 \$
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2025

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

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)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	(f)							XXX	XXX	XXX		
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX		
47. Total	(c)											

NONE

24.MO

**DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2025
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																	
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

24.MO.1

(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 \$

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2025

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

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			NONE									
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)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	(f)							XXX	XXX	XXX		
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX		
47. Total	(c)											

24.NY

**DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2025
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																	
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

24.NY.1

(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 \$

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	36,661		7,994		30,445			38,439	154,187		223,458	
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	36,661		7,994		30,445			38,439	154,187		223,458	377,645
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	1,814,493								3,816,210			3,816,210
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	1,814,493								3,816,210			3,816,210
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)	(f)								XXX	XXX	XXX	
35. Comprehensive group (d)	(f)								XXX	XXX	XXX	
36. Medicare supplement (d)	(f)								XXX	XXX	XXX	
37. Vision only (d)	(f)								XXX	XXX	XXX	
38. Dental only (d)	(f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	(f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d)	(e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d)	(f)								XXX	XXX	XXX	
42. Credit A&H	(f)								XXX	XXX	XXX	
43. Disability income (d)	(f)								XXX	XXX	XXX	
44. Long-term care (d)	(f)								XXX	XXX	XXX	
45. Other health (d)	(f)								XXX	XXX	XXX	
46. Total accident and health									XXX	XXX	XXX	
47. Total	1,851,154 (c)		7,994		30,445			38,439	3,970,397		223,458	4,193,855

24.0H

**DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025
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	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Amount	26 Amount	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	178,485	75	168,262					75	168,262	78,788	19	184,000	(126)	(321,222)	3,807	19,520,825
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	178,485	75	168,262					75	168,262	78,788	19	184,000	(126)	(321,222)	3,807	19,520,825
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	4,220,421	115	3,816,210					115	3,816,210	872,070	27	231,049	(88)	(424,846)	1,582	47,344,467
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	4,220,421	115	3,816,210					115	3,816,210	872,070	27	231,049	(88)	(424,846)	1,582	47,344,467
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	4,398,906	190	3,984,472					190	3,984,472	950,858	46	415,049	(214)	(746,068)	5,389	66,865,292

24 OH.1

(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: \$14,340 Group: \$ Total: \$14,340

(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 \$

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2025

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid						
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	
Individual Life													
1. Industrial													
2. Whole	2,304		1,057		4,253			5,311	20,547		1,000		21,547
3. Term													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total individual life	2,304		1,057		4,253			5,311	20,547		1,000		21,547
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	137,107								313,339				313,339
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total individual annuities	137,107								313,339				313,339
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)	(f)								XXX	XXX	XXX		
35. Comprehensive group (d)	(f)								XXX	XXX	XXX		
36. Medicare supplement (d)	(f)								XXX	XXX	XXX		
37. Vision only (d)	(f)								XXX	XXX	XXX		
38. Dental only (d)	(f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)								XXX	XXX	XXX		
42. Credit A&H	(f)								XXX	XXX	XXX		
43. Disability income (d)	(f)								XXX	XXX	XXX		
44. Long-term care (d)	(f)								XXX	XXX	XXX		
45. Other health (d)	(f)								XXX	XXX	XXX		
46. Total accident and health									XXX	XXX	XXX		
47. Total	139,411 (c)		1,057		4,253			5,311	333,886		1,000		334,886

24.PA

Annual Statement for the Year 2025 of the Alliance Of Transylvanian Saxons

**DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2025
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	23,785	10	24,302					10	24,302	665	1	5,000	(11)	(5,455)	475	2,851,675
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	23,785	10	24,302					10	24,302	665	1	5,000	(11)	(5,455)	475	2,851,675
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	313,339	1	313,339					1	313,339	-	-	-	(1)	(286,665)	289	3,924,469
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	313,339	1	313,339					1	313,339	-	-	-	(1)	(286,665)	289	3,924,469
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	337,124	11	337,641					11	337,641	665	1	5,000	(12)	(292,120)	764	6,776,144

24.PA.1

(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 \$

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



GRAND TOTAL DURING THE YEAR 2025
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56197

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	43,247		10,680		40,502			51,182	202,764		231,458	
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	43,247		10,680		40,502			51,182	202,764		231,458	
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	2,172,854								4,895,892			
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	2,172,854								4,895,892			
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)	(f)								XXX	XXX	XXX	
35. Comprehensive group (d)	(f)								XXX	XXX	XXX	
36. Medicare supplement (d)	(f)								XXX	XXX	XXX	
37. Vision only (d)	(f)								XXX	XXX	XXX	
38. Dental only (d)	(f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	(f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d)	(e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d)	(f)								XXX	XXX	XXX	
42. Credit A&H	(f)								XXX	XXX	XXX	
43. Disability income (d)	(f)								XXX	XXX	XXX	
44. Long-term care (d)	(f)								XXX	XXX	XXX	
45. Other health (d)	(f)								XXX	XXX	XXX	
46. Total accident and health									XXX	XXX	XXX	
47. Total	2,216,101 (c)		10,680		40,502			51,182	5,098,656		231,458	5,330,114

24.GT

Annual Statement for the Year 2025 of the Alliance Of Transylvanian Saxons

GRAND TOTAL DURING THE YEAR 2025
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	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Amount	26 Amount	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	234,717	94	202,764					94	202,764	104,711	21	199,000	(150)	(333,553)	4,762	25,726,659
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	234,717	94	202,764					94	202,764	104,711	21	199,000	(150)	(333,553)	4,762	25,726,659
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	5,031,340	121	4,895,892					121	4,895,892	872,070	28	232,319	(90)	81,393	2,081	61,319,391
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	5,031,340	121	4,895,892					121	4,895,892	872,070	28	232,319	(90)	81,393	2,081	61,319,391
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	5,266,057	215	5,098,656					215	5,098,656	976,781	49	431,319	(240)	(252,160)	6,843	87,046,050

24.GT.1

(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: \$14,340 Group: \$ Total: \$14,340

(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 \$

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE
INTEREST MAINTENANCE RESERVE

		1
		Amount
1.	Reserve as of December 31, prior year.....	113,333
2.	Current year's realized pre-tax capital gains/(losses) of \$.....(60,823) transferred into the reserve net of taxes of \$.....	(60,823)
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).....	52,510
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	(43,102)
6.	Reserve as of December 31, current year (Line 4 minus Line 5).....	95,612

AMORTIZATION

Year of Amortization		1	2	3	4
		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.	2025	15,378	(58,480)	(1)	(43,102)
2.	2026	14,090	(18)	1	14,072
3.	2027	15,438	(20)		15,418
4.	2028	14,863	(24)		14,838
5.	2029	14,385	(22)		14,363
6.	2030	13,953	(24)		13,929
7.	2031	13,904	(27)		13,878
8.	2032	13,208	(29)		13,180
9.	2033	12,639	(30)		12,609
10.	2034	10,107	(30)		10,078
11.	2035	6,321	(34)		6,287
12.	2036	2,172	(54)		2,118
13.	2037	(2,515)	(94)		(2,609)
14.	2038	(6,383)	(142)		(6,525)
15.	2039	(7,792)	(187)		(7,979)
16.	2040	(6,360)	(237)		(6,597)
17.	2041	(4,577)	(248)		(4,825)
18.	2042	(2,618)	(220)		(2,838)
19.	2043	(1,078)	(189)		(1,267)
20.	2044	(461)	(157)		(618)
21.	2045	(299)	(123)		(421)
22.	2046	(214)	(98)		(311)
23.	2047	(170)	(85)		(255)
24.	2048	(165)	(71)		(236)
25.	2049	(156)	(57)		(213)
26.	2050	(131)	(41)		(172)
27.	2051	(94)	(30)		(124)
28.	2052	(65)	(24)		(89)
29.	2053	(36)	(18)		(54)
30.	2054	(11)	(11)		(22)
31.	2055 and Later		(4)		(4)
32.	Total (Lines 1 to 31)	113,333	(60,823)	-	52,510

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	797,842		797,842	299,209	54,550	353,759	1,151,601
2. Realized capital gains/(losses) net of taxes-General Account.....							
3. Realized capital gains/(losses) net of taxes-Separate Accounts.....							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account.....				439,521		439,521	439,521
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.....	161,676	275	161,951	-	2,757	2,757	164,708
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	959,518	275	959,793	738,730	57,307	796,037	1,755,831
9. Maximum reserve.....	827,794	1,850	829,644	368,653	51,770	420,423	1,250,067
10. Reserve objective.....	472,686	1,425	474,111	368,653	45,063	413,716	887,827
11. 20% of (Line 10 - Line 8).....	(97,366)	230	(97,136)	(74,015)	(2,449)	(76,464)	(173,601)
12. Balance before transfers (Lines 8 + 11).....	862,152	505	862,657	664,715	54,858	719,573	1,582,230
13. Transfers.....	(1,345)	1,345	-				-
14. Voluntary contribution.....							
15. Adjustment down to maximum/up to zero.....	(33,013)		(33,013)	(296,062)	(3,088)	(299,150)	(332,163)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	827,794	1,850	829,644	368,653	51,770	420,423	1,250,067

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
LONG-TERM BONDS												
1		Exempt Obligations		XXX	XXX		-		-		-	
2.1	1	NAIC Designation Category 1.A	1,535,976	XXX	XXX	1,535,976	0.0002	307	0.0007	1,075	0.0013	1,997
2.2	1	NAIC Designation Category 1.B	3,209,327	XXX	XXX	3,209,327	0.0004	1,284	0.0011	3,530	0.0023	7,381
2.3	1	NAIC Designation Category 1.C	5,739,823	XXX	XXX	5,739,823	0.0006	3,444	0.0018	10,332	0.0035	20,089
2.4	1	NAIC Designation Category 1.D	2,281,827	XXX	XXX	2,281,827	0.0007	1,597	0.0022	5,020	0.0044	10,040
2.5	1	NAIC Designation Category 1.E	8,213,655	XXX	XXX	8,213,655	0.0009	7,392	0.0027	22,177	0.0055	45,175
2.6	1	NAIC Designation Category 1.F	14,805,188	XXX	XXX	14,805,188	0.0011	16,286	0.0034	50,338	0.0068	100,675
2.7	1	NAIC Designation Category 1.G	17,465,459	XXX	XXX	17,465,459	0.0014	24,452	0.0042	73,355	0.0085	148,456
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7)	53,251,255	XXX	XXX	53,251,255	XXX	54,762	XXX	165,827	XXX	333,814
3.1	2	NAIC Designation Category 2.A	19,759,673	XXX	XXX	19,759,673	0.0021	41,495	0.0063	124,486	0.0105	207,477
3.2	2	NAIC Designation Category 2.B	11,235,659	XXX	XXX	11,235,659	0.0025	28,089	0.0076	85,391	0.0127	142,693
3.3	2	NAIC Designation Category 2.C	2,043,693	XXX	XXX	2,043,693	0.0036	7,357	0.0108	22,072	0.0180	36,786
3.4		Subtotal NAIC 2 (3.1 + 3.2 + 3.3)	33,039,025	XXX	XXX	33,039,025	XXX	76,942	XXX	231,949	XXX	386,956
4.1	3	NAIC Designation Category 3.A	523,450	XXX	XXX	523,450	0.0069	3,612	0.0183	9,579	0.0262	13,714
4.2	3	NAIC Designation Category 3.B	500,594	XXX	XXX	500,594	0.0099	4,956	0.0264	13,216	0.0377	18,872
4.3	3	NAIC Designation Category 3.C	482,384	XXX	XXX	482,384	0.0131	6,319	0.0350	16,883	0.0500	24,119
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3)	1,506,429	XXX	XXX	1,506,429	XXX	14,887	XXX	39,678	XXX	56,706
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C	486,635	XXX	XXX	486,635	0.0310	15,086	0.0724	35,232	0.1034	50,318
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3)	486,635	XXX	XXX	486,635	XXX	15,086	XXX	35,232	XXX	50,318
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1 + 6.2 + 6.3)		XXX	XXX		XXX		XXX		XXX	
7	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8		Intentionally left blank	XXX	XXX	XXX	XXX	XXX	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)	88,283,344	XXX	XXX	88,283,344	XXX	161,676	XXX	472,686	XXX	827,794
PREFERRED STOCKS												
10	1	Highest quality		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High quality		XXX	XXX		0.0021		0.0064		0.0106	
12	3	Medium quality		XXX	XXX		0.0099		0.0263		0.0376	
13	4	Low quality		XXX	XXX		0.0245		0.0572		0.0817	
14	5	Lower quality		XXX	XXX		0.0630		0.1128		0.1880	
15	6	In or near default		XXX	XXX		0.0000		0.2370		0.2370	
16		Affiliated life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17		Total preferred stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
SHORT-TERM BONDS												
18		Exempt obligations.....	994,882	XXX	XXX	994,882	-	-	-	-	-	-
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).....	994,882	XXX	XXX	994,882	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).....	89,278,226	XXX	XXX	89,278,226	XXX	161,676	XXX	472,686		827,794

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 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	250,000		XXX	250,000	0.0011	275	0.0057	1,425	0.0074	1,850
44		Commercial mortgages – all other – CM2 – high quality			XXX		0.0040		0.0114		0.0149	
45		Commercial mortgages – all other – CM3 – medium quality			XXX		0.0069		0.0200		0.0257	
46		Commercial mortgages – all other – CM4 – low medium quality			XXX		0.0120		0.0343		0.0428	
47		Commercial Mortgages – all other – CM5 – low quality			XXX		0.0183		0.0486		0.0628	
Overdue, Not in Process:												
48		Farm mortgages			XXX		0.0480		0.0868		0.1371	
49		Residential mortgages – insured or guaranteed			XXX		0.0006		0.0014		0.0023	
50		Residential mortgages - all other			XXX		0.0029		0.0066		0.0103	
51		Commercial mortgages - insured or guaranteed			XXX		0.0006		0.0014		0.0023	
52		Commercial mortgages - all other			XXX		0.0480		0.0868		0.1371	
In Process of Foreclosure:												
53		Farm mortgages			XXX		–		0.1942		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)	250,000		XXX	250,000	XXX	275	XXX	1,425	XXX	1,850

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
COMMON STOCK												
1		Unaffiliated public	2,333,247	.XXX	.XXX	2,333,247	-	-	0.1580 (a)	368,653	0.1580 (a)	368,653
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					-	-	0.1580 (a)		0.1580 (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)	2,333,247			2,333,247	.XXX	-	.XXX	368,653	.XXX	368,653
REAL ESTATE												
18		Home office property (General Account only)	400,559			400,559	-	-	0.0912	36,531	0.0912	36,531
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)	400,559			400,559	.XXX	-	.XXX	36,531	.XXX	36,531
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
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30	1	Highest quality.....	1,704,549	XXX	XXX	1,704,549	0.0005	852	0.0016	2,727	0.0033	5,625
31	2	High quality.....	906,975	XXX	XXX	906,975	0.0021	1,905	0.0064	5,805	0.0106	9,614
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)	2,611,523	XXX	XXX	2,611,523	XXX	2,757	XXX	8,532	XXX	15,239
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.....			XXX		0.0040		0.0114		0.0149	
60		Unaffiliated - in good standing all other.....			XXX		0.0069		0.0200		0.0257	
61		Unaffiliated - overdue, not in process.....			XXX		0.0480		0.0868		0.1371	
62		Unaffiliated - in process of foreclosure.....			XXX		-	-	0.1942		0.1942	
63		Total unaffiliated (Sum of Lines 57 through 62)			XXX		XXX	-	XXX		XXX	
64		Total with mortgage loan characteristics (Lines 56 + 63)			XXX		XXX	-	XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated public		XXX	XXX		-	-	0.1580 (a)		0.1580 (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	
INVESTMENTS IN TAX CREDIT STRUCTURES												
75		Yield guaranteed state tax credit investments					0.0003		0.0006		0.0010	
76		Qualifying federal tax credit investments					0.0063		0.0120		0.0190	
77		Qualifying state tax credit investments					0.0063		0.0120		0.0190	
78		Other tax credit investments					0.0273		0.0600		0.0975	
79		Total tax credit investments (Sum of Lines 75 through 78)					XXX		XXX		XXX	
RESIDUAL TRanches OR INTERESTS												
80		Bonds – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
81		Bonds – affiliated		XXX	XXX		-	-	0.1580		0.1580	
82		Common stock – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
83		Common stock – affiliated		XXX	XXX		-	-	0.1580		0.1580	
84		Preferred stock – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
85		Preferred stock – affiliated		XXX	XXX		-	-	0.1580		0.1580	
86		Real estate – unaffiliated					-	-	0.1580		0.1580	
87		Real estate – affiliated					-	-	0.1580		0.1580	
88		Mortgage loans – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
89		Mortgage loans – affiliated		XXX	XXX		-	-	0.1580		0.1580	
90		Other – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
91		Other – affiliated		XXX	XXX		-	-	0.1580		0.1580	
92		Total residual tranches or interests (Sum of Lines 80 through 91)					XXX	-	XXX		XXX	
SURPLUS NOTES AND CAPITAL NOTES												
93	1	Highest quality		XXX	XXX		0.0005		0.0016		0.0033	
94	2	High quality		XXX	XXX		0.0021		0.0064		0.0106	
95	3	Medium quality		XXX	XXX		0.0099		0.0263		0.0376	
96	4	Low quality		XXX	XXX		0.0245		0.0572		0.0817	
97	5	Lower quality		XXX	XXX		0.0630		0.1128		0.1880	
98	6	In or near default		XXX	XXX		-	-	0.2370		0.2370	
99		Total surplus notes and capital notes (Sum of Lines 93 through 98)		XXX	XXX		XXX	-	XXX		XXX	
ALL OTHER INVESTMENTS												
100		NAIC 1 working capital finance investments		XXX			-	-	0.0042		0.0042	
101		NAIC 2 working capital finance investments		XXX			-	-	0.0137		0.0137	
102		Other invested assets - Schedule BA		XXX			-	-	0.1580		0.1580	
103		Other short-term invested assets - Schedule DA		XXX			-	-	0.1580		0.1580	
104		Total all other (Sum of Lines 100 through 103)		XXX			XXX	-	XXX		XXX	
105		Total other invested assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 79, 92, 99 and 104)	2,611,523			2,611,523	XXX	2,757	XXX	8,532	XXX	15,239

(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 amount 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

(38) Schedule H - Part 1

NONE

(38) Write-Ins for Line 11

NONE

(39) Schedule H - Part 2 - Reserves and Liabilities

NONE

(39) Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

(39) Schedule H - Part 4 - Reinsurance

NONE

(40) Schedule H - Part 5

NONE

(41) Schedule S - Part 1 - Section 1

NONE

(42) Schedule S - Part 1 - Section 2

NONE

(43) Schedule S - Part 2

NONE

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 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates														
97071	13-3126819	01/01/1988	Optimum Re Insurance Company	TX	YRT/L	OL	460,390	1,080	991	3,083				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							460,390	1,080	991	3,083				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							460,390	1,080	991	3,083				
1199999 – Total General Account Authorized							460,390	1,080	991	3,083				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							460,390	1,080	991	3,083				
9199999 – Total U.S.							460,390	1,080	991	3,083				
9999999 – Total (Sum of 4599999 and 9099999)							460,390	1,080	991	3,083				

(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
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	3	3	3	3	3
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....					
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.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....	1	1	1	1	1
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....					
12. Amounts recoverable on reinsurance.....					
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)	97,255,344		97,255,344
2. Reinsurance (Line 16)			
3. Premiums and considerations (Line 15)	7,993		7,993
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (balance)	1,187,078		1,187,078
6. Total assets excluding Separate Accounts (Line 26)	98,450,415		98,450,415
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	98,450,415		98,450,415
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	72,644,270		72,644,270
10. Liability for deposit-type contracts (Line 3)	7,175,790		7,175,790
11. Claim reserves (Line 4)	988,781		988,781
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	55,000		55,000
13. Premium & annuity considerations received in advance (Line 8)	1,244		1,244
14. Other contract liabilities (Line 9)	95,612		95,612
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)	2,134,929		2,134,929
20. Total liabilities excluding Separate Accounts (Line 26)	83,095,626		83,095,626
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	83,095,626		83,095,626
23. Capital & surplus (Line 38)	15,354,789	XXX	15,354,789
24. Total liabilities, capital & surplus (Line 39)	98,450,415		98,450,415
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves		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		XXX	XXX
32. Other ceded reinsurance recoverables		XXX	XXX
33. Total ceded reinsurance recoverables		XXX	XXX
34. Premiums and considerations		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		XXX	XXX
41. Total net credit for ceded reinsurance		XXX	XXX

(50) Schedule S - Part 8

NONE

(51) Schedule S - Part 8

NONE

(52) Schedule S - Part 8

NONE

(53) Schedule S - Part 8

NONE

(54) Schedule S - Part 8

NONE

(55) Schedule S - Part 8

NONE

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

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL	2,184	140,962			143,146
15.	Indiana	IN	1,572	13,139			14,711
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI	526	67,153			67,679
24.	Minnesota	MN					
25.	Mississippi	MS					
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	36,661	1,814,493		14,340	1,865,494
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA	2,304	137,107			139,411
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
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		43,247	2,172,854		14,340	2,230,441

(59) Schedule Y - Part 1A - Details of Insurance Holding Company System

NONE

(59) Schedule Y - Part 1A - Explanation

NONE

(60) Schedule Y - Part 2

NONE

(61) Schedule Y - Part 3

NONE

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).....	NO.....
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.












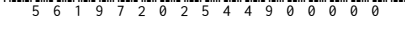













March Filing	
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies).....	NO.....
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO.....
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES.....
14. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES.....
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES.....
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?.....	NO.....
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?.....	NO.....
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?	NO
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
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Explanation	Barcode
1.	
2.	
3.	
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10. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 2 9 0 0 0 0 0 0
11. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 2 0 0 0 0 0 0
12. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 3 6 0 0 0 0 0 0
13.	
14.	
15. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 9 0 0 0 0 0 0
16. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 2 0 0 0 0 0
17. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 3 0 0 0 0 0
18. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 4 0 0 0 0 0
19. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 5 0 0 0 0 0
20. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 6 0 0 0 0 0
21. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 7 0 0 0 0 0
22. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 8 0 0 0 0 0
23.	
24. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 4 9 0 0 0 0 0
25. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 1 0 0 0 0 0
26. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 2 0 0 0 0 0
27. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 3 0 0 0 0 0
28. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 4 0 0 0 0 0
29.	
30. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 9 5 0 0 0 0 0
31. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 3 6 5 0 0 0 0 0
32. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 2 2 4 0 0 0 0 0
33. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 2 2 5 0 0 0 0 0
34. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 2 2 6 0 0 0 0 0
35.	
36.	
37.	
38. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 6 0 0 0 0 0
39. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 3 0 6 0 0 0 0 0
40. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 2 3 0 0 0 0 0 0
	 5 6 1 9 7 2 0 2 5 2 1 0 0 0 0 0 0

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Explanation	Barcode
41. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 2 1 6 0 0 0 0 0
42. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 3 5 0 0 0 0 0
43. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 3 4 5 0 0 0 0 0
44. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 2 8 6 0 0 0 0 0
45. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 7 0 0 0 0 0
46. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 8 0 0 0 0 0
47. The data for this supplement is not required to be filed.	 5 6 1 9 7 2 0 2 5 4 5 9 0 0 0 0 0
48.	

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS



SCHEDULE O SUPPLEMENT
 For The Year Ended December 31, 2025
 (To Be Filed by March 1)

Of The: Alliance Of Transylvanian Saxons

Address (City, State and Zip Code): Cleveland, OH, US 44129-1503

NAIC Group Code: 0000

NAIC Company Code: 56197

Employer's ID Number: 34-0138510

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 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	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 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

(Supp-465.2) Part 2 - Section A - Group Accident and Health (\$000's Omitted)

NONE

(Supp-465.2) Part 2 - Section B - Other Accident and Health (\$000's Omitted)

NONE

(Supp-465.2) Part 2 - Section C - Credit Accident and Health (\$000's Omitted)

NONE

(Supp-465.2) Part 2 - Section D (\$000's Omitted)

NONE

(Supp-465.2) Part 2 - Section E (\$000's Omitted)

NONE

(Supp-465.2) Part 2 - Section F (\$000's Omitted)

NONE

(Supp-465.2) Part 2 - Section G (\$000's Omitted)

NONE

(Supp-465.3) Part 3 - Section A - Group Accident and Health (\$000's Omitted)

NONE

(Supp-465.3) Part 3 - Section B - Other Accident and Health (\$000's Omitted)

NONE

(Supp-465.3) Part 3 - Section C - Credit Accident and Health (\$000's Omitted)

NONE

(Supp-465.3) Part 3 - Section D (\$000's Omitted)

NONE

(Supp-465.3) Part 3 - Section E (\$000's Omitted)

NONE

(Supp-465.3) Part 3 - Section F (\$000's Omitted)

NONE

(Supp-465.3) Part 3 - Section G (\$000's Omitted)

NONE

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. 2021.....					
2. 2022.....	XXX				
3. 2023.....	XXX				
4. 2024.....	XXX	XXX	XXX		
5. 2025.....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. 2021.....					
2. 2022.....	XXX				
3. 2023.....	XXX				
4. 2024.....	XXX	XXX	XXX		
5. 2025.....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. 2021.....					
2. 2022.....	XXX				
3. 2023.....	XXX				
4. 2024.....	XXX	XXX	XXX		
5. 2025.....	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

Line of Business		1	2
		Methodology	Amount
1.	Industrial life		
2.	Ordinary life	Other	989
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		
11.	Total	XXX	989