



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

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF
AMERICA & CANADA

NAIC Group Code 0000 (Current) 0000 (Prior) NAIC Company Code 56340 Employer's ID Number 34-0220550
Organized under the Laws of OHIO, State of Domicile or Port of Entry OH
Country of Domicile United States of America
Licensed as business type: Life, Accident and Health [] Fraternal Benefit Societies [X]
Incorporated/Organized 01/09/1892 Commenced Business 10/01/1890
Statutory Home Office 6611 ROCKSIDE ROAD INDEPENDENCE, OH, US 44131
Main Administrative Office 6611 ROCKSIDE ROAD INDEPENDENCE, OH, US 44131
Mail Address 6611 ROCKSIDE ROAD INDEPENDENCE, OH, US 44131
Primary Location of Books and Records 6611 ROCKSIDE ROAD INDEPENDENCE, OH, US 44131
Internet Website Address WWW.FCSU.COM
Statutory Statement Contact KENNETH ANTHONY ARENDT 216-642-9406
FCSU@FCSU.COM 216-642-4310

OFFICERS

President KENNETH ARENDT Treasurer JOHN V. TOKARSKY
EXECUTIVE SECRETARY KEVIN COLLINS VICE PRESIDENT DAMIAN NASTA

OTHER

GARY J. MATTA, GENERAL COUNSEL EDWARD COWMAN, ACTUARY

DIRECTORS OR TRUSTEES

REV. THOMAS NASTA SABINA SABADOS THOMAS IVANEC
MARTHA ZAVADA-WOJCIK MILOS MITRO NICOLE NASTA
BRADLEY MATTA TIMOTHY GRAVES JAMES MARMOL
KENNETH ARENDT KEVIN COLLINS DAMIAN NASTA
JOHN V TOKARSKY JOANNE FIBBI GREGORY MAURER

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.

Signatures of Kenneth A. Arendt, Kevin J. Collins, and John V. Tokarsky with their respective titles: President, Executive Secretary, and Treasurer.

Subscribed and sworn to before me this 27th day of January, 2026
Adriana Scally

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



ADRIANA SCALLY
Notary Public
State of Ohio
My Comm. Expires
November 29, 2026



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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.AK

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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	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	XXX
36. Medicare supplement (d)	XXX	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	XXX
38. Dental only (d)	XXX	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	XXX
40. Title XVIII Medicare (d)	XXX	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	XXX
42. Credit A&H (d)	XXX	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	XXX
44. Long-term care (d)	XXX	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	XXX
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.AK



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0				1,736	1,736
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	1,736	0	1,736
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	6,083						0	216,538				216,538
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	6,083	0	0	0	0	0	0	216,538	0	0	0	216,538
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	6,083 (c)	0	0	0	0	0	0	216,538	0	1,736	0	218,274

24.AZ

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	4,969																
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	4,969	2	4,969	0	0	0	0	0	2	4,969	0	0	0	(4)	(47,665)	156	515,569
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX
36. Medicare supplement (d)		XXX	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	XXX
38. Dental only (d)		XXX	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	XXX
40. Title XVIII Medicare (d)		XXX	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	XXX
42. Credit A&H (d)		XXX	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	XXX
44. Long-term care (d)		XXX	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	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	4,969	2	4,969	0	0	0	0	0	2	4,969	0	0	0	(4)	(47,665)	156	515,569

(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 \$ _____.

24.1.AZ



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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-AR

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.AR



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	18				18	18						0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	18	0	0	0	18	18	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	42,783					0						0
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	42,783	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	42,801 (c)	0	0	0	18	18	0	0	0	0	0	0

24.CO

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial								0	0									
2. Whole								0	0							55	1	
3. Term								0	0									
4. Indexed								0	0									
5. Universal								0	0									
6. Universal with secondary guarantees								0	0									
7. Variable								0	0									
8. Variable universal								0	0									
9. Credit								0	0									
10. Other								0	0									
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	55	1	11,545
Group Life																		
12. Whole								0	0									
13. Term								0	0									
14. Universal								0	0									
15. Variable								0	0									
16. Variable universal								0	0									
17. Credit								0	0									
18. Other								0	0									
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																		
20. Fixed								0	0									
21. Indexed								0	0									
22. Variable with guarantees								0	0									
23. Variable without guarantees								0	0									
24. Life contingent payout								0	0									
25. Other								0	0									
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																		
27. Fixed								0	0									
28. Indexed								0	0									
29. Variable with guarantees								0	0									
30. Variable without guarantees								0	0									
31. Life contingent payout								0	0									
32. Other								0	0									
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																		
34. Comprehensive individual (d)		XXX	XXX	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	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	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	XXX	XXX
38. Dental only (d)		XXX	XXX	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	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	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	XXX	XXX
42. Credit A&H		XXX	XXX	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	XXX	XXX
44. Long-term care (d)		XXX	XXX	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	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	55	1	11,545

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

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

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

(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 \$ _____.

24.1.CO



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 56340

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	23,869		279	8	9,548					4,835	50,782
3. Term	1,654										
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	25,523	0	279	8	9,548	0	9,835	0	0	4,835	50,782
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total group life	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities											
20. Fixed	132,578							286,672			286,672
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities	132,578	0	0	0	0	0	0	286,672	0	0	286,672
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0
Accident and Health											
34. Comprehensive individual	(d)	(f)						XXX	XXX	XXX	0
35. Comprehensive group	(d)	(f)						XXX	XXX	XXX	0
36. Medicare supplement	(d)	(f)						XXX	XXX	XXX	0
37. Vision only	(d)	(f)						XXX	XXX	XXX	0
38. Dental only	(d)	(f)						XXX	XXX	XXX	0
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX	0
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX	0
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX	0
42. Credit A&H	(d)	(f)						XXX	XXX	XXX	0
43. Disability income	(d)	(f)						XXX	XXX	XXX	0
44. Long-term care	(d)	(f)						XXX	XXX	XXX	0
45. Other health	(d)	(f)						XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	158,101 (c)	0	279	8	9,548	0	9,835	286,672	0	4,835	50,782

24.CT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	54,913	14	50,782						0	50,782	4,131	1	3,000	(21)	(57,381)	973	6,359,713
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	54,913	14	50,782	0	0	0	0	0	14	50,782	4,131	1	3,000	(21)	(57,381)	973	6,359,713
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)	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						
36. Medicare supplement (d)	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						
38. Dental only (d)	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						
40. Title XVIII Medicare (d)	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						
42. Credit A&H (d)	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						
44. Long-term care (d)	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						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	54,913	14	50,782	0	0	0	0	0	14	50,782	4,131	1	3,000	(21)	(57,381)	973	6,359,713

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____0

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

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

(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 \$ _____

24.1.CT



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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 DE

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF

Delaware

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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																
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 (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.DE



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial								0				0
2. Whole	6,364		184	39	1,357		1,580			4,278	26,760	31,037
3. Term	1,256						0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	7,620	0	184	39	1,357	0	1,580	0	0	4,278	26,760	31,037
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	347,178						0	1,010,071				1,010,071
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	347,178	0	0	0	0	0	0	1,010,071	0	0	0	1,010,071
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	354,798 (c)	0	184	39	1,357	0	1,580	1,010,071	0	4,278	26,760	1,041,108

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	29,090	5	29,090						0	29,090			(5)	(22,823)	90	1,019,315	
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	29,090	5	29,090	0	0	0	0	0	5	29,090	0	0	(5)	(22,823)	90	1,019,315	
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	
36. Medicare supplement (d)	XXX	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	XXX	
38. Dental only (d)	XXX	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	XXX	
40. Title XVIII Medicare (d)	XXX	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	XXX	
42. Credit A&H (d)	XXX	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	XXX	
44. Long-term care (d)	XXX	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	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	29,090	5	29,090	0	0	0	0	0	5	29,090	0	0	(5)	(22,823)	90	1,019,315	

(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 \$ _____.

24.1.FL



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	12				12		12					0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	12	0	0	0	12	0	12	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed						0		1,000				1,000
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	0	0	0	0	0	0	0	1,000	0	0	0	1,000
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0		XXX	XXX	XXX		0
35. Comprehensive group (d) (f)						0		XXX	XXX	XXX		0
36. Medicare supplement (d) (f)						0		XXX	XXX	XXX		0
37. Vision only (d) (f)						0		XXX	XXX	XXX		0
38. Dental only (d) (f)						0		XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)						0		XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)						0		XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)						0		XXX	XXX	XXX		0
42. Credit A&H (d) (f)						0		XXX	XXX	XXX		0
43. Disability income (d) (f)						0		XXX	XXX	XXX		0
44. Long-term care (d) (f)						0		XXX	XXX	XXX		0
45. Other health (d) (f)						0		XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	12 (c)	0	0	0	12	0	12	1,000	0	0	0	1,000

24.GA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial								0	0								
2. Whole								0	0						106	2	21,060
3. Term								0	0								
4. Indexed								0	0								
5. Universal								0	0								
6. Universal with secondary guarantees								0	0								
7. Variable								0	0								
8. Variable universal								0	0								
9. Credit								0	0								
10. Other								0	0								
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	106	2	21,060
Group Life																	
12. Whole								0	0								
13. Term								0	0								
14. Universal								0	0								
15. Variable								0	0								
16. Variable universal								0	0								
17. Credit								0	0								
18. Other								0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed								0	0								
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout								0	0								
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed								0	0								
28. Indexed								0	0								
29. Variable with guarantees								0	0								
30. Variable without guarantees								0	0								
31. Life contingent payout								0	0								
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	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	XXX
36. Medicare supplement (d)		XXX	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	XXX
38. Dental only (d)		XXX	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	XXX
40. Title XVIII Medicare (d)		XXX	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	XXX
42. Credit A&H (d)		XXX	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	XXX
44. Long-term care (d)		XXX	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	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	106	2	21,060

(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 \$ _____

24.1.GA



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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.ID

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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	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	XXX
36. Medicare supplement (d)	XXX	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	XXX
38. Dental only (d)	XXX	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	XXX
40. Title XVIII Medicare (d)	XXX	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	XXX
42. Credit A&H (d)	XXX	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	XXX
44. Long-term care (d)	XXX	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	XXX
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.ID



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial								0				0
2. Whole	55,488		608	51	21,363			22,022			21,754	116,542
3. Term	12,558							0				0
4. Indexed								0				0
5. Universal								0				0
6. Universal with secondary guarantees								0				0
7. Variable								0				0
8. Variable universal								0				0
9. Credit								0				0
10. Other								0				0
11. Total individual life	68,046	0	608	51	21,363	0		22,022	0	0	21,754	116,542
Group Life												
12. Whole								0				0
13. Term								0				0
14. Universal								0				0
15. Variable								0				0
16. Variable universal								0				0
17. Credit								0				0
18. Other								0				0
19. Total group life	0	0	0	0	0	0		0	0	0	0	0
Individual Annuities												
20. Fixed	12,209,779							0	6,797,920			6,797,920
21. Indexed								0				0
22. Variable with guarantees								0				0
23. Variable without guarantees								0				0
24. Life contingent payout								0				0
25. Other								0				0
26. Total individual annuities	12,209,779	0	0	0	0	0		0	6,797,920	0	0	6,797,920
Group Annuities												
27. Fixed								0				0
28. Indexed								0				0
29. Variable with guarantees								0				0
30. Variable without guarantees								0				0
31. Life contingent payout								0				0
32. Other								0				0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)								0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)								0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)								0	XXX	XXX	XXX	0
37. Vision only (d) (f)								0	XXX	XXX	XXX	0
38. Dental only (d) (f)								0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)								0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)								0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)								0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)								0	XXX	XXX	XXX	0
43. Disability income (d) (f)								0	XXX	XXX	XXX	0
44. Long-term care (d) (f)								0	XXX	XXX	XXX	0
45. Other health (d) (f)								0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0		0	XXX	XXX	XXX	0
47. Total	12,277,825 (c)	0	608	51	21,363	0		22,022	6,797,920	0	21,754	116,542

24.1L

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount	30 Number of Pols/ Certs	31 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								0	0									
2. Whole	105,991	41	117,227					41	117,227	6,428	5	136,000	(77)	(346,074)	2,018	17,543,960		
3. Term								0	0									
4. Indexed								0	0									
5. Universal								0	0									
6. Universal with secondary guarantees								0	0									
7. Variable								0	0									
8. Variable universal								0	0									
9. Credit								0	0									
10. Other								0	0									
11. Total individual life	105,991	41	117,227	0	0	0	0	41	117,227	6,428	5	136,000	(77)	(346,074)	2,018	17,543,960		
Group Life																		
12. Whole								0	0									
13. Term								0	0									
14. Universal								0	0									
15. Variable								0	0									
16. Variable universal								0	0									
17. Credit								0	0									
18. Other								0	0									
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																		
20. Fixed								0	0									
21. Indexed								0	0									
22. Variable with guarantees								0	0									
23. Variable without guarantees								0	0									
24. Life contingent payout								0	0									
25. Other								0	0									
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																		
27. Fixed								0	0									
28. Indexed								0	0									
29. Variable with guarantees								0	0									
30. Variable without guarantees								0	0									
31. Life contingent payout								0	0									
32. Other								0	0									
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 (d)		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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
47. Total	105,991	41	117,227	0	0	0	0	41	117,227	6,428	5	136,000	(77)	(346,074)	2,018	17,543,960		

(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 \$ _____.

24.1.1L



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid						
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	
Individual Life													
1. Industrial													
2. Whole	10,023		200		2,712			2,912			3,934	35,916	39,850
3. Term	338							0					0
4. Indexed								0					0
5. Universal								0					0
6. Universal with secondary guarantees								0					0
7. Variable								0					0
8. Variable universal								0					0
9. Credit								0					0
10. Other								0					0
11. Total individual life	10,361	0	200	0	2,712	0		2,912	0	0	3,934	35,916	39,850
Group Life													
12. Whole								0					0
13. Term								0					0
14. Universal								0					0
15. Variable								0					0
16. Variable universal								0					0
17. Credit								0					0
18. Other								0					0
19. Total group life	0	0	0	0	0	0		0		0	0	0	0
Individual Annuities													
20. Fixed	484,264							0	265,176				265,176
21. Indexed								0					0
22. Variable with guarantees								0					0
23. Variable without guarantees								0					0
24. Life contingent payout								0					0
25. Other								0					0
26. Total individual annuities	484,264	0	0	0	0	0		0	265,176	0	0	0	265,176
Group Annuities													
27. Fixed								0					0
28. Indexed								0					0
29. Variable with guarantees								0					0
30. Variable without guarantees								0					0
31. Life contingent payout								0					0
32. Other								0					0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0	0
Accident and Health													
34. Comprehensive individual	(d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)						0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)						0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)						0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)						0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)						0	XXX	XXX	XXX		0
45. Other health	(d)	(f)						0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0		0	XXX	XXX	XXX	0	0
47. Total	494,624 (c)	0	200	0	2,712	0		2,912	265,176	0	3,934	35,916	305,026

24.IN



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	1,835				73	73						0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	1,835	0	0	0	73	73	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	2,128,926					0		3,540,780				3,540,780
21. Indexed						0		0				0
22. Variable with guarantees						0		0				0
23. Variable without guarantees						0		0				0
24. Life contingent payout						0		0				0
25. Other						0		0				0
26. Total individual annuities	2,128,926	0	0	0	0	0	0	3,540,780	0	0	0	3,540,780
Group Annuities												
27. Fixed						0		0				0
28. Indexed						0		0				0
29. Variable with guarantees						0		0				0
30. Variable without guarantees						0		0				0
31. Life contingent payout						0		0				0
32. Other						0		0				0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	2,130,762 (c)	0	0	0	73	73	3,540,780	0	0	0	0	3,540,780

24.1A

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0						9	205,214
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	1	10,000	0	208	9	205,214
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	1	10,000	0	208	9	205,214

(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 \$ _____.

24.1.1A



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole						0					2,927	2,927
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	0	0	0	0	0	0	0	0	0	2,927	0	2,927
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed						0						0
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX		0	0
47. Total	0 (c)	0	0	0	0	0	0	0	2,927	0	0	2,927

24.KS

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0				(2)	190,759	43	190,759
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(2)	190,759	43	190,759
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX
36. Medicare supplement (d)	XXX	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	XXX
38. Dental only (d)	XXX	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	XXX
40. Title XVIII Medicare (d)	XXX	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	XXX
42. Credit A&H (d)	XXX	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	XXX
44. Long-term care (d)	XXX	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	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(2)	190,759	43	190,759

(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 \$ _____.

24.1.KS



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole						0						0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	11,400					0						0
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	11,400	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)				0	XXX	XXX	XXX			0
35. Comprehensive group	(d)	(f)				0	XXX	XXX	XXX			0
36. Medicare supplement	(d)	(f)				0	XXX	XXX	XXX			0
37. Vision only	(d)	(f)				0	XXX	XXX	XXX			0
38. Dental only	(d)	(f)				0	XXX	XXX	XXX			0
39. Federal employees health benefits plan	(d)	(f)				0	XXX	XXX	XXX			0
40. Title XVIII Medicare	(d)	(e, f)				0	XXX	XXX	XXX			0
41. Title XIX Medicaid	(d)	(f)				0	XXX	XXX	XXX			0
42. Credit A&H	(d)	(f)				0	XXX	XXX	XXX			0
43. Disability income	(d)	(f)				0	XXX	XXX	XXX			0
44. Long-term care	(d)	(f)				0	XXX	XXX	XXX			0
45. Other health	(d)	(f)				0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	11,400 (c)	0	0	0	0	0	0	0	0	0	0	0

24.KY

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

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

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

(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 \$ _____.

24.1.KY



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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 ME

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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																
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 (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.ME



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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					8	0						0
2. Whole	56					8				1,743		1,743
3. Term	28					0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	84	0	0	0	8	8	0	0	1,743	0	0	1,743
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed						0		31,921				31,921
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	0	0	0	0	0	0	0	31,921	0	0	0	31,921
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	84 (c)	0	0	0	8	8	0	31,921	0	1,743	0	33,664

24-MD

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial								0	0								
2. Whole								0	0						109	4	45,940
3. Term								0	0								
4. Indexed								0	0								
5. Universal								0	0								
6. Universal with secondary guarantees								0	0								
7. Variable								0	0								
8. Variable universal								0	0								
9. Credit								0	0								
10. Other								0	0								
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	109	4	45,940
Group Life																	
12. Whole								0	0								
13. Term								0	0								
14. Universal								0	0								
15. Variable								0	0								
16. Variable universal								0	0								
17. Credit								0	0								
18. Other								0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed								0	0								
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout								0	0								
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed								0	0								
28. Indexed								0	0								
29. Variable with guarantees								0	0								
30. Variable without guarantees								0	0								
31. Life contingent payout								0	0								
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	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	XXX
36. Medicare supplement (d)		XXX	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	XXX
38. Dental only (d)		XXX	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	XXX
40. Title XVIII Medicare (d)		XXX	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	XXX
42. Credit A&H (d)		XXX	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	XXX
44. Long-term care (d)		XXX	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	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	109	4	45,940

(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 \$ _____.

24.1.MD



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 56340

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	2,794				2,073						9,545
3. Term	211										
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	3,005	0	0	0	2,073	0	2,073	0	0	0	9,545
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total group life	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities											
20. Fixed	500										
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities	500	0	0	0	0	0	0	167	0	0	167
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0
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	(d)	(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	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	3,505 (c)	0	0	0	2,073	0	2,073	167	0	0	9,545

24-MA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	9,544		2	9,544										(2)	(3,335)	144	892,109
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	9,544	2	9,544	0	0	0	0	0	2	9,544	0	0	0	(2)	(3,335)	144	892,109
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
35. Comprehensive group (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
36. Medicare supplement (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
37. Vision only (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
38. Dental only (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
39. Federal employees health benefits plan (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
40. Title XVIII Medicare (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
41. Title XIX Medicaid (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
42. Credit A&H		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
43. Disability income (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
44. Long-term care (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
45. Other health (d)		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
46. Total accident and health	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
47. Total	9,544	2	9,544	0	0	0	0	0	2	9,544	0	0	0	(2)	(3,335)	144	892,109

(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 \$ _____.

24.1.MA



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	32,834		385	18	13,118	13,521				20,393	55,958	76,351
3. Term	9,444					0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	42,278	0	385	18	13,118	13,521	0	0	20,393	55,958	76,351	
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	800,099					0		1,624,304				1,624,304
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	800,099	0	0	0	0	0	0	1,624,304	0	0	0	1,624,304
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)				0	XXX	XXX	XXX			0
35. Comprehensive group	(d)	(f)				0	XXX	XXX	XXX			0
36. Medicare supplement	(d)	(f)				0	XXX	XXX	XXX			0
37. Vision only	(d)	(f)				0	XXX	XXX	XXX			0
38. Dental only	(d)	(f)				0	XXX	XXX	XXX			0
39. Federal employees health benefits plan	(d)	(f)				0	XXX	XXX	XXX			0
40. Title XVIII Medicare	(d)	(e, f)				0	XXX	XXX	XXX			0
41. Title XIX Medicaid	(d)	(f)				0	XXX	XXX	XXX			0
42. Credit A&H	(d)	(f)				0	XXX	XXX	XXX			0
43. Disability income	(d)	(f)				0	XXX	XXX	XXX			0
44. Long-term care	(d)	(f)				0	XXX	XXX	XXX			0
45. Other health	(d)	(f)				0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	842,377 (c)	0	385	18	13,118	13,521	1,624,304	0	20,393	55,958	1,700,655	

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	60,931	18	56,595							9,336	8	75,000	(37)	(201,618)	1,480	9,521,554	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	60,931	18	56,595	0	0	0	0	0	18	56,595	9,336	8	75,000	(37)	(201,618)	1,480	9,521,554
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	60,931	18	56,595	0	0	0	0	0	18	56,595	9,336	8	75,000	(37)	(201,618)	1,480	9,521,554

(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 \$ _____.

24.1.MI



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 56340

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	5,844		6		3,212			3,218			4,584
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	5,844	0	6	0	3,212	0		3,218	0		4,584
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total group life	0	0	0	0	0	0		0	0		0
Individual Annuities											
20. Fixed	3,029,185								769,168		769,168
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities	3,029,185	0	0	0	0	0		0	769,168	0	769,168
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total group annuities	0	0	0	0	0	0		0	0	0	0
Accident and Health											
34. Comprehensive individual (d) (f)								0	XXX	XXX	XXX
35. Comprehensive group (d) (f)								0	XXX	XXX	XXX
36. Medicare supplement (d) (f)								0	XXX	XXX	XXX
37. Vision only (d) (f)								0	XXX	XXX	XXX
38. Dental only (d) (f)								0	XXX	XXX	XXX
39. Federal employees health benefits plan (d) (f)								0	XXX	XXX	XXX
40. Title XVIII Medicare (d) (e, f)								0	XXX	XXX	XXX
41. Title XIX Medicaid (d) (f)								0	XXX	XXX	XXX
42. Credit A&H (d) (f)								0	XXX	XXX	XXX
43. Disability income (d) (f)								0	XXX	XXX	XXX
44. Long-term care (d) (f)								0	XXX	XXX	XXX
45. Other health (d) (f)								0	XXX	XXX	XXX
46. Total accident and health	0	0	0	0	0	0		0	XXX	XXX	XXX
47. Total	3,035,030 (c)	0	6	0	3,212	0		3,218	769,168	0	4,584

24-MIN

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	4,583																
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	4,583	3	4,583	0	0	0	0	3	4,583	1,669	0	0	(3)	2,447	133	1,087,084	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX
36. Medicare supplement (d)	XXX	XXX	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	XXX	XXX
38. Dental only (d)	XXX	XXX	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	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	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	XXX	XXX
42. Credit A&H	XXX	XXX	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	XXX	XXX
44. Long-term care (d)	XXX	XXX	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	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
47. Total	4,583	3	4,583	0	0	0	0	3	4,583	1,669	0	0	(3)	2,447	133	1,087,084	

(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 \$ _____.

24.1.MN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 56340

Table with 12 columns: Line of Business, Premiums and Annuities Considerations, Other Considerations, Paid in Cash or Left on Deposit, Applied to Pay Renewal Premiums, Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period, Other, Total (Col. 3+4+5+6), Death and Annuity Benefits, Matured Endowments, Surrender Values and Withdrawals for Life Contracts, All Other Benefits, Total (Sum Columns 8 through 11). Rows include Individual Life, Group Life, Individual Annuities, Group Annuities, and Accident and Health.

24-MO

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0					422	6	55,973
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	422	6	55,973
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	422	6	55,973

(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 \$ _____.

24.1.MO



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	2,246				198	198						0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	2,246	0	0	0	198	198	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	260,688					0		346,623				346,623
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	260,688	0	0	0	0	0	0	346,623	0	0	0	346,623
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	262,934 (c)	0	0	0	198	198	346,623	346,623	0	0	0	346,623

24-NE

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0						2,904	10
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	2,904	10	378,998
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 (d)		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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	2,904	10	378,998

(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 \$ _____.

24.1.NE



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial								0				0
2. Whole	248				12			12				0
3. Term								0				0
4. Indexed								0				0
5. Universal								0				0
6. Universal with secondary guarantees								0				0
7. Variable								0				0
8. Variable universal								0				0
9. Credit								0				0
10. Other								0				0
11. Total individual life	248	0	0	0	12	0		12	0	0	0	0
Group Life												
12. Whole								0				0
13. Term								0				0
14. Universal								0				0
15. Variable								0				0
16. Variable universal								0				0
17. Credit								0				0
18. Other								0				0
19. Total group life	0	0	0	0	0	0		0	0	0	0	0
Individual Annuities												
20. Fixed								0	46,696			46,696
21. Indexed								0				0
22. Variable with guarantees								0				0
23. Variable without guarantees								0				0
24. Life contingent payout								0				0
25. Other								0				0
26. Total individual annuities	0	0	0	0	0	0		0	46,696	0	0	46,696
Group Annuities												
27. Fixed								0				0
28. Indexed								0				0
29. Variable with guarantees								0				0
30. Variable without guarantees								0				0
31. Life contingent payout								0				0
32. Other								0				0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)								0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)								0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)								0	XXX	XXX	XXX	0
37. Vision only (d) (f)								0	XXX	XXX	XXX	0
38. Dental only (d) (f)								0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)								0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)								0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)								0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)								0	XXX	XXX	XXX	0
43. Disability income (d) (f)								0	XXX	XXX	XXX	0
44. Long-term care (d) (f)								0	XXX	XXX	XXX	0
45. Other health (d) (f)								0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0		0	XXX	XXX	XXX	0
47. Total	248 (c)	0	0	0	12	0		12	46,696	0	0	46,696

24 NV

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial								0	0								
2. Whole								0	0						186	1	50,727
3. Term								0	0								
4. Indexed								0	0								
5. Universal								0	0								
6. Universal with secondary guarantees								0	0								
7. Variable								0	0								
8. Variable universal								0	0								
9. Credit								0	0								
10. Other								0	0								
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	186	1	50,727
Group Life																	
12. Whole								0	0								
13. Term								0	0								
14. Universal								0	0								
15. Variable								0	0								
16. Variable universal								0	0								
17. Credit								0	0								
18. Other								0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed								0	0								
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout								0	0								
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed								0	0								
28. Indexed								0	0								
29. Variable with guarantees								0	0								
30. Variable without guarantees								0	0								
31. Life contingent payout								0	0								
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		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			
36. Medicare supplement (d)		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			
38. Dental only (d)		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			
40. Title XVIII Medicare (d)		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			
42. Credit A&H (d)		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			
44. Long-term care (d)		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			
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	186	1	50,727

(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 \$ _____.

24.1.NV



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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.NH

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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	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	XXX
36. Medicare supplement (d)	XXX	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	XXX
38. Dental only (d)	XXX	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	XXX
40. Title XVIII Medicare (d)	XXX	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	XXX
42. Credit A&H (d)	XXX	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	XXX
44. Long-term care (d)	XXX	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	XXX
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.NH



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	51,237		327	157	26,477	26,962				23,083	85,300	108,383
3. Term	10,224					0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	61,461	0	327	157	26,477	26,962	0	0	23,083	85,300	108,383	
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	995,713					0		551,065				551,065
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	995,713	0	0	0	0	0	0	551,065	0	0	0	551,065
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	1,057,174 (c)	0	327	157	26,477	26,962	551,065	0	23,083	85,300	659,449	

24.NJ



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	43,083		537	14	17,599	18,149				36,936	101,196	138,132
3. Term	8,880					0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	51,963	0	537	14	17,599	18,149	0		0	36,936	101,196	138,132
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	263,695					0		753,280				753,280
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	263,695	0	0	0	0	0	0	753,280	0	0	0	753,280
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	315,658 (c)	0	537	14	17,599	18,149	753,280	0	36,936	101,196	891,412	

24.NY

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	140,194		24	101,219						49,532			(50)	(400,238)	1,601	12,310,143	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	140,194	24	101,219	0	0	0	0	0	24	101,219	49,532	0	0	(50)	(400,238)	1,601	12,310,143
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	140,194	24	101,219	0	0	0	0	0	24	101,219	49,532	0	0	(50)	(400,238)	1,601	12,310,143

(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 \$ _____

24.1.NY



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	866				14	14						0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	866	0	0	0	14	14	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	350					0		24,940				24,940
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	350	0	0	0	0	0	0	24,940	0	0	0	24,940
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	1,216 (c)	0	0	0	14	14		24,940	0	0	0	24,940

24 NC

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/Certs	26 Amount	28 Number of Pols/Certs	29 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									0	0										
2. Whole									0	0									101	2
3. Term									0	0										
4. Indexed									0	0										
5. Universal									0	0										
6. Universal with secondary guarantees									0	0										
7. Variable									0	0										
8. Variable universal									0	0										
9. Credit									0	0										
10. Other									0	0										
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	101	2	55,115
Group Life																				
12. Whole									0	0										
13. Term									0	0										
14. Universal									0	0										
15. Variable									0	0										
16. Variable universal									0	0										
17. Credit									0	0										(a)
18. Other									0	0										
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																				
20. Fixed									0	0										
21. Indexed									0	0										
22. Variable with guarantees									0	0										
23. Variable without guarantees									0	0										
24. Life contingent payout									0	0										
25. Other									0	0										
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																				
27. Fixed									0	0										
28. Indexed									0	0										
29. Variable with guarantees									0	0										
30. Variable without guarantees									0	0										
31. Life contingent payout									0	0										
32. Other									0	0										
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																				
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	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	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	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	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	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	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	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	101	2	55,115

(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 \$ _____.



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial								0				0
2. Whole	225,280		2,164	335	78,892			81,390			89,540	558,302
3. Term	42,299							0				0
4. Indexed								0				0
5. Universal								0				0
6. Universal with secondary guarantees								0				0
7. Variable								0				0
8. Variable universal								0				0
9. Credit								0				0
10. Other								0				0
11. Total individual life	267,579	0	2,164	335	78,892	0		81,390	0	0	89,540	558,302
647,842												
Group Life												
12. Whole								0				0
13. Term								0				0
14. Universal								0				0
15. Variable								0				0
16. Variable universal								0				0
17. Credit								0				0
18. Other								0				0
19. Total group life	0	0	0	0	0	0		0	0	0	0	0
Individual Annuities												
20. Fixed	4,634,517							0	4,310,663			4,310,663
21. Indexed								0				0
22. Variable with guarantees								0				0
23. Variable without guarantees								0				0
24. Life contingent payout								0				0
25. Other								0				0
26. Total individual annuities	4,634,517	0	0	0	0	0		0	4,310,663	0	0	4,310,663
Group Annuities												
27. Fixed								0				0
28. Indexed								0				0
29. Variable with guarantees								0				0
30. Variable without guarantees								0				0
31. Life contingent payout								0				0
32. Other								0				0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)								0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)								0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)								0	XXX	XXX	XXX	0
37. Vision only (d) (f)								0	XXX	XXX	XXX	0
38. Dental only (d) (f)								0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)								0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)								0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)								0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)								0	XXX	XXX	XXX	0
43. Disability income (d) (f)								0	XXX	XXX	XXX	0
44. Long-term care (d) (f)								0	XXX	XXX	XXX	0
45. Other health (d) (f)								0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0		0	XXX	XXX	XXX	0
47. Total	4,902,095 (c)	0	2,164	335	78,892	0		81,390	4,310,663	0	89,540	558,302
												4,958,505

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 56340

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	579,708	149	569,922						149	569,922	36,550	47	396,500	(244)	(1,961,728)	8,014	53,631,319
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	579,708	149	569,922	0	0	0	0	0	149	569,922	36,550	47	396,500	(244)	(1,961,728)	8,014	53,631,319
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	579,708	149	569,922	0	0	0	0	0	149	569,922	36,550	47	396,500	(244)	(1,961,728)	8,014	53,631,319

(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 \$ _____

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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	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	XXX	XXX
36. Medicare supplement (d)	XXX	XXX	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	XXX	XXX
38. Dental only (d)	XXX	XXX	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	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	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	XXX	XXX
42. Credit A&H (d)	XXX	XXX	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	XXX	XXX
44. Long-term care (d)	XXX	XXX	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	XXX	XXX
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																	

NONE

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

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

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

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

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

(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 \$ _____.

24.1.OK



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial								0				0
2. Whole	613,773		7,770	1,425	254,773		263,967			339,021	1,712,332	2,051,353
3. Term	162,518						0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	776,291	0	7,770	1,425	254,773	0	263,967	0	0	339,021	1,712,332	2,051,353
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	5,996,811						0	11,516,585				11,516,585
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	5,996,811	0	0	0	0	0	0	11,516,585	0	0	0	11,516,585
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	6,773,102 (c)	0	7,770	1,425	254,773	0	263,967	11,516,585	0	339,021	1,712,332	13,567,938

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	1,677,518	445	1,666,344							110,743	77	1,126,000	(779)	(3,425,883)	27,203	180,242,336	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	1,677,518	445	1,666,344	0	0	0	0	445	1,666,344	110,743	77	1,126,000	(779)	(3,425,883)	27,203	180,242,336	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX
36. Medicare supplement (d)		XXX	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	XXX
38. Dental only (d)		XXX	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	XXX
40. Title XVIII Medicare (d)		XXX	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	XXX
42. Credit A&H		XXX	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	XXX
44. Long-term care (d)		XXX	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	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	1,677,518	445	1,666,344	0	0	0	0	445	1,666,344	110,743	77	1,126,000	(779)	(3,425,883)	27,203	180,242,336	

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

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

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

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

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

(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 \$

24.1.PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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.RI

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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	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	XXX
36. Medicare supplement (d)	XXX	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	XXX
38. Dental only (d)	XXX	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	XXX
40. Title XVIII Medicare (d)	XXX	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	XXX
42. Credit A&H (d)	XXX	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	XXX
44. Long-term care (d)	XXX	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	XXX
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.RI



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	16,400						0	193,647				193,647
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	16,400	0	0	0	0	0	0	193,647	0	0	0	193,647
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	16,400 (c)	0	0	0	0	0	0	193,647	0	0	0	193,647

24-SC

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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

(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 \$ _____.

24.1.SC



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0	34,364				34,364
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	34,364	0	0	0	34,364
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	34,364	0	0	0	34,364

24. TN

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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

(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 \$ _____.

24.1.TN



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	145				17	17				5,622		5,622
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	145	0	0	0	17	17	0	0	5,622	0	0	5,622
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	43,418					0		97,272				97,272
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	43,418	0	0	0	0	0	0	97,272	0	0	0	97,272
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	43,563 (c)	0	0	0	17	17	97,272	97,272	0	5,622	0	102,894

24.TX

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial								0	0								
2. Whole								0	0						217	5	36,476
3. Term								0	0								
4. Indexed								0	0								
5. Universal								0	0								
6. Universal with secondary guarantees								0	0								
7. Variable								0	0								
8. Variable universal								0	0								
9. Credit								0	0								
10. Other								0	0								
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	217	5	36,476
Group Life																	
12. Whole								0	0								
13. Term								0	0								
14. Universal								0	0								
15. Variable								0	0								
16. Variable universal								0	0								
17. Credit								0	0								
18. Other								0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed								0	0								
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout								0	0								
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed								0	0								
28. Indexed								0	0								
29. Variable with guarantees								0	0								
30. Variable without guarantees								0	0								
31. Life contingent payout								0	0								
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	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	XXX	XXX
36. Medicare supplement (d)	XXX	XXX	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	XXX	XXX
38. Dental only (d)	XXX	XXX	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	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	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	XXX	XXX
42. Credit A&H	XXX	XXX	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	XXX	XXX
44. Long-term care (d)	XXX	XXX	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	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	217	5	36,476

(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 \$ _____.

24.1.TX



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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. UT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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																
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 (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

NONE

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

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

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

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

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

(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 \$ _____.

24.1.UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		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 (d) (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.VT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		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		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 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	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	XXX
36. Medicare supplement (d)		XXX	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	XXX
38. Dental only (d)		XXX	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	XXX
40. Title XVIII Medicare (d)		XXX	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	XXX
42. Credit A&H (d)		XXX	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	XXX
44. Long-term care (d)		XXX	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	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																	

NONE

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

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

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

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

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

(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 \$ _____.

24.1.VT



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid						
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	
Individual Life													
1. Industrial								0				0	
2. Whole	5,624		10		2,468			2,478			1,966	4,674	6,640
3. Term	2,432							0					0
4. Indexed								0					0
5. Universal								0					0
6. Universal with secondary guarantees								0					0
7. Variable								0					0
8. Variable universal								0					0
9. Credit								0					0
10. Other								0					0
11. Total individual life	8,056	0	10	0	2,468	0		2,478	0	0	1,966	4,674	6,640
Group Life													
12. Whole								0					0
13. Term								0					0
14. Universal								0					0
15. Variable								0					0
16. Variable universal								0					0
17. Credit								0					0
18. Other								0					0
19. Total group life	0	0	0	0	0	0		0	0	0	0	0	0
Individual Annuities													
20. Fixed	1,700							0	6,863				6,863
21. Indexed								0					0
22. Variable with guarantees								0					0
23. Variable without guarantees								0					0
24. Life contingent payout								0					0
25. Other								0					0
26. Total individual annuities	1,700	0	0	0	0	0		0	6,863	0	0	0	6,863
Group Annuities													
27. Fixed								0					0
28. Indexed								0					0
29. Variable with guarantees								0					0
30. Variable without guarantees								0					0
31. Life contingent payout								0					0
32. Other								0					0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0	0
Accident and Health													
34. Comprehensive individual (d) (f)								0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)								0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)								0	XXX	XXX	XXX		0
37. Vision only (d) (f)								0	XXX	XXX	XXX		0
38. Dental only (d) (f)								0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)								0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)								0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)								0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)								0	XXX	XXX	XXX		0
43. Disability income (d) (f)								0	XXX	XXX	XXX		0
44. Long-term care (d) (f)								0	XXX	XXX	XXX		0
45. Other health (d) (f)								0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0		0	XXX	XXX	XXX	0	0
47. Total	9,756 (c)	0	10	0	2,468	0		2,478	6,863	0	1,966	4,674	13,503

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 56340

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	12,513		2	4,674						0	0						
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	12,513	2	4,674	0	0	0	0	0	2	4,674	9,839	0	0	(3)	(315)	241	1,688,105
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	12,513	2	4,674	0	0	0	0	0	2	4,674	9,839	0	0	(3)	(315)	241	1,688,105

(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 \$ _____.

24.1.VA



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,641		28	23	2,299		2,351			5,712	10,056	15,769
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	3,641	0	28	23	2,299	0	2,351	0	0	5,712	10,056	15,769
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0		0	0	0	0
Individual Annuities												
20. Fixed	111,120						0	12,018				12,018
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	111,120	0	0	0	0	0	0	12,018	0	0	0	12,018
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	114,761 (c)	0	28	23	2,299	0	2,351	12,018	0	5,712	10,056	27,787

24.WV

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	10,056																
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	10,056	5	10,056	0	0	0	0	5	10,056	0	0	0	(9)	(10,824)	195	1,167,010	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX
36. Medicare supplement (d)		XXX	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	XXX
38. Dental only (d)		XXX	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	XXX
40. Title XVIII Medicare (d)		XXX	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	XXX
42. Credit A&H		XXX	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	XXX
44. Long-term care (d)		XXX	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	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	10,056	5	10,056	0	0	0	0	5	10,056	0	0	0	(9)	(10,824)	195	1,167,010	

(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 \$ _____.

24.1.WV



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial								0				0
2. Whole	4,973		70		2,680			2,750			1,541	4,087
3. Term	2,363							0				0
4. Indexed								0				0
5. Universal								0				0
6. Universal with secondary guarantees								0				0
7. Variable								0				0
8. Variable universal								0				0
9. Credit								0				0
10. Other								0				0
11. Total individual life	7,336	0	70	0	2,680	0		2,750	0		1,541	4,087
Group Life												
12. Whole								0				0
13. Term								0				0
14. Universal								0				0
15. Variable								0				0
16. Variable universal								0				0
17. Credit								0				0
18. Other								0				0
19. Total group life	0	0	0	0	0	0		0	0		0	0
Individual Annuities												
20. Fixed	2,465,829							0	2,673,587			2,673,587
21. Indexed								0				0
22. Variable with guarantees								0				0
23. Variable without guarantees								0				0
24. Life contingent payout								0				0
25. Other								0				0
26. Total individual annuities	2,465,829	0	0	0	0	0		0	2,673,587	0		2,673,587
Group Annuities												
27. Fixed								0				0
28. Indexed								0				0
29. Variable with guarantees								0				0
30. Variable without guarantees								0				0
31. Life contingent payout								0				0
32. Other								0				0
33. Total group annuities	0	0	0	0	0	0		0	0		0	0
Accident and Health												
34. Comprehensive individual (d) (f)								0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)								0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)								0	XXX	XXX	XXX	0
37. Vision only (d) (f)								0	XXX	XXX	XXX	0
38. Dental only (d) (f)								0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)								0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)								0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)								0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)								0	XXX	XXX	XXX	0
43. Disability income (d) (f)								0	XXX	XXX	XXX	0
44. Long-term care (d) (f)								0	XXX	XXX	XXX	0
45. Other health (d) (f)								0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0		0	XXX	XXX	XXX	0
47. Total	2,473,165 (c)	0	70	0	2,680	0		2,750	2,673,587	0	1,541	4,087

24-W1

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 56340

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 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 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	4,087																
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	4,087	2	4,087	0	0	0	0	0	2	4,087	0	3	65,000	(4)	(1,568)	289	1,884,734
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	4,087	2	4,087	0	0	0	0	0	2	4,087	0	3	65,000	(4)	(1,568)	289	1,884,734

(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 \$ _____.

24.1.W1



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 56340

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	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		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	1,090,763	0	12,569	2,069	439,002	0	453,640	0	0	565,021	2,776,035	3,341,055
3. Term	254,204	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	1,344,967	0	12,569	2,069	439,002	0	453,640	0	0	565,021	2,776,035	3,341,055
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	34,365,041	0	0	0	0	0	0	35,228,267	0	0	0	35,228,267
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	34,365,041	0	0	0	0	0	0	35,228,267	0	0	0	35,228,267
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e, f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d) (f)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	35,710,008 (c)	0	12,569	2,069	439,002	0	453,640	35,228,267	0	565,021	2,776,035	38,569,322

24.GT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF

Grand Total

DURING THE YEAR 2025

NAIC Company Code 56340

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	2,820,618	745	2,750,308	0	0	0	0	745	2,750,308	251,835	148	1,851,500	(1,301)	(6,566,827)	45,108	306,167,673	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	2,820,618	745	2,750,308	0	0	0	0	745	2,750,308	251,835	148	1,851,500	(1,301)	(6,566,827)	45,108	306,167,673	
Group Life																	
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
47. Total	2,820,618	745	2,750,308	0	0	0	0	745	2,750,308	251,835	148	1,851,500	(1,301)	(6,566,827)	45,108	306,167,673	

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$0 ; Comprehensive Group \$0 ; Medicare Supplement \$0 ; Vision Only \$0 ; Dental Only \$0 ; Federal Employees Health Benefits Plan \$0 ; Title XVIII Medicare \$0 ; Title XIX Medicaid \$0 ; Credit A&H \$0 ; Disability Income \$0 ; Long-term Care \$0 ; Other Health \$0

24.1.GT

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	370,171
2. Current year's realized pre-tax capital gains/(losses) of \$ (87,323) transferred into the reserve net of taxes of \$	(87,323)
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	282,848
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	308,768
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(25,920)

AMORTIZATION

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2025	338,753	(29,984)	0	308,768
2. 2026	266,133	(26,882)	0	239,251
3. 2027	208,616	(23,216)	0	185,400
4. 2028	139,158	(11,171)	0	127,987
5. 2029	78,532	908	0	79,440
6. 2030	29,175	14,268	0	43,443
7. 2031	(3,167)	20,029	0	16,862
8. 2032	(22,558)	17,799	0	(4,758)
9. 2033	(31,776)	15,064	0	(16,712)
10. 2034	(37,209)	12,757	0	(24,452)
11. 2035	(40,595)	9,921	0	(30,674)
12. 2036	(53,887)	7,340	0	(46,547)
13. 2037	(70,052)	5,287	0	(64,764)
14. 2038	(82,388)	2,684	0	(79,703)
15. 2039	(85,047)	420	0	(84,628)
16. 2040	(80,733)	(2,252)	0	(82,985)
17. 2041	(66,605)	(3,950)	0	(70,555)
18. 2042	(49,544)	(4,558)	0	(54,102)
19. 2043	(27,677)	(5,361)	0	(33,038)
20. 2044	(10,811)	(5,999)	0	(16,810)
21. 2045	(5,945)	(6,831)	0	(12,776)
22. 2046	(3,213)	(7,428)	0	(10,641)
23. 2047	(2,419)	(8,300)	0	(10,720)
24. 2048	(3,476)	(8,827)	0	(12,302)
25. 2049	(4,427)	(9,713)	0	(14,140)
26. 2050	(3,957)	(10,613)	0	(14,570)
27. 2051	(2,246)	(10,033)	0	(12,279)
28. 2052	(1,360)	(7,957)	0	(9,317)
29. 2053	(798)	(5,881)	0	(6,679)
30. 2054	(307)	(3,632)	0	(3,939)
31. 2055 and Later		(1,211)	0	(1,211)
32. Total (Lines 1 to 31)	370,171	(87,323)	0	282,848

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

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	4,761,779	440,404	5,202,183	275,674	91,207	366,882	5,569,065
2. Realized capital gains/(losses) net of taxes - General Account	(1,932,786)		(1,932,786)			0	(1,932,786)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0	43,856	1,266,120	1,309,976	1,309,976
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	1,009,794	85,148	1,094,942	0	7,510	7,510	1,102,452
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	3,838,788	525,552	4,364,340	319,530	1,364,837	1,684,368	6,048,707
9. Maximum reserve	4,941,092	487,603	5,428,695	217,665	102,187	319,852	5,748,547
10. Reserve objective	2,845,907	375,039	3,220,946	217,665	76,652	294,317	3,515,263
11. 20% of (Line 10 - Line 8)	(198,576)	(30,102)	(228,679)	(20,373)	(257,637)	(278,010)	(506,689)
12. Balance before transfers (Lines 8 + 11)	3,640,211	495,449	4,135,661	299,157	1,107,200	1,406,358	5,542,019
13. Transfers			0			0	0
14. Voluntary contribution	7,846		7,846			0	7,846
15. Adjustment down to maximum/up to zero		(7,846)	(7,846)	(81,492)	(1,005,015)	(1,086,507)	(1,094,353)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	3,648,057	487,603	4,135,661	217,665	102,185	319,851	4,455,512

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

**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.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	52,228,227	XXX	XXX	52,228,227	0.0002	10,446	0.0007	36,560	0.0013	67,897
2.2	1	NAIC Designation Category 1.B	7,013,771	XXX	XXX	7,013,771	0.0004	2,806	0.0011	7,715	0.0023	16,132
2.3	1	NAIC Designation Category 1.C	12,537,619	XXX	XXX	12,537,619	0.0006	7,523	0.0018	22,568	0.0035	43,882
2.4	1	NAIC Designation Category 1.D	19,461,447	XXX	XXX	19,461,447	0.0007	13,623	0.0022	42,815	0.0044	85,630
2.5	1	NAIC Designation Category 1.E	20,982,168	XXX	XXX	20,982,168	0.0009	18,884	0.0027	56,652	0.0055	115,402
2.6	1	NAIC Designation Category 1.F	74,800,140	XXX	XXX	74,800,140	0.0011	82,280	0.0034	254,320	0.0068	508,641
2.7	1	NAIC Designation Category 1.G	75,586,595	XXX	XXX	75,586,595	0.0014	105,821	0.0042	317,464	0.0085	642,486
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	262,609,967	XXX	XXX	262,609,967	XXX	241,382	XXX	738,094	XXX	1,480,069
3.1	2	NAIC Designation Category 2.A	67,534,652	XXX	XXX	67,534,652	0.0021	141,823	0.0063	425,468	0.0105	709,114
3.2	2	NAIC Designation Category 2.B	108,168,693	XXX	XXX	108,168,693	0.0025	270,422	0.0076	822,082	0.0127	1,373,742
3.3	2	NAIC Designation Category 2.C	31,642,483	XXX	XXX	31,642,483	0.0036	113,913	0.0108	341,739	0.0180	569,565
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	207,345,828	XXX	XXX	207,345,828	XXX	526,157	XXX	1,589,289	XXX	2,652,421
4.1	3	NAIC Designation Category 3.A	5,020,004	XXX	XXX	5,020,004	0.0069	34,638	0.0183	91,866	0.0262	131,524
4.2	3	NAIC Designation Category 3.B	2,119,559	XXX	XXX	2,119,559	0.0099	20,984	0.0264	55,956	0.0377	79,907
4.3	3	NAIC Designation Category 3.C	1,796,835	XXX	XXX	1,796,835	0.0131	23,539	0.0350	62,889	0.0500	89,842
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	8,936,398	XXX	XXX	8,936,398	XXX	79,160	XXX	210,712	XXX	301,273
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B	500,000	XXX	XXX	500,000	0.0238	11,900	0.0555	27,750	0.0793	39,650
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	500,000	XXX	XXX	500,000	XXX	11,900	XXX	27,750	XXX	39,650
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B	2,172,238	XXX	XXX	2,172,238	0.0663	144,019	0.1188	258,062	0.1980	430,103
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	2,172,238	XXX	XXX	2,172,238	XXX	144,019	XXX	258,062	XXX	430,103
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Intentionally left blank	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.		Total long-term bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	481,564,431	XXX	XXX	481,564,431	XXX	1,002,619	XXX	2,823,907	XXX	4,903,517
PREFERRED STOCKS												
10.	1	Highest quality	1,750,000	XXX	XXX	1,750,000	0.0005	875	0.0016	2,800	0.0033	5,775
11.	2	High quality	3,000,000	XXX	XXX	3,000,000	0.0021	6,300	0.0064	19,200	0.0106	31,800
12.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total preferred stocks (Sum of Lines 10 through 16)	4,750,000	XXX	XXX	4,750,000	XXX	7,175	XXX	22,000	XXX	37,575

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. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total short-term bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	486,314,431	XXX	XXX	486,314,431	XXX	1,009,794	XXX	2,845,907	XXX	4,941,092

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.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
MORTGAGE LOANS												
In Good Standing:												
35.		Farm mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm mortgages - CM4 - low Medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential mortgages - all other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial mortgages - all other - CM1 - highest quality	51,605,331		XXX	51,605,331	0.0011	56,766	0.0057	294,150	0.0074	381,879
44.		Commercial mortgages - all other - CM2 - high quality	7,095,536		XXX	7,095,536	0.0040	28,382	0.0114	80,889	0.0149	105,723
45.		Commercial mortgages - all other - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial mortgages - all other - CM4 - low medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial mortgages - all other - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
Overdue, Not in Process:												
48.		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential mortgages - all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial mortgages - all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure:												
53.		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential mortgages - all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial mortgages - all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B mortgages (Sum of Lines 35 through 57)	58,700,867	0	XXX	58,700,867	XXX	85,148	XXX	375,039	XXX	487,603

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

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. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - public	1,377,628	XXX	XXX	1,377,628	0.0000	0	0.1580 (a)	217,665	0.1580 (a)	217,665
2.		Unaffiliated - private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed income - exempt obligations				0	XXX		XXX		XXX	
6.		Fixed income - highest quality				0	XXX		XXX		XXX	
7.		Fixed income - high quality				0	XXX		XXX		XXX	
8.		Fixed income - medium quality				0	XXX		XXX		XXX	
9.		Fixed income - low quality				0	XXX		XXX		XXX	
10.		Fixed income - lower quality				0	XXX		XXX		XXX	
11.		Fixed income - in or near default				0	XXX		XXX		XXX	
12.		Unaffiliated common stock - public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated common stock - private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - certain other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total common stock (Sum of Lines 1 through 16)	1,377,628	0	0	1,377,628	XXX	0	XXX	217,665	XXX	217,665
REAL ESTATE												
18.		Home office property (General Account only)	374,900			374,900	0.0000	0	0.0912	34,191	0.0912	34,191
19.		Investment properties	202,060			202,060	0.0000	0	0.0912	18,428	0.0912	18,428
20.		Properties acquired in satisfaction of debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total real estate (Sum of Lines 18 through 20)	576,960	0	0	576,960	XXX	0	XXX	52,619	XXX	52,619
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest quality	15,020,651	XXX	XXX	15,020,651	0.0005	7,510	0.0016	24,033	0.0033	49,568
24.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with bond characteristics (Sum of Lines 22 through 28)	15,020,651	XXX	XXX	15,020,651	XXX	7,510	XXX	24,033	XXX	49,568

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. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with preferred stock characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38.		Mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - low medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - all other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
Overdue, Not in Process Affiliated:												
46.		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential mortgages - all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial mortgages - all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure Affiliated:												
51.		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential mortgages - all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial mortgages - all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - in good standing with covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - in good standing defeased with government securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - in good standing primarily senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - in good standing all other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - overdue, not in process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - in process of foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with mortgage loan characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
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.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated certain other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated other - all other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with common stock characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home office property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment properties				0	0.0000	0	0.0912	0	0.0912	0
73.		Properties acquired in satisfaction of debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with real estate characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
INVESTMENTS IN TAX CREDIT STRUCTURES												
75.		Yield guaranteed state tax credit investments	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Qualifying federal tax credit investments	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Qualifying state tax credit investments	0			0	0.0063	0	0.0120	0	0.0190	0
78.		Other tax credit investments	0			0	0.0273	0	0.0600	0	0.0975	0
79.		Total tax credit investments (Sum of Lines 75 through 78)	0	0	0	0	XXX	0	XXX	0	XXX	0
RESIDUAL TRANCHES OR INTERESTS												
80.		Bonds - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
81.		Bonds - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Common stock - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common stock - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Preferred stock - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred stock - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Real estate - unaffiliated	0			0	0.0000	0	0.1580	0	0.1580	0
87.		Real estate - affiliated	0			0	0.0000	0	0.1580	0	0.1580	0
88.		Mortgage loans - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage loans - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Other - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Total residual tranches or interests (Sum of Lines 80 through 91)	0	0	0	0	XXX	0	XXX	0	XXX	0
SURPLUS NOTES AND CAPITAL NOTES												
93.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
94.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
95.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
96.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
97.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
98.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
99.		Total surplus notes and capital notes (Sum of Lines 93 through 98)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
100.		NAIC 1 working capital finance investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
101.		NAIC 2 working capital finance investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
102.		Other invested assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
103.		Other short-term invested assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
104.		Total all other (Sum of Lines 100 through 103)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
105.		Total other invested assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 79, 92, 99 and 104)	15,020,651	0	0	15,020,651	XXX	7,510	XXX	24,033	XXX	49,568

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

Asset Valuation Reserve - Replications (Synthetic) Assets

NONE

Schedule F - Claims

NONE

Schedule H - Part 1 - Analysis of Underwriting Operations

NONE

Schedule H - Part 2 - Reserves and Liabilities

NONE

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

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

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 Domi- ciliary Juris- diction	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		
0399999			Total General Account - authorized U.S. affiliates				0	0	0	0	0	0	0	0
0699999			Total General Account - authorized non-U.S. affiliates				0	0	0	0	0	0	0	0
0799999			Total General Account - authorized affiliates				0	0	0	0	0	0	0	0
88099	75-1608507	07/01/2005	OPTIMUM REINSURANCE CO.	TX	CO/I	XXXL	3,355,154			16,082				
88099	75-1608507	07/01/2005	OPTIMUM REINSURANCE CO.	TX	YRT/I	XXXL	6,390,765			30,631				
0899999			General Account - authorized U.S. non-affiliates				9,745,919	0	0	46,713	0	0	0	0
1099999			Total General Account - authorized non-affiliates				9,745,919	0	0	46,713	0	0	0	0
1199999			Total General Account authorized				9,745,919	0	0	46,713	0	0	0	0
1499999			Total General Account - unauthorized U.S. affiliates				0	0	0	0	0	0	0	0
1799999			Total General Account - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0	0
1899999			Total General Account - unauthorized affiliates				0	0	0	0	0	0	0	0
2199999			Total General Account - unauthorized non-affiliates				0	0	0	0	0	0	0	0
2299999			Total General Account unauthorized				0	0	0	0	0	0	0	0
2599999			Total General Account - certified U.S. affiliates				0	0	0	0	0	0	0	0
2899999			Total General Account - certified non-U.S. affiliates				0	0	0	0	0	0	0	0
2999999			Total General Account - certified affiliates				0	0	0	0	0	0	0	0
3299999			Total General Account - certified non-affiliates				0	0	0	0	0	0	0	0
3399999			Total General Account certified				0	0	0	0	0	0	0	0
3699999			Total General Account - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0	0
3999999			Total General Account - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0	0
4099999			Total General Account - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0	0
4399999			Total General Account - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0	0
4499999			Total General Account reciprocal jurisdiction				0	0	0	0	0	0	0	0
4599999			Total General Account authorized, unauthorized, reciprocal jurisdiction and certified				9,745,919	0	0	46,713	0	0	0	0
4899999			Total Separate Accounts - authorized U.S. affiliates				0	0	0	0	0	0	0	0
5199999			Total Separate Accounts - authorized non-U.S. affiliates				0	0	0	0	0	0	0	0
5299999			Total Separate Accounts - authorized affiliates				0	0	0	0	0	0	0	0
5599999			Total Separate Accounts - authorized non-affiliates				0	0	0	0	0	0	0	0
5699999			Total Separate Accounts authorized				0	0	0	0	0	0	0	0
5999999			Total Separate Accounts - unauthorized U.S. affiliates				0	0	0	0	0	0	0	0
6299999			Total Separate Accounts - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0	0
6399999			Total Separate Accounts - unauthorized affiliates				0	0	0	0	0	0	0	0
6699999			Total Separate Accounts - unauthorized non-affiliates				0	0	0	0	0	0	0	0
6799999			Total Separate Accounts unauthorized				0	0	0	0	0	0	0	0
7099999			Total Separate Accounts - certified U.S. affiliates				0	0	0	0	0	0	0	0
7399999			Total Separate Accounts - certified non-U.S. affiliates				0	0	0	0	0	0	0	0
7499999			Total Separate Accounts - certified affiliates				0	0	0	0	0	0	0	0
7799999			Total Separate Accounts - certified non-affiliates				0	0	0	0	0	0	0	0
7899999			Total Separate Accounts certified				0	0	0	0	0	0	0	0
8199999			Total Separate Accounts - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0	0
8499999			Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0	0
8599999			Total Separate Accounts - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0	0
8899999			Total Separate Accounts - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0	0
8999999			Total Separate Accounts reciprocal jurisdiction				0	0	0	0	0	0	0	0
9099999			Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified				0	0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				9,745,919	0	0	46,713	0	0	0	0
9299999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0	0
9999999			- Totals				9,745,919	0	0	46,713	0	0	0	0

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	47	45	41	48	34
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	0	0	0	0	0
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve 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	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	0	0	0	0	0
10. Liability for deposit-type contracts					
11. Contract claims unpaid	0	0	0	0	0
12. Amounts recoverable on reinsurance	0	0	0	0	0
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with certified reinsurers			0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust			0	0	0
23. Funds deposited by and withheld from (F)			0	0	0
24. Letters of credit (L)			0	0	0
25. Trust agreements (T)			0	0	0
26. Other (O)			0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	593,174,386		593,174,386
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	118,664	0	118,664
4. Net credit for ceded reinsurance	XXX	41,604	41,604
5. All other admitted assets (balance)	6,035,931		6,035,931
6. Total assets excluding Separate Accounts (Line 26)	599,328,981	41,604	599,370,585
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	599,328,981	41,604	599,370,585
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	524,888,998	41,604	524,930,602
10. Liability for deposit-type contracts (Line 3)	11,772,414		11,772,414
11. Claim reserves (Line 4)	300,000	0	300,000
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	400,000		400,000
13. Premium & annuity considerations received in advance (Line 8)	43,374		43,374
14. Other contract liabilities (Line 9)	0		0
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	13,088,043		13,088,043
20. Total liabilities excluding Separate Accounts (Line 26)	550,492,828	41,604	550,534,432
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	550,492,828	41,604	550,534,432
23. Capital & surplus (Line 38)	48,836,152	XXX	48,836,152
24. Total liabilities, capital & surplus (Line 39)	599,328,980	41,604	599,370,584
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	41,604		
26. Claim reserves	0		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	0		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	41,604		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with certified reinsurers	0		
38. Funds held under reinsurance treaties with certified reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	41,604		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
NONE												
LONG-TERM BONDS												
1. Exempt obligations												
2.1 NAIC Designation Category 1.A												
2.2 NAIC Designation Category 1.B												
2.3 NAIC Designation Category 1.C												
2.4 NAIC Designation Category 1.D												
2.5 NAIC Designation Category 1.E												
2.6 NAIC Designation Category 1.F												
2.7 NAIC Designation Category 1.G												
2.8 Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)												
3.1 NAIC Designation Category 2.A												
3.2 NAIC Designation Category 2.B												
3.3 NAIC Designation Category 2.C												
3.4 Subtotal NAIC 2 (3.1+3.2+3.3)												
4.1 NAIC Designation Category 3.A												
4.2 NAIC Designation Category 3.B												
4.3 NAIC Designation Category 3.C												
4.4 Subtotal NAIC 3 (4.1+4.2+4.3)												
5.1 NAIC Designation Category 4.A												
5.2 NAIC Designation Category 4.B												
5.3 NAIC Designation Category 4.C												
5.4 Subtotal NAIC 4 (5.1+5.2+5.3)												
6.1 NAIC Designation Category 5.A												
6.2 NAIC Designation Category 5.B												
6.3 NAIC Designation Category 5.C												
6.4 Subtotal NAIC 5 (6.1+6.2+6.3)												
7. NAIC 6												
8. Total long-term bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7)												
PREFERRED STOCKS												
9. Highest quality												
10. High quality												
11. Medium quality												
12. Low quality												
13. Lower quality												
14. In or near default												
15. Affiliated life with AVR												
16. Total preferred stocks (Sum of Lines 9 through 15)												

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
SHORT-TERM BONDS												
17. Exempt obligations												
18.1 NAIC Designation Category 1.A												
18.2 NAIC Designation Category 1.B												
18.3 NAIC Designation Category 1.C												
18.4 NAIC Designation Category 1.D												
18.5 NAIC Designation Category 1.E												
18.6 NAIC Designation Category 1.F												
18.7 NAIC Designation Category 1.G												
18.8 Subtotal NAIC 1 (18.1+18.2+18.3+18.4+18.5+18.6+18.7)												
19.1 NAIC Designation Category 2.A												
19.2 NAIC Designation Category 2.B												
19.3 NAIC Designation Category 2.C												
19.4 Subtotal NAIC 2 (19.1+19.2+19.3)												
20.1 NAIC Designation Category 3.A												
20.2 NAIC Designation Category 3.B												
20.3 NAIC Designation Category 3.C												
20.4 Subtotal NAIC 3 (20.1+20.2+20.3)												
21.1 NAIC Designation Category 4.A												
21.2 NAIC Designation Category 4.B												
21.3 NAIC Designation Category 4.C												
21.4 Subtotal NAIC 4 (21.1+21.2+21.3)												
22.1 NAIC Designation Category 5.A												
22.2 NAIC Designation Category 5.B												
22.3 NAIC Designation Category 5.C												
22.4 Subtotal NAIC 5 (22.1+22.2+22.3)												
23. NAIC 6												
24. Total short-term bonds (17+18.8+19.4+20.4+21.4+22.4+23)												
DERIVATIVE INSTRUMENTS												
25. Exchange traded												
26. Highest quality												
27. High quality												
28. Medium quality												
29. Low quality												
30. Lower quality												
31. In or near default												
32. Total derivative instruments												
33. Total (Lines 8+16+24+32)												

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
MORTGAGE LOANS												
In Good Standing:												
34.												
35.												
36.												
37.												
38.												
39.												
40.												
41.												
42.												
43.												
44.												
45.												
46.												
Overdue, Not in Process:												
47.												
48.												
49.												
50.												
51.												
In Process of Foreclosure:												
52.												
53.												
54.												
55.												
56.												
57.												
COMMON STOCK												
58.												
59.												
60.												
61.												
Affiliated Investment Subsidiary:												
62.												
63.												
64.												
65.												
66.												
67.												
68.												
69.												
70.												
71.												
72.												
73.												
74.												

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
REAL ESTATE												
75.	Home office property (General Account only)											
76.	Investment properties											
77.	Properties acquired in satisfaction of debt.....											
78.	Total real estate (Sum of Lines 75 through 77)											
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
79.	Exempt obligations											
80.	Highest quality											
81.	High quality											
82.	Medium quality											
83.	Low quality											
84.	Lower quality											
85.	In or near default											
86.	Total with bond characteristics (Sum of Lines 79 through 85)											
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
87.	Highest quality											
88.	High quality.....											
89.	Medium quality											
90.	Low quality											
91.	Lower quality											
92.	In or near default											
93.	Affiliated life with AVR											
94.	Total with preferred stock characteristics (Sum of Lines 87 through 93)											

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
95. Mortgages - CM1 - highest quality												
96. Mortgages - CM2 - high quality												
97. Mortgages - CM3 - medium quality												
98. Mortgages - CM4 - low medium quality												
99. Mortgages - CM5 - low quality												
100. Residential mortgages - insured or guaranteed												
101. Residential mortgages - all other												
102. Commercial mortgages - insured or guaranteed												
Overdue, Not in Process Affiliated:												
103. Farm mortgages												
104. Residential mortgages - insured or guaranteed												
105. Residential mortgages - all other												
106. Commercial mortgages - insured or guaranteed												
107. Commercial mortgages - all other												
In Process of Foreclosure Affiliated:												
108. Farm mortgages												
109. Residential mortgages - insured or guaranteed												
110. Residential mortgages - all other												
111. Commercial mortgages - insured or guaranteed												
112. Commercial mortgages - all other												
113. Total affiliated (Sum of Lines 95 through 112).....												
114. Unaffiliated - in good standing with covenants												
115. Unaffiliated - in good standing defeased with government securities												
116. Unaffiliated - in good standing primarily senior..												
117. Unaffiliated - in good standing all other												
118. Unaffiliated - overdue, not in process												
119. Unaffiliated - in process of foreclosure												
120. Total unaffiliated (Sum of Lines 114 through 119)												
121. Total with mortgage loan characteristics (Lines 113 + 120)												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
122. Unaffiliated public												
123. Unaffiliated private												
124. Affiliated life with AVR.....												
125. Affiliated certain other (See SVO Purposes & Procedures Manual)												
126. Affiliated other - all other												
127. Total with common stock characteristics (Sum of Lines 122 through 126)												

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1 FWH B/ACV	2 Modco B/ACV	3 FWH B/ACV	4 Modco B/ACV	5 FWH B/ACV Col 1+3	6 Modco B/ACV Col 2+4	7 FWH B/ACV	8 Modco B/ACV	9 FWH B/ACV	10 Modco B/ACV	11 FWH B/ACV Col 7+9	12 Modco B/ACV Col 8+10
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
128. Home office property (General Account only).....												
129. Investment properties												
130. Properties acquired in satisfaction of debt												
131. Total with real estate characteristics (Sum of Lines 128 through 130)												
INVESTMENTS IN TAX CREDIT STRUCTURES												
132. Yield guaranteed state tax credit investments												
133. Qualifying federal tax credit investments												
134. Qualifying state tax credit investments												
135. Other tax credit investments												
136. Total tax credit investments (Sum of Lines 132 through 135)												
RESIDUAL TRanches OR INTERESTS												
137. Bonds - unaffiliated												
138. Bonds - affiliated												
139. Common stock - unaffiliated												
140. Common stock - affiliated												
141. Preferred stock - unaffiliated												
142. Preferred stock - affiliated												
143. Real estate - unaffiliated												
144. Real estate - affiliated												
145. Mortgage loans - unaffiliated.....												
146. Mortgage loans - affiliated												
147. Other - unaffiliated												
148. Other - affiliated												
149. Total residual tranches or interests (Sum of Lines 137 through 148)												
SURPLUS NOTES AND CAPITAL NOTES												
150. Highest quality												
151. High quality												
152. Medium quality.....												
153. Low quality												
154. Lower quality												
155. In or near default												
156. Total with bond characteristics (Sum of Lines 150 through 155)												
ALL OTHER INVESTMENTS												
157. NAIC 1 working capital finance investments.....												
158. NAIC 2 working capital finance investments												
159. Other invested assets - Schedule BA.....												
160. Other short-term invested assets - Schedule DA												
161. Cash and Cash Equivalents												
162. Total all other (Sum of Lines 157 through 161)												
163. Total assets excluding non-guaranteed Separate Account assets (Sum of Lines 33, 57, 74, 78, 86, 94, 121, 127, 131, 136, 149, 156 and 162)												
164. Total non-guaranteed Separate Account assets	XXX	XXX	XXX	XXX			XXX	XXX	XXX	XXX		
165. Total assets including non-guaranteed Separate Account assets (Sum of 163 and 164)	XXX	XXX	XXX	XXX			XXX	XXX	XXX	XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				6	
			1	2	3	4		5
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL	0	0	0	0	0	0	0
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	6,083	0	0	0	0	6,083
4. Arkansas	AR	0	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	18	42,783	0	0	0	0	42,801
7. Connecticut	CT	25,523	132,578	0	0	0	0	158,101
8. Delaware	DE	0	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0	0
10. Florida	FL	7,620	347,178	0	0	0	0	354,798
11. Georgia	GA	12	0	0	0	0	0	12
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	68,046	12,209,779	0	0	0	0	12,277,825
15. Indiana	IN	10,361	484,264	0	0	0	0	494,624
16. Iowa	IA	1,835	2,128,926	0	0	0	0	2,130,762
17. Kansas	KS	0	0	0	0	0	0	0
18. Kentucky	KY	0	11,400	0	0	0	0	11,400
19. Louisiana	LA	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0
21. Maryland	MD	84	0	0	0	0	0	84
22. Massachusetts	MA	3,005	500	0	0	0	0	3,505
23. Michigan	MI	42,278	800,099	0	0	0	0	842,377
24. Minnesota	MN	5,844	3,029,185	0	0	0	0	3,035,030
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	509	382,024	0	0	0	0	382,534
27. Montana	MT	0	0	0	0	0	0	0
28. Nebraska	NE	2,246	260,688	0	0	0	0	262,934
29. Nevada	NV	248	0	0	0	0	0	248
30. New Hampshire	NH	0	0	0	0	0	0	0
31. New Jersey	NJ	61,461	995,713	0	0	0	0	1,057,174
32. New Mexico	NM	0	0	0	0	0	0	0
33. New York	NY	51,963	263,695	0	0	0	0	315,658
34. North Carolina	NC	866	350	0	0	0	0	1,216
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	267,579	4,634,517	0	0	0	0	4,902,095
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0	0
39. Pennsylvania	PA	776,291	5,996,811	0	0	0	0	6,773,102
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	0	16,400	0	0	0	0	16,400
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0	0
44. Texas	TX	145	43,418	0	0	0	0	43,563
45. Utah	UT	0	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	8,056	1,700	0	0	0	0	9,756
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	3,641	111,120	0	0	0	0	114,761
50. Wisconsin	WI	7,336	2,465,829	0	0	0	0	2,473,165
51. Wyoming	WY	0	0	0	0	0	0	0
52. American Samoa	AS	0	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0	0
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Total		1,344,967	34,365,041	0	0	0	0	35,710,008

Schedule Y - Part 1A - Detail of Insurance Holding Company System

N O N E

Schedule Y - Part 1A - Explanations

N O N E

Schedule Y - Part 2

N O N E

Schedule Y - Part 3

N O N E

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

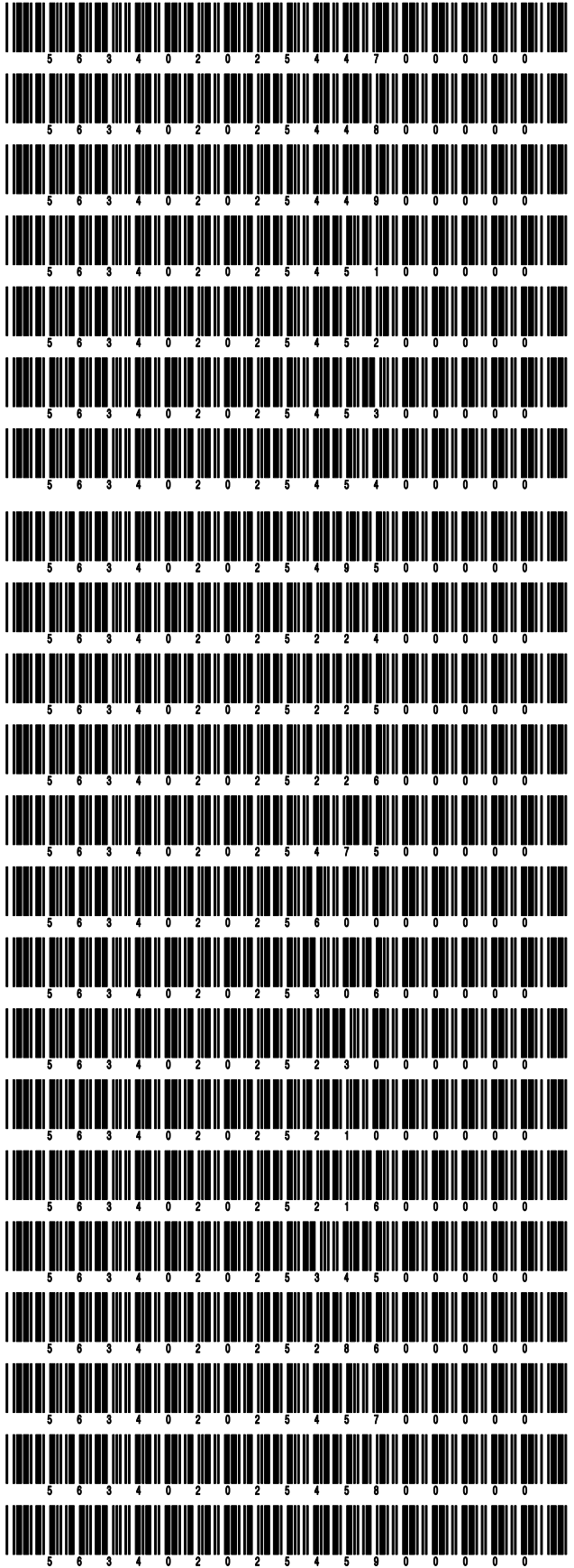
The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed,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

MARCH FILING

10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ..	NO
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13. Will the Actuarial Opinion on Participating and Non-participating Policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14. Will the Actuarial Opinion on Non-guaranteed Elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15. Will the Actuarial Opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Actuarial Opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
- 21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
- 22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
- 24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
- 25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
- 26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
- 27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
- 28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
- 31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 33. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 35. Health Care Receivables Supplement [Document Identifier 475]
- 36. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]
- 38. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 39. Credit Insurance Experience Exhibit [Document Identifier 230]
- 40. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]
- 43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]
- 44. Variable Annuities Supplement [Document Identifier 286]
- 45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]
- 46. Life Summary of the PBR Actuarial Report [Document Identifier 458]
- 47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE FCSU
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Account Payable LL	211,347	177,404
2597. Summary of remaining write-ins for Line 25 from overflow page	211,347	177,404



SUPPLEMENT FOR THE YEAR 2025 OF THE FCSU
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 0000

(To Be Filed by March 1)

NAIC Company Code 56340

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With reinsurance coverage		XXX		XXX	
1.12 Without reinsurance coverage		XXX		XXX	
1.13 Risk-corridor payment adjustments		XXX		XXX	
1.2 Supplemental benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With reinsurance coverage		XXX		XXX	XXX
2.12 Without reinsurance coverage		XXX		XXX	XXX
2.2 Supplemental benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With reinsurance coverage		XXX		XXX	XXX
3.12 Without reinsurance coverage		XXX		XXX	XXX
3.2 Supplemental benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With reinsurance coverage		XXX		XXX	XXX
5.12 Without reinsurance coverage		XXX		XXX	XXX
5.13 Risk-corridor payment adjustments		XXX		XXX	XXX
5.2 Supplemental benefits		XXX		XXX	XXX
6. Total premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With reinsurance coverage		XXX		XXX	
7.12 Without reinsurance coverage		XXX		XXX	
7.2 Supplemental benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With reinsurance coverage		XXX		XXX	XXX
8.12 Without reinsurance coverage		XXX		XXX	XXX
8.2 Supplemental benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With reinsurance coverage		XXX		XXX	XXX
9.12 Without reinsurance coverage		XXX		XXX	XXX
9.2 Supplemental benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With reinsurance coverage		XXX		XXX	XXX
10.12 Without reinsurance coverage		XXX		XXX	XXX
10.2 Supplemental benefits		XXX		XXX	XXX
11. Total claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims paid - net of reimbursements applied	XXX		XXX		
12.2 Reimbursements received but not applied-change	XXX		XXX		
12.3 Reimbursements receivable-change	XXX		XXX		XXX
12.4 Health care receivables-change	XXX		XXX		XXX
13. Aggregate policy reserves-change					XXX
14. Expenses paid		XXX		XXX	
15. Expenses incurred		XXX		XXX	XXX
16. Underwriting gain/loss		XXX		XXX	XXX
17. Cash flow result	XXX	XXX	XXX	XXX	

NONE



SUPPLEMENT FOR THE YEAR 2025 OF THE FCSU
VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type
 For The Year Ended December 31, 2025
 (To Be Filed by March 1)

NAIC Group Code 0000

NAIC Company Code 56340

	Prior Year	Current Year	
	1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1. Post-Reinsurance-Ceded Reserve			
1.1. Term life insurance.....			
1.2. Universal life with secondary guarantee			
1.3. Non-participating whole life			
1.4. Participating whole life			
1.5. Universal life without secondary guarantee			
1.6. Variable universal life			
1.7. Variable life			
1.8. Indexed life			
1.9. Aggregate write-Ins for other products	0	0	0
2. Total post-reinsurance-ceded reserve (Sum of Lines 1.1 through 1.9)	0	0	XXX
3. Pre-Reinsurance-Ceded Reserve			
3.1. Term life insurance.....			
3.2. Universal life with secondary guarantee			
3.3. Non-participating whole life			
3.4. Participating whole life			
3.5. Universal life without secondary guarantee			
3.6. Variable universal life			
3.7. Variable life			
3.8. Indexed life			
3.9. Aggregate write-Ins for other products	0	0	0
4. Total pre-reinsurance-ceded reserve (Sum of Lines 3.1 through 3.9)	0	0	XXX
5. Total reserves ceded (Line 4 minus Line 2)	0	0	XXX
DETAILS OF WRITE-INS			
1.901.			
1.902.			
1.903.			
1.998. Summary of remaining write-ins for Line 1.9 from overflow page	0	0	0
1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)	0	0	0
3.901.			
3.902.			
3.903.			
3.998. Summary of remaining write-ins for Line 3.9 from overflow page	0	0	0
3.999. Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)	0	0	0

456-1

VM-20 Reserves Supplement - Part 1B

N O N E

VM-20 Reserves Supplement - Part 2

N O N E

VM-20 Reserves Supplement - Part 3

N O N E



SUPPLEMENT FOR THE YEAR 2025 OF THE FCSU

SCHEDULE O SUPPLEMENT

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

Of The FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA & CANADA
ADDRESS (City, State and Zip Code) INDEPENDENCE , OH 44131
NAIC Group Code 0000 NAIC Company Code 56340 Employer's Identification Number (FEIN) 34-0220550

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). All cells contain 'NONE'.

Section B - Other Accident and Health

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). All cells contain 'NONE'.

Section C - Credit Accident and Health

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). All cells contain 'NONE'.

Section D -

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). All cells contain 'NONE'.

Section E -

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). All cells contain 'NONE'.

Section F -

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). All cells contain 'NONE'.

Section G -

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). All cells contain 'NONE'.

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

Supplement Schedule O - Part 2 Section A

N O N E

Supplement Schedule O - Part 2 Section B

N O N E

Supplement Schedule O - Part 2 Section C

N O N E

Supplement Schedule O - Part 2 Section D

N O N E

Supplement Schedule O - Part 2 Section E

N O N E

Supplement Schedule O - Part 2 Section F

N O N E

Supplement Schedule O - Part 2 Section G

N O N E

Supplement Schedule O - Part 3 Section A

N O N E

Supplement Schedule O - Part 3 Section B

N O N E

Supplement Schedule O - Part 3 Section C

N O N E

Supplement Schedule O - Part 3 Section D

N O N E

Supplement Schedule O - Part 3 Section E

N O N E

Supplement Schedule O - Part 3 Section F

N O N E

Supplement Schedule O - Part 3 Section G

N O N E

SUPPLEMENT FOR THE YEAR 2025 OF THE FCSU
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

**Development of Incurred Losses
(\$000 Omitted)**

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2021	2 2022	3	4 2024	5 2025
1. 2021	NONE				
2. 2022	NONE				
3. 2023	NONE				
4. 2024	XXX	XXX	XXX		
5. 2025	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2021	NONE				
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	XXX		XXX		
5. 2025	XXX	XXX		XXX	

Section C - Other Accident and Health

1. 2021	NONE				
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	XXX		XXX		
5. 2025	XXX	XXX	XXX	XXX	

Section D -

1. 2021	NONE				
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	XXX		XXX		
5. 2025	XXX	XXX	XXX	XXX	

Section E -

1. 2021	NONE				
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	XXX		XXX		
5. 2025	XXX	XXX	XXX	XXX	

Section F -

1. 2021	NONE				
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	XXX		XXX		
5. 2025	XXX	XXX	XXX	XXX	

Section G -

1. 2021	NONE				
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	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 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life		300
3. Individual Annuity		
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		300