6237520252010010 0

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

MedMutual Life Insurance Company

NAIC Group Code 0730 (Current) 0730 (Prior) NAIC Company Code 62375 Employer's ID Number 21-0706531

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

Country of Domicile United States of America

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

Incorporated/Organized 10/03/1955 Commenced Business 10/03/1955

Statutory Home Office 100 American Road (Street and Number), Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)

Main Administrative Office 100 American Road (Street and Number)

Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code), 216-687-7000 (Area Code) (Telephone Number)

Mail Address 100 American Road (Street and Number or P.O. Box), Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 American Road (Street and Number)

Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code), 216-687-7000 (Area Code) (Telephone Number)

Internet Website Address www.medmutuallife.com

Statutory Statement Contact Debra Gibson (Name), 216-687-2860 (Area Code) (Telephone Number)

Debra.Gibson@medmutual.com (E-mail Address), 216-360-4073 (FAX Number)

OFFICERS

President & CEO Anthony Michael Helton

Treasurer James Edward McNutt

Secretary Patricia Bunn Decensi

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura
Andrea Marie Hogben
Anthony Michael Helton
James Edward McNutt
Thomas Parke Dewey
Patricia Bunn Decensi

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.

Anthony Michael Helton	Patricia Bunn Decensi	James Edward McNutt
President & CEO	Secretary	Treasurer

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? ..... Yes [X] No [ ]

b. If no,

1. State the amendment number.....
2. Date filed 02/28/2026
3. Number of pages attached.....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	199,114 (f)						0	XXX	XXX	XXX	44	44
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	(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	199,114	0	0	0	0	0	0	XXX	XXX	XXX	44	44
47. Total	199,114 (c)	0	0	0	0	0	0	0	0	0	44	44

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	181	301,087	(19)	(98,823)	207	344,639
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	181	301,087	(19)	(98,823)	207	344,639
47. Total	0	0	0	0	0	0	0	0	0	0	181	301,087	(19)	(98,823)	207	344,639

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

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

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

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

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

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	3,860 (f)						0	XXX	XXX	XXX	28,751	28,751
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	(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	3,860	0	0	0	0	0	0	XXX	XXX	XXX	28,751	28,751
47. Total	3,860 (c)	0	0	0	0	0	0	0	0	0	28,751	28,751

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	3	5,558	(1)	(2,098)	3	5,558
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	3	5,558	(1)	(2,098)	3	5,558
47. Total	0	0	0	0	0	0	0	0	0	0	3	5,558	(1)	(2,098)	3	5,558

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	122,445 (f)						0	XXX	XXX	XXX	18,958	18,958
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	(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	122,445	0	0	0	0	0	0	XXX	XXX	XXX	18,958	18,958
47. Total	122,445 (c)	0	0	0	0	0	0	0	0	0	18,958	18,958

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	126	213,351	(7)	(47,254)	134	228,308
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	126	213,351	(7)	(47,254)	134	228,308
47. Total	0	0	0	0	0	0	0	0	0	0	126	213,351	(7)	(47,254)	134	228,308

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

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

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

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

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

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

24.DC

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

24.1.DC

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

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

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

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

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

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term	789						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	789	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	8,022						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	8,022	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)	100,397 (f)						0	XXX	XXX	XXX	29,033	29,033
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	(f)						0	XXX	XXX	XXX		0
43. Disability income (d)	5,184 (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	105,580	0	0	0	0	0	0	XXX	XXX	XXX	29,033	29,033
47. Total	114,392 (c)	0	0	0	0	0	0	0	0	0	29,033	29,033

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0		0	0	(2)	(100,000)	2	60,000
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(100,000)	2	60,000
Group Life															
12. Whole								0	0						
13. Term	(441)							0	0	1,017	0	0	(2)	(180,250)	7	699,050
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	(441)	0	0	0	0	0	0	0	0	1,017	0	0	(2)	(180,250)	7	699,050
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	116	176,645	(17)	(36,653)	122	186,124
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					4	5,086
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	116	176,645	(17)	(36,653)	126	191,210
47. Total	(441)	0	0	0	0	0	0	0	0	1,017	116	176,645	(21)	(316,903)	135	950,260

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	367,765 (f)						0	XXX	XXX	XXX	96,846	96,846
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	(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	367,765	0	0	0	0	0	0	XXX	XXX	XXX	96,846	96,846
47. Total	367,765 (c)	0	0	0	0	0	0	0	0	0	96,846	96,846

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	625	1,040,631	(9)	(24,262)	628	1,044,369
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	625	1,040,631	(9)	(24,262)	628	1,044,369
47. Total	0	0	0	0	0	0	0	0	0	0	625	1,040,631	(9)	(24,262)	628	1,044,369

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term	1,758						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	1,758	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	38,419						0	50,000				50,000
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	38,419	0	0	0	0	0	0	50,000	0	0	0	50,000
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)	353,455 (f)						0	XXX	XXX	XXX	82,486	82,486
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	(f)						0	XXX	XXX	XXX		0
43. Disability income (d)	9,630 (f)						0	XXX	XXX	XXX	3,544	3,544
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	363,085	0	0	0	0	0	0	XXX	XXX	XXX	86,030	86,030
47. Total	403,262 (c)	0	0	0	0	0	0	50,000	0	0	86,030	136,030

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0		0	0	0	40,000	5	150,000
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	40,000	5	150,000
Group Life															
12. Whole								0	0						
13. Term	54,648		50,000					0	50,000	5,272	0	0	(3)	347,950	8	10,775,700
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	54,648	0	50,000	0	0	0	0	0	50,000	5,272	0	0	(3)	347,950	8	10,775,700
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	496	697,873	(30)	(180,728)	529	743,319
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			(7)	(743)	24	8,207
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	496	697,873	(37)	(181,471)	553	751,526
47. Total	54,648	0	50,000	0	0	0	0	0	50,000	5,272	496	697,873	(40)	206,479	566	11,677,226

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	545,658 (f)						0	XXX	XXX	XXX	131,511	131,511
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	(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	545,658	0	0	0	0	0	0	XXX	XXX	XXX	131,511	131,511
47. Total	545,658 (c)	0	0	0	0	0	0	0	0	0	131,511	131,511

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	790	1,133,536	(45)	(276,921)	839	1,200,127
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	790	1,133,536	(45)	(276,921)	839	1,200,127
47. Total	0	0	0	0	0	0	0	0	0	0	790	1,133,536	(45)	(276,921)	839	1,200,127

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	544,354	(f)					0	XXX	XXX	XXX	80,152	80,152
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	(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	544,354	0	0	0	0	0	0	XXX	XXX	XXX	80,152	80,152
47. Total	544,354 (c)	0	0	0	0	0	0	0	0	0	80,152	80,152

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	601	940,965	(22)	(123,479)	646	1,017,282
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	601	940,965	(22)	(123,479)	646	1,017,282
47. Total	0	0	0	0	0	0	0	0	0	0	601	940,965	(22)	(123,479)	646	1,017,282

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	190,761 (f)						0	XXX	XXX	XXX	48,232	48,232
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	(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	190,761	0	0	0	0	0	0	XXX	XXX	XXX	48,232	48,232
47. Total	190,761 (c)	0	0	0	0	0	0	0	0	0	48,232	48,232

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	366	468,376	0	0	366	468,376
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	366	468,376	0	0	366	468,376
47. Total	0	0	0	0	0	0	0	0	0	0	366	468,376	0	0	366	468,376

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	6,983 (f)						0	XXX	XXX	XXX	2,658	2,658
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	(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	6,983	0	0	0	0	0	0	XXX	XXX	XXX	2,658	2,658
47. Total	6,983 (c)	0	0	0	0	0	0	0	0	0	2,658	2,658

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	6	8,710	0	(2,557)	7	11,087
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	6	8,710	0	(2,557)	7	11,087
47. Total	0	0	0	0	0	0	0	0	0	0	6	8,710	0	(2,557)	7	11,087

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

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

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

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

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

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	430,854						0	208,250				208,250
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	430,854	0	0	0	0	0	0	208,250	0	0	0	208,250
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)	181,352 (f)						0	XXX	XXX	XXX	39,758	39,758
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	(f)						0	XXX	XXX	XXX		0
43. Disability income (d)	50,521 (f)						0	XXX	XXX	XXX	10,429	10,429
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	231,873	0	0	0	0	0	0	XXX	XXX	XXX	50,186	50,186
47. Total	662,727 (c)	0	0	0	0	0	0	208,250	0	0	50,186	258,436

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term	189,960		208,250					0	208,250	64,374	150	81,855,030	(155)	(75,487,404)	97	106,243,961
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	189,960	0	208,250	0	0	0	0	0	208,250	64,374	150	81,855,030	(155)	(75,487,404)	97	106,243,961
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	335	564,875	0	0	335	564,875
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			12	8,923	158	54,394
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	335	564,875	12	8,923	493	619,269
47. Total	189,960	0	208,250	0	0	0	0	0	208,250	64,374	485	82,419,905	(143)	(75,478,480)	590	106,863,230

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	1,158 (f)						0	XXX	XXX	XXX	260	260
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	(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	1,158	0	0	0	0	0	0	XXX	XXX	XXX	260	260
47. Total	1,158 (c)	0	0	0	0	0	0	0	0	0	260	260

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	0	0	1	1,375	1	1,375
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	1	1,375	1	1,375
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	1	1,375	1	1,375

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	221,649 (f)						0	XXX	XXX	XXX	62,433	62,433
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	(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	221,649	0	0	0	0	0	0	XXX	XXX	XXX	62,433	62,433
47. Total	221,649 (c)	0	0	0	0	0	0	0	0	0	62,433	62,433

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	328	485,413	0	0	328	485,413
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	328	485,413	0	0	328	485,413
47. Total	0	0	0	0	0	0	0	0	0	0	328	485,413	0	0	328	485,413

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	855,785 (f)						0	XXX	XXX	XXX	116,079	116,079
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	(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	855,785	0	0	0	0	0	0	XXX	XXX	XXX	116,079	116,079
47. Total	855,785 (c)	0	0	0	0	0	0	0	0	0	116,079	116,079

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	574	1,451,624	0	0	574	1,451,624
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	574	1,451,624	0	0	574	1,451,624
47. Total	0	0	0	0	0	0	0	0	0	0	574	1,451,624	0	0	574	1,451,624

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

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

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

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

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

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

24.1.NE

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	12,754 (f)						0	XXX	XXX	XXX	2,187	2,187
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	(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	12,754	0	0	0	0	0	0	XXX	XXX	XXX	2,187	2,187
47. Total	12,754 (c)	0	0	0	0	0	0	0	0	0	2,187	2,187

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	21	36,960	0	(43)	22	38,921
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	21	36,960	0	(43)	22	38,921
47. Total	0	0	0	0	0	0	0	0	0	0	21	36,960	0	(43)	22	38,921

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

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

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

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

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

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	11,951 (f)						0	XXX	XXX	XXX	2,945	2,945
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	(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	11,951	0	0	0	0	0	0	XXX	XXX	XXX	2,945	2,945
47. Total	11,951 (c)	0	0	0	0	0	0	0	0	0	2,945	2,945

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	20	27,286	(1)	(1,874)	20	27,286
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	20	27,286	(1)	(1,874)	20	27,286
47. Total	0	0	0	0	0	0	0	0	0	0	20	27,286	(1)	(1,874)	20	27,286

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	114,048 (f)						0	XXX	XXX	XXX	20,175	20,175
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	(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	114,048	0	0	0	0	0	0	XXX	XXX	XXX	20,175	20,175
47. Total	114,048 (c)	0	0	0	0	0	0	0	0	0	20,175	20,175

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	215	286,224	0	(2,106)	216	288,329
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	215	286,224	0	(2,106)	216	288,329
47. Total	0	0	0	0	0	0	0	0	0	0	215	286,224	0	(2,106)	216	288,329

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

24.1.ND

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term	258,173						0	367,497				367,497
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	258,173	0	0	0	0	0	0	367,497	0	0	0	367,497
Group Life												
12. Whole							0					0
13. Term	47,980,274						0	32,159,584				32,159,584
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	47,980,274	0	0	0	0	0	0	32,159,584	0	0	0	32,159,584
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)	13,535,452 (f)						0	XXX	XXX	XXX	11,091,575	11,091,575
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	(f)						0	XXX	XXX	XXX		0
43. Disability income (d)	11,260,938 (f)						0	XXX	XXX	XXX	5,921,791	5,921,791
44. Long-term care (d)	(f)						0	XXX	XXX	XXX		0
45. Other health (d)	553,442 (f)						0	XXX	XXX	XXX	82,117	82,117
46. Total accident and health	25,349,832	0	0	0	0	0	0	XXX	XXX	XXX	17,095,483	17,095,483
47. Total	73,588,280 (c)	0	0	0	0	0	0	32,527,081	0	0	17,095,483	49,622,564

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term	367,497		367,497					0	367,497		21	540,000	(38)	(1,064,000)	248	6,680,520
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	367,497	0	367,497	0	0	0	0	0	367,497	0	21	540,000	(38)	(1,064,000)	248	6,680,520
Group Life															
12. Whole								0	0						
13. Term	30,605,477		32,159,584					0	32,159,584	5,517,695	4	28,609,750	(202)	976,251,031	3,260	28,769,107,998
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	30,605,477	0	32,159,584	0	0	0	0	0	32,159,584	5,517,695	4	28,609,750	(202)	976,251,031	3,260	28,769,107,998
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	12,438	9,439,678	0	3,554,135	12,563	13,535,482
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			(739)	(3,028,953)	37,015	7,804,848
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			(191)	(25,190)	1,813	542,938
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,438	9,439,678	(930)	499,992	51,391	21,883,268
47. Total	30,972,974	0	32,527,081	0	0	0	0	0	32,527,081	5,517,695	12,463	38,589,428	(1,170)	975,687,022	54,899	28,797,671,786

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	209,291 (f)						0	XXX	XXX	XXX	51,670	51,670
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	(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	209,291	0	0	0	0	0	0	XXX	XXX	XXX	51,670	51,670
47. Total	209,291 (c)	0	0	0	0	0	0	0	0	0	51,670	51,670

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	311	469,153	(11)	(58,380)	324	489,376
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	311	469,153	(11)	(58,380)	324	489,376
47. Total	0	0	0	0	0	0	0	0	0	0	311	469,153	(11)	(58,380)	324	489,376

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	721 (f)						0	XXX	XXX	XXX	41	41
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	(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	721	0	0	0	0	0	0	XXX	XXX	XXX	41	41
47. Total	721 (c)	0	0	0	0	0	0	0	0	0	41	41

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	2	2,325	0	0	2	2,325
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	2	2,325	0	0	2	2,325
47. Total	0	0	0	0	0	0	0	0	0	0	2	2,325	0	0	2	2,325

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 62375

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

NONE

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

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

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

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

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

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term	2,222						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	2,222	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	22,940						0	40,000				40,000
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	22,940	0	0	0	0	0	0	40,000	0	0	0	40,000
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)	82,562 (f)						0	XXX	XXX	XXX	16,717	16,717
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	(f)						0	XXX	XXX	XXX		0
43. Disability income (d)	9,361 (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	91,923	0	0	0	0	0	0	XXX	XXX	XXX	16,717	16,717
47. Total	117,085 (c)	0	0	0	0	0	0	40,000	0	0	16,717	56,717

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0	0	0	0	0	5	60,000
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	60,000
Group Life															
12. Whole								0	0						
13. Term	40,000		40,000					0	40,000	0	0	0	0	(1,174)	36	2,358,601
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	40,000	0	40,000	0	0	0	0	0	40,000	0	0	0	0	(1,174)	36	2,358,601
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	152	212,011	(4)	(16,239)	156	217,161
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	101	13,916	101	13,916		
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	152	212,011	97	(2,323)	257	231,077
47. Total	40,000	0	40,000	0	0	0	0	0	40,000	0	152	212,011	97	(3,497)	298	2,649,678

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	19,709 (f)						0	XXX	XXX	XXX	2,681	2,681
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	(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	19,709	0	0	0	0	0	0	XXX	XXX	XXX	2,681	2,681
47. Total	19,709 (c)	0	0	0	0	0	0	0	0	0	2,681	2,681

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	26	47,135	(1)	(2,759)	26	47,135
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	26	47,135	(1)	(2,759)	26	47,135
47. Total	0	0	0	0	0	0	0	0	0	0	26	47,135	(1)	(2,759)	26	47,135

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	922 (f)						0	XXX	XXX	XXX	(18)	(18)
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	(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	922	0	0	0	0	0	0	XXX	XXX	XXX	(18)	(18)
47. Total	922 (c)	0	0	0	0	0	0	0	0	0	(18)	(18)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	3	4,376	0	0	3	4,376
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	3	4,376	0	0	3	4,376
47. Total	0	0	0	0	0	0	0	0	0	0	3	4,376	0	0	3	4,376

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	508,077 (f)						0	XXX	XXX	XXX	103,350	103,350
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	(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	508,077	0	0	0	0	0	0	XXX	XXX	XXX	103,350	103,350
47. Total	508,077 (c)	0	0	0	0	0	0	0	0	0	103,350	103,350

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	668	925,591	(61)	(227,092)	700	969,146
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	668	925,591	(61)	(227,092)	700	969,146
47. Total	0	0	0	0	0	0	0	0	0	0	668	925,591	(61)	(227,092)	700	969,146

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	8,830 (f)						0	XXX	XXX	XXX	1,271	1,271
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	(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	8,830	0	0	0	0	0	0	XXX	XXX	XXX	1,271	1,271
47. Total	8,830 (c)	0	0	0	0	0	0	0	0	0	1,271	1,271

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	17	23,053	0	0	17	23,053
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	17	23,053	0	0	17	23,053
47. Total	0	0	0	0	0	0	0	0	0	0	17	23,053	0	0	17	23,053

(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 $ .....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	1,356 (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	(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	1,356	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,356 (c)	0	0	0	0	0	0	0	0	0	0	0

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 62375

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	1,142						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	1,142	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)	17,183 (f)						0	XXX	XXX	XXX	5,205	5,205
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	(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	17,183	0	0	0	0	0	0	XXX	XXX	XXX	5,205	5,205
47. Total	18,325 (c)	0	0	0	0	0	0	0	0	0	5,205	5,205

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term	2,655							0	0	2,659	0	0	0	0	2	22,350
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	2,655	0	0	0	0	0	0	0	0	2,659	0	0	0	0	2	22,350
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	22	31,097	0	0	22	31,097
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	22	31,097	0	0	22	31,097
47. Total	2,655	0	0	0	0	0	0	0	0	2,659	22	31,097	0	0	24	53,447

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	1,313 (f)						0	XXX	XXX	XXX	9	9
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	(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	1,313	0	0	0	0	0	0	XXX	XXX	XXX	9	9
47. Total	1,313 (c)	0	0	0	0	0	0	0	0	0	9	9

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0						
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	2	3,514	0	0	2	3,514
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	2	3,514	0	0	2	3,514
47. Total	0	0	0	0	0	0	0	0	0	0	2	3,514	0	0	2	3,514

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	94,773 (f)						0	XXX	XXX	XXX	60,307	60,307
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	(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	94,773	0	0	0	0	0	0	XXX	XXX	XXX	60,307	60,307
47. Total	94,773 (c)	0	0	0	0	0	0	0	0	0	60,307	60,307

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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	134	244,025	(1)	(36,446)	139	253,505
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	134	244,025	(1)	(36,446)	139	253,505
47. Total	0	0	0	0	0	0	0	0	0	0	134	244,025	(1)	(36,446)	139	253,505

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0730 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	262,942	0	0	0	0	0	0	367,497	0	0	0	367,497
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	262,942	0	0	0	0	0	0	367,497	0	0	0	367,497
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	48,481,652	0	0	0	0	0	0	32,457,834	0	0	0	32,457,834
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	48,481,652	0	0	0	0	0	0	32,457,834	0	0	0	32,457,834
Individual Annuities												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	18,313,676 (f)	0	0	0	0	0	0	XXX	XXX	XXX	12,095,316	12,095,316
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e,f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	11,335,633 (f)	0	0	0	0	0	0	XXX	XXX	XXX	5,935,763	5,935,763
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	553,442 (f)	0	0	0	0	0	0	XXX	XXX	XXX	82,117	82,117
46. Total accident and health	30,202,752	0	0	0	0	0	0	XXX	XXX	XXX	18,113,197	18,113,197
47. Total	78,947,346 (c)	0	0	0	0	0	0	32,825,331	0	0	18,113,197	50,938,528

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 62375

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	367,497	0	367,497	0	0	0	0	0	367,497	0	21	540,000	(40)	(1,124,000)	260	6,950,520
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	367,497	0	367,497	0	0	0	0	0	367,497	0	21	540,000	(40)	(1,124,000)	260	6,950,520
Group Life															
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	30,892,298	0	32,457,834	0	0	0	0	0	32,457,834	5,591,018	154	110,464,780	(362)	900,930,153	3,410	28,889,207,660
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	30,892,298	0	32,457,834	0	0	0	0	0	32,457,834	5,591,018	154	110,464,780	(362)	900,930,153	3,410	28,889,207,660
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	18,578	19,241,072	(228)	2,417,795	18,931	23,683,182
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	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	(633)	(3,006,856)	37,302	7,886,452
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	(191)	(25,190)	1,813	542,938
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,578	19,241,072	(1,052)	(614,251)	58,046	32,112,572
47. Total	31,259,795	0	32,825,331	0	0	0	0	0	32,825,331	5,591,018	18,753	130,245,852	(1,454)	899,191,902	61,716	28,928,270,752

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

(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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, Prior Year	253
2.	Current year's realized pre-tax capital gains/(losses) of $ 0 transferred into the reserve net of taxes of $ 0	0
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)	253
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	253
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	0

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2025	253	0	0	253
2. 2026		0	0	0
3. 2027		0	0	0
4. 2028		0	0	0
5. 2029		0	0	0
6. 2030		0	0	0
7. 2031		0	0	0
8. 2032		0	0	0
9. 2033		0	0	0
10. 2034		0	0	0
11. 2035		0	0	0
12. 2036		0	0	0
13. 2037		0	0	0
14. 2038		0	0	0
15. 2039		0	0	0
16. 2040		0	0	0
17. 2041		0	0	0
18. 2042		0	0	0
19. 2043		0	0	0
20. 2044		0	0	0
21. 2045		0	0	0
22. 2046		0	0	0
23. 2047		0	0	0
24. 2048		0	0	0
25. 2049		0	0	0
26. 2050		0	0	0
27. 2051		0	0	0
28. 2052		0	0	0
29. 2053		0	0	0
30. 2054	0	0	0	0
31. 2055 and Later	0	0	0	0
32. Total (Lines 1 to 31)	253	0	0	253

ASSET VALUATION RESERVE

	Default Component			Equity Component			
	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)	7 Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	19,988	0	19,988	0	0	0	19,988
2. Realized capital gains/(losses) net of taxes - General Account	0	0	0	0	0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	0	0	0	0	0	0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	1,718	0	1,718	0	0	0	1,718
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	21,706	0	21,706	0	0	0	21,706
9. Maximum reserve	9,878	0	9,878	0	0	0	9,878
10. Reserve objective	4,724	0	4,724	0	0	0	4,724
11. 20% of (Line 10 - Line 8)	(3,396)	0	(3,396)	0	0	0	(3,396)
12. Balance before transfers (Lines 8 + 11)	18,310	0	18,310	0	0	0	18,310
13. Transfers	0	0	0	0	0	0	0
14. Voluntary contribution	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero	(8,431)	0	(8,431)	0	0	0	(8,431)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	9,878	0	9,878	0	0	0	9,878

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 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1.		Exempt obligations	14,328,391	XXX	XXX	14,328,391	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	0	XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
2.2	1	NAIC Designation Category 1.B	4,294,994	XXX	XXX	4,294,994	0.0004	1,718	0.0011	4,724	0.0023	9,878
2.3	1	NAIC Designation Category 1.C	0	XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
2.4	1	NAIC Designation Category 1.D	0	XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
2.5	1	NAIC Designation Category 1.E	0	XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
2.6	1	NAIC Designation Category 1.F	0	XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
2.7	1	NAIC Designation Category 1.G	0	XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	4,294,994	XXX	XXX	4,294,994	XXX	1,718	XXX	4,724	XXX	9,878
3.1	2	NAIC Designation Category 2.A	0	XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
3.2	2	NAIC Designation Category 2.B	0	XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
3.3	2	NAIC Designation Category 2.C	0	XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
4.1	3	NAIC Designation Category 3.A	0	XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
4.2	3	NAIC Designation Category 3.B	0	XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
4.3	3	NAIC Designation Category 3.C	0	XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A	0	XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A	0	XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C	0	XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6	0	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)	18,623,385	XXX	XXX	18,623,385	XXX	1,718	XXX	4,724	XXX	9,878
		PREFERRED STOCKS										
10.	1	Highest quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total preferred stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		SHORT-TERM BONDS										
18.		Exempt obligations	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A	0	XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B	0	XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C	0	XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D	0	XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E	0	XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F	0	XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G	0	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	0	XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B	0	XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C	0	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	0	XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B	0	XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C	0	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	0	XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C	0	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	0	XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C	0	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	0	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	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or near default	0	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)	18,623,385	XXX	XXX	18,623,385	XXX	1,718	XXX	4,724	XXX	9,878

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	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm mortgages - CM2 - high quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm mortgages - CM3 - medium quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm mortgages - CM4 - low Medium quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm mortgages - CM5 - low quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential mortgages - insured or guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential mortgages - all other	0	0	XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial mortgages - insured or guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial mortgages - all other - CM1 - highest quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial mortgages - all other - CM2 - high quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial mortgages - all other - CM3 - medium quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial mortgages - all other - CM4 - low medium quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial mortgages - all other - CM5 - low quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm mortgages	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential mortgages - insured or guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential mortgages - all other	0	0	XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial mortgages - insured or guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial mortgages - all other	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm mortgages	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential mortgages - insured or guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential mortgages - all other	0	0	XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial mortgages - insured or guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial mortgages - all other	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

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

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 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated public	0	XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated private	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated certain other (See SVO Purposes & Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated other - all other	0	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	0	0	0.0000	0	0.0912	0	0.0912	0
72.		Investment properties	0	0	0	0	0.0000	0	0.0912	0	0.0912	0
73		Properties acquired in satisfaction of debt	0	0	0	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	0	0.0003	0	0.0006	0	0.0010	0
76.		Qualifying federal tax credit investments	0	0	0	0	0.0063	0	0.0120	0	0.0190	0
77.		Qualifying state tax credit investments	0	0	0	0	0.0063	0	0.0120	0	0.0190	0
78.		Other tax credit investments	0	0	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		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
81.		Bonds - affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Common stock - unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common stock - affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Preferred stock - unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred stock - affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Real estate - unaffiliated		0	0	0	0.0000	0	0.1580	0	0.1580	0
87.		Real estate - affiliated		0	0	0	0.0000	0	0.1580	0	0.1580	0
88.		Mortgage loans - unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage loans - affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Other - unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - affiliated		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	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
94.	2	High quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
95.	3	Medium quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
96.	4	Low quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
97.	5	Lower quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
98.	6	In or near default	0	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	0	XXX	0	0	0.0000	0	0.0042	0	0.0042	0
101.		NAIC 2 working capital finance investments	0	XXX	0	0	0.0000	0	0.0137	0	0.0137	0
102.		Other invested assets - Schedule BA	0	XXX	0	0	0.0000	0	0.1580	0	0.1580	0
103.		Other short-term invested assets - Schedule DA	0	XXX	0	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)	0	0	0	0	XXX	0	XXX	0	XXX	0

(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

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

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
0599999 - Total					0	0	0	0

SCHEDULE F

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

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

NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

		Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1.	Premiums written	21,509,332	XXX		XXX		XXX	13,535,452	XXX		XXX		XXX		XXX
2.	Premiums earned	21,509,332	XXX		XXX		XXX	13,535,452	XXX		XXX		XXX		XXX
3.	Incurred claims	13,756,481	64.0	0	0.0	0	0.0	9,858,313	72.8	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses	7,032	0.0		0.0		0.0	7,032	0.1		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	13,763,513	64.0	0	0.0	0	0.0	9,865,345	72.9	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	3,544,827	16.5		0.0		0.0	2,921,044	21.6		0.0		0.0		0.0
8.	Other general insurance expenses	1,237,598	5.8		0.0		0.0	428,038	3.2		0.0		0.0		0.0
9.	Taxes, licenses and fees	516,031	2.4		0.0		0.0	281,824	2.1		0.0		0.0		0.0
10.	Total other expenses incurred	5,298,456	24.6	0	0.0	0	0.0	3,630,906	26.8	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	55,161	0.3	0	0.0	0	0.0	1	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	2,392,201	11.1	0	0.0	0	0.0	39,200	0.3	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	2,392,201	11.1	0	0.0	0	0.0	39,200	0.3	0	0.0	0	0.0	0	0.0
	DETAILS OF WRITE-INS														
1101.	Other Expense	55,161	0.3		0.0		0.0	1	0.0		0.0		0.0		0.0
1102.															
1103.															
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	55,161	0.3	0	0.0	0	0.0	1	0.0	0	0.0	0	0.0	0	0.0

		Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
		15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1.	Premiums written		XXX		XXX		XXX	7,420,437	XXX		XXX	553,442	XXX
2.	Premiums earned		XXX		XXX		XXX	7,420,437	XXX		XXX	553,442	XXX
3.	Incurred claims	0	0.0	0	0.0	0	0.0	3,801,051	51.2	0	0.0	97,117	17.5
4.	Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	3,801,051	51.2	0	0.0	97,117	17.5
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)		0.0		0.0		0.0	449,919	6.1		0.0	173,865	31.4
8.	Other general insurance expenses		0.0		0.0		0.0	748,779	10.1		0.0	60,781	11.0
9.	Taxes, licenses and fees		0.0		0.0		0.0	223,056	3.0		0.0	11,151	2.0
10.	Total other expenses incurred	0	0.0	0	0.0	0	0.0	1,421,753	19.2	0	0.0	245,797	44.4
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	55,160	0.7	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	2,142,473	28.9	0	0.0	210,528	38.0
13.	Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	2,142,473	28.9	0	0.0	210,528	38.0
	DETAILS OF WRITE-INS												
1101.	Other Expense		0.0		0.0		0.0	55,160	0.7		0.0		0.0
1102.													
1103.													
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	55,160	0.7	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	0												
2. Advance premiums	694,634			582,591							104,614		7,430
3. Reserve for rate credits	0												
4. Total premium reserves, current year	694,634	0	0	582,591	0	0	0	0	0	0	104,614	0	7,430
5. Total premium reserves, prior year	127,978	0	0	58,974	0	0	0	0	0	0	60,510	0	8,495
6. Increase in total premium reserves	566,657	0	0	523,617	0	0	0	0	0	0	44,105	0	(1,065)
B. Contract Reserves:													
1. Additional reserves (a)	0												
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year.	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:													
1. Total current year	3,385,000	0	0	2,610,000	0	0	0	0	0	0	720,000	0	55,000
2. Total prior year	860,000	0	0	50,000	0	0	0	0	0	0	770,000	0	40,000
3. Increase	2,525,000	0	0	2,560,000	0	0	0	0	0	0	(50,000)	0	15,000

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	41,000			41,000									
1.2 On claims incurred during current year	11,190,481			7,257,313							3,851,051		82,117
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	0												
2.2 On claims incurred during current year	3,385,000			2,610,000							720,000		55,000
3. Test:													
3.1 Lines 1.1 and 2.1	41,000	0	0	41,000	0	0	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	860,000	0	0	50,000	0	0	0	0	0	0	770,000	0	40,000
3.3 Line 3.1 minus Line 3.2	(819,000)	0	0	(9,000)	0	0	0	0	0	0	(770,000)	0	(40,000)

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	0												
2. Premiums earned	0												
3. Incurred claims	0												
4. Commissions	0												
B. Reinsurance Ceded:													
1. Premiums written	9,433,864			5,518,668							3,915,196		
2. Premiums earned	8,693,420			4,778,224							3,915,196		
3. Incurred claims	7,961,072			4,699,664							3,261,407		
4. Commissions	0												

(a) Includes $ ..... premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims			14,557,977							7,062,458		97,117	21,717,553
2. Beginning claim reserves and liabilities			193,093							11,135,657		40,000	11,368,750
3. Ending claim reserves and liabilities			3,659,496							12,262,352		55,000	15,976,848
4. Claims paid	0	0	11,091,575	0	0	0	0	0	0	5,935,763	0	82,117	17,109,456
B. Assumed Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims			4,699,664							3,261,407			7,961,072
2. Beginning claim reserves and liabilities			143,093							10,365,657			10,508,750
3. Ending claim reserves and liabilities			1,049,496							11,542,352			12,591,848
4. Claims paid	0	0	3,793,262	0	0	0	0	0	0	2,084,712	0	0	5,877,974
D. Net:													
1. Incurred claims	0	0	9,858,313	0	0	0	0	0	0	3,801,051	0	97,117	13,756,481
2. Beginning claim reserves and liabilities	0	0	50,000	0	0	0	0	0	0	770,000	0	40,000	860,000
3. Ending claim reserves and liabilities	0	0	2,610,000	0	0	0	0	0	0	720,000	0	55,000	3,385,000
4. Claims paid	0	0	7,298,313	0	0	0	0	0	0	3,851,051	0	82,117	11,231,481
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	9,865,345	0	0	0	0	0	0	3,801,051	0	97,117	13,763,513
2. Beginning reserves and liabilities			50,370							770,000		40,000	860,370
3. Ending reserves and liabilities			2,610,000							720,000		55,000	3,385,000
4. Paid claims and cost containment expenses	0	0	7,305,715	0	0	0	0	0	0	3,851,051	0	82,117	11,238,883

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total life and annuity - U.S. affiliates					0	0
0699999. Total life and annuity - non-U.S. affiliates					0	0
0799999. Total life and annuity - affiliates					0	0
97071	13-3126819	01/01/2011	SCOR Global Life USE Reassurance Company	KS	445,164	757,543
93572	43-1235868	04/01/2022	RGA Reinsurance	MO	0	0
21113	13-5459190	04/01/2022	United States Fire	DE	0	0
27855	36-2781080	04/01/2022	Zurich American	IL	0	0
0899999. Life and annuity - U.S. non-affiliates					445,164	757,543
00000	AA-1124129	04/01/2022	Endurance Worldwide Insurance Limited	GBR	0	0
0999999. Life and annuity - non-U.S. non-affiliates					0	0
1099999. Total life and annuity - non-affiliates					445,164	757,543
1199999. Total life and annuity					445,164	757,543
68462	73-0661453	06/10/2024	Reserve National Insurance Company	IL	0	0
1399999. Accident and health - U.S. affiliates - other					0	0
1499999. Total accident and health - U.S. affiliates					0	0
1799999. Total accident and health - non-U.S. affiliates					0	0
1899999. Total accident and health - affiliates					0	0
2199999. Total accident and health - non-affiliates					0	0
2299999. Total accident and health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					445,164	757,543
2499999. Total non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					445,164	757,543

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - authorized U.S. affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - authorized non-U.S. affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - authorized affiliates							0	0	0	0	0	0	0	0
97071	13-3126819	01/01/2011	SCOR Global Life USA Reinsurance	KS	OTH/G	OL	4,723,905,197	71,000	82,000	5,251,349				
97071	13-3126819	01/01/2014	SCOR Global Life USA Reinsurance	KS	OTH/G	OL		84,993	55,029	1,080,564				
93572	43-1235868	04/01/2022	RGA Reinsurance	MO	CAT/G	XXXL				98,021				
21113	13-5459190	04/01/2022	United States Fire	DE	CAT/G	XXXL				124,811				
27855	36-2781080	04/01/2022	Zurich American	IL	CAT/G	XXXL				100,249				
0899999. General Account - authorized U.S. non-affiliates							4,723,905,197	155,993	137,029	6,654,994	0	0	0	0
00000	AA-1124129	04/01/2022	Endurance Worldwide Insurance Limited	GBR	CAT/G	XXXL				122,469				
0999999. General Account - authorized non-U.S. non-affiliates							0	0	0	122,469	0	0	0	0
1099999. Total General Account - authorized non-affiliates							4,723,905,197	155,993	137,029	6,777,463	0	0	0	0
1199999. Total General Account authorized							4,723,905,197	155,993	137,029	6,777,463	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							4,723,905,197	155,993	137,029	6,777,463	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)							4,723,905,197	155,993	137,029	6,654,994	0	0	0	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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	122,469	0	0	0	0
9999999 - Totals							4,723,905,197	155,993	137,029	6,777,463	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
68462	73-0661453	06/10/2024	Reserve National Insurance Company	IL	OTH/I	MS	4,778,224	740,445					
0299999. General Account - authorized U.S. affiliates - other							4,778,224	740,445	0	0	0	0	0
0399999. Total General Account - authorized U.S. affiliates							4,778,224	740,445	0	0	0	0	0
0699999. Total General Account - authorized non-U.S. affiliates							0	0	0	0	0	0	0
0799999. Total General Account - authorized affiliates							4,778,224	740,445	0	0	0	0	0
68381	36-0883760	01/01/2008	Reliance Standard Life Insurance Company	PA	OTH/G	LTDI			2,153,442				
70815	06-0838648	01/01/2019	Hartford Life and Accident Insurance Company	CT	OTH/G	LTDI	3,915,196		9,388,910				
0899999. General Account - authorized U.S. non-affiliates							3,915,196	0	11,542,352	0	0	0	0
1099999. Total General Account - authorized non-affiliates							3,915,196	0	11,542,352	0	0	0	0
1199999. Total General Account authorized							8,693,420	740,445	11,542,352	0	0	0	0
1499999. Total General Account - unauthorized U.S. affiliates							0	0	0	0	0	0	0
1799999. Total General Account - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0
1899999. Total General Account - unauthorized affiliates							0	0	0	0	0	0	0
2199999. Total General Account - unauthorized non-affiliates							0	0	0	0	0	0	0
2299999. Total General Account unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - certified U.S. affiliates							0	0	0	0	0	0	0
2899999. Total General Account - certified non-U.S. affiliates							0	0	0	0	0	0	0
2999999. Total General Account - certified affiliates							0	0	0	0	0	0	0
3299999. Total General Account - certified non-affiliates							0	0	0	0	0	0	0
3399999. Total General Account certified							0	0	0	0	0	0	0
3699999. Total General Account - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0
3999999. Total General Account - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0
4099999. Total General Account - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0
4399999. Total General Account - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0
4499999. Total General Account reciprocal jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account authorized, unauthorized, reciprocal jurisdiction and certified							8,693,420	740,445	11,542,352	0	0	0	0
4899999. Total Separate Accounts - authorized U.S. affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - authorized non-U.S. affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - authorized affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - authorized non-affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - unauthorized U.S. affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - unauthorized affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - unauthorized non-affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - certified U.S. affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - certified non-U.S. affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - certified affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - certified non-affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts reciprocal jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							8,693,420	740,445	11,542,352	0	0	0	0
9299999. Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							8,693,420	740,445	11,542,352	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

		1 2025	2 2024	3 2023	4 2022	5 2021
	A. OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	15,471	10,147	9,728	9,469	8,928
2.	Commissions and reinsurance expense allowances	0	0	0	0	0
3.	Contract claims	9,737	6,251	3,558	7,149	6,134
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	900	2,008	1,637	1,071	1,505
9.	Aggregate reserves for life and accident and health contracts	12,439	10,503	9,700	10,914	10,050
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid	1,807	1,085	566	2,563	1,682
12.	Amounts recoverable on reinsurance	445	0	142	64	710
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					
	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					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 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)	62,684,100		62,684,100
2.	Reinsurance (Line 16)	445,164	(445,164)	0
3.	Premiums and considerations (Line 15)	3,474,241	900,171	4,374,412
4.	Net credit for ceded reinsurance	XXX	13,705,829	13,705,829
5.	All other admitted assets (balance)	5,081,887		5,081,887
6.	Total assets excluding Separate Accounts (Line 26)	71,685,391	14,160,836	85,846,227
7.	Separate Account assets (Line 27)	0		0
8.	Total assets (Line 28)	71,685,391	14,160,836	85,846,227
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	3,571,000	12,353,797	15,924,797
10.	Liability for deposit-type contracts (Line 3)			0
11.	Claim reserves (Line 4)	13,279,731	1,807,039	15,086,770
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13.	Premium & annuity considerations received in advance (Line 8)	963,899		963,899
14.	Other contract liabilities (Line 9)	900,171		900,171
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)	3,471,174		3,471,174
20.	Total liabilities excluding Separate Accounts (Line 26)	22,185,976	14,160,836	36,346,812
21.	Separate Account liabilities (Line 27)	0		0
22.	Total liabilities (Line 28)	22,185,976	14,160,836	36,346,812
23.	Capital & surplus (Line 38)	49,499,415	XXX	49,499,415
24.	Total liabilities, capital & surplus (Line 39)	71,685,391	14,160,836	85,846,227
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	12,353,797		
26.	Claim reserves	1,807,039		
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	445,164		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	14,606,000		
34.	Premiums and considerations	900,171		
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	900,171		
41.	Total net credit for ceded reinsurance	13,705,829		

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
LONG-TERM BONDS												
1. Exempt obligations					0	0					0	0
2.1 NAIC Designation Category 1.A					0	0					0	0
2.2 NAIC Designation Category 1.B					0	0					0	0
2.3 NAIC Designation Category 1.C					0	0					0	0
2.4 NAIC Designation Category 1.D					0	0					0	0
2.5 NAIC Designation Category 1.E					0	0					0	0
2.6 NAIC Designation Category 1.F					0	0					0	0
2.7 NAIC Designation Category 1.G					0	0					0	0
2.8 Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	0	0	0	0	0	0	0	0	0	0	0	0
3.1 NAIC Designation Category 2.A					0	0					0	0
3.2 NAIC Designation Category 2.B					0	0					0	0
3.3 NAIC Designation Category 2.C					0	0					0	0
3.4 Subtotal NAIC 2 (3.1+3.2+3.3)	0	0	0	0	0	0	0	0	0	0	0	0
4.1 NAIC Designation Category 3.A					0	0					0	0
4.2 NAIC Designation Category 3.B					0	0					0	0
4.3 NAIC Designation Category 3.C					0	0					0	0
4.4 Subtotal NAIC 3 (4.1+4.2+4.3)	0	0	0	0	0	0	0	0	0	0	0	0
5.1 NAIC Designation Category 4.A					0	0					0	0
5.2 NAIC Designation Category 4.B					0	0					0	0
5.3 NAIC Designation Category 4.C					0	0					0	0
5.4 Subtotal NAIC 4 (5.1+5.2+5.3)	0	0	0	0	0	0	0	0	0	0	0	0
6.1 NAIC Designation Category 5.A					0	0					0	0
6.2 NAIC Designation Category 5.B					0	0					0	0
6.3 NAIC Designation Category 5.C					0	0					0	0
6.4 Subtotal NAIC 5 (6.1+6.2+6.3)	0	0	0	0	0	0	0	0	0	0	0	0
7. NAIC 6					0	0					0	0
8. Total long-term bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7)	0	0	0	0	0	0	0	0	0	0	0	0
PREFERRED STOCKS												
9. Highest quality					0	0					0	0
10. High quality					0	0					0	0
11. Medium quality					0	0					0	0
12. Low quality					0	0					0	0
13. Lower quality					0	0					0	0
14. In or near default					0	0					0	0
15. Affiliated life with AVR					0	0					0	0
16. Total preferred stocks (Sum of Lines 9 through 15)	0	0	0	0	0	0	0	0	0	0	0	0

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
SHORT-TERM BONDS												
17. Exempt obligations					0	0					0	0
18.1 NAIC Designation Category 1.A					0	0					0	0
18.2 NAIC Designation Category 1.B					0	0					0	0
18.3 NAIC Designation Category 1.C					0	0					0	0
18.4 NAIC Designation Category 1.D					0	0					0	0
18.5 NAIC Designation Category 1.E					0	0					0	0
18.6 NAIC Designation Category 1.F					0	0					0	0
18.7 NAIC Designation Category 1.G					0	0					0	0
18.8 Subtotal NAIC 1 (18.1+18.2+18.3+18.4+18.5+18.6+18.7)	0	0	0	0	0	0	0	0	0	0	0	0
19.1 NAIC Designation Category 2.A					0	0					0	0
19.2 NAIC Designation Category 2.B					0	0					0	0
19.3 NAIC Designation Category 2.C					0	0					0	0
19.4 Subtotal NAIC 2 (19.1+19.2+19.3)	0	0	0	0	0	0	0	0	0	0	0	0
20.1 NAIC Designation Category 3.A					0	0					0	0
20.2 NAIC Designation Category 3.B					0	0					0	0
20.3 NAIC Designation Category 3.C					0	0					0	0
20.4 Subtotal NAIC 3 (20.1+20.2+20.3)	0	0	0	0	0	0	0	0	0	0	0	0
21.1 NAIC Designation Category 4.A					0	0					0	0
21.2 NAIC Designation Category 4.B					0	0					0	0
21.3 NAIC Designation Category 4.C					0	0					0	0
21.4 Subtotal NAIC 4 (21.1+21.2+21.3)	0	0	0	0	0	0	0	0	0	0	0	0
22.1 NAIC Designation Category 5.A					0	0					0	0
22.2 NAIC Designation Category 5.B					0	0					0	0
22.3 NAIC Designation Category 5.C					0	0					0	0
22.4 Subtotal NAIC 5 (22.1+22.2+22.3)	0	0	0	0	0	0	0	0	0	0	0	0
23. NAIC 6					0	0					0	0
24. Total short-term bonds (17+18.8+19.4+20.4+21.4+22.4+23)	0	0	0	0	0	0	0	0	0	0	0	0
DERIVATIVE INSTRUMENTS												
25. Exchange traded					0	0					0	0
26. Highest quality					0	0					0	0
27. High quality					0	0					0	0
28. Medium quality					0	0					0	0
29. Low quality					0	0					0	0
30. Lower quality					0	0					0	0
31. In or near default					0	0					0	0
32. Total derivative instruments	0	0	0	0	0	0	0	0	0	0	0	0
33. Total (Lines 8+16+24+32)	0	0	0	0	0	0	0	0	0	0	0	0

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.	Farm mortgages - CM1 - highest quality					0	0					0	0
35.	Farm mortgages - CM2 - high quality					0	0					0	0
36.	Farm mortgages - CM3 - medium quality					0	0					0	0
37.	Farm mortgages - CM4 - low medium quality					0	0					0	0
38.	Farm mortgages - CM5 - low quality					0	0					0	0
39.	Residential mortgages - insured or guaranteed					0	0					0	0
40.	Residential mortgages - all other					0	0					0	0
41.	Commercial mortgages - insured or guaranteed					0	0					0	0
42.	Commercial mortgages - all other - CM1 - highest quality.					0	0					0	0
43.	Commercial mortgages - all other - CM2 - high quality					0	0					0	0
44.	Commercial mortgages - all other - CM3 - medium quality					0	0					0	0
45.	Commercial mortgages - all other - CM4 - low medium quality					0	0					0	0
46.	Commercial mortgages - all other - CM5 - low quality					0	0					0	0
	Overdue, Not in Process:												
47.	Farm mortgages					0	0					0	0
48.	Residential mortgages - insured or guaranteed					0	0					0	0
49.	Residential mortgages - all other					0	0					0	0
50.	Commercial mortgages - insured or guaranteed					0	0					0	0
51.	Commercial mortgages - all other					0	0					0	0
	In Process of Foreclosure:												
52.	Farm mortgages					0	0					0	0
53.	Residential mortgages - insured or guaranteed					0	0					0	0
54.	Residential mortgages - all other					0	0					0	0
55.	Commercial mortgages - insured or guaranteed					0	0					0	0
56.	Commercial mortgages - all other					0	0					0	0
57.	Total Schedule B mortgages (Sum of Lines 34 through 56)	0	0	0	0	0	0	0	0	0	0	0	0
	COMMON STOCK												
58.	Unaffiliated public					0	0					0	0
59.	Unaffiliated private					0	0					0	0
60.	Federal Home Loan Bank					0	0					0	0
61.	Affiliated life with AVR					0	0					0	0
	Affiliated Investment Subsidiary:												
62.	Fixed income exempt obligations					0	0					0	0
63.	Fixed income highest quality					0	0					0	0
64.	Fixed income high quality					0	0					0	0
65.	Fixed income medium quality					0	0					0	0
66.	Fixed income low quality					0	0					0	0
67.	Fixed income lower quality					0	0					0	0
68.	Fixed income in or near default					0	0					0	0
69.	Unaffiliated common stock public					0	0					0	0
70.	Unaffiliated common stock private					0	0					0	0
71.	Real estate					0	0					0	0
72.	Affiliated-certain other (See SVO Purposes & Procedures Manual)					0	0					0	0
73.	Affiliated - all other					0	0					0	0
74.	Total common stock (Sum of Lines 58 through 73)	0	0	0	0	0	0	0	0	0	0	0	0

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
REAL ESTATE												
75. Home office property (General Account only)					0	0					0	0
76. Investment properties					0	0					0	0
77. Properties acquired in satisfaction of debt					0	0					0	0
78. Total real estate (Sum of Lines 75 through 77)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
79. Exempt obligations					0	0					0	0
80. Highest quality					0	0					0	0
81. High quality					0	0					0	0
82. Medium quality					0	0					0	0
83. Low quality					0	0					0	0
84. Lower quality					0	0					0	0
85. In or near default					0	0					0	0
86. Total with bond characteristics (Sum of Lines 79 through 85)	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
87. Highest quality					0	0					0	0
88. High quality					0	0					0	0
89. Medium quality					0	0					0	0
90. Low quality					0	0					0	0
91. Lower quality					0	0					0	0
92. In or near default					0	0					0	0
93. Affiliated life with AVR					0	0					0	0
94. Total with preferred stock characteristics (Sum of Lines 87 through 93)	0	0	0	0	0	0	0	0	0	0	0	0

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 MORTGAGE LOANS												
In Good Standing Affiliated:												
95. Mortgages - CM1 - highest quality					0	0					0	0
96. Mortgages - CM2 - high quality					0	0					0	0
97. Mortgages - CM3 - medium quality					0	0					0	0
98. Mortgages - CM4 - low medium quality					0	0					0	0
99. Mortgages - CM5 - low quality					0	0					0	0
100. Residential mortgages - insured or guaranteed					0	0					0	0
101. Residential mortgages - all other					0	0					0	0
102. Commercial mortgages - insured or guaranteed					0	0					0	0
Overdue, Not in Process Affiliated:												
103. Farm mortgages					0	0					0	0
104. Residential mortgages - insured or guaranteed					0	0					0	0
105. Residential mortgages - all other					0	0					0	0
106. Commercial mortgages - insured or guaranteed					0	0					0	0
107. Commercial mortgages - all other					0	0					0	0
In Process of Foreclosure Affiliated:												
108. Farm mortgages					0	0					0	0
109. Residential mortgages - insured or guaranteed					0	0					0	0
110. Residential mortgages - all other					0	0					0	0
111. Commercial mortgages - insured or guaranteed					0	0					0	0
112. Commercial mortgages - all other					0	0					0	0
113. Total affiliated (Sum of Lines 95 through 112)	0	0	0	0	0	0	0	0	0	0	0	0
114. Unaffiliated - in good standing with covenants					0	0					0	0
115. Unaffiliated - in good standing defeased with government securities					0	0					0	0
116. Unaffiliated - in good standing primarily senior					0	0					0	0
117. Unaffiliated - in good standing all other					0	0					0	0
118. Unaffiliated - overdue, not in process					0	0					0	0
119. Unaffiliated - in process of foreclosure					0	0					0	0
120. Total unaffiliated (Sum of Lines 114 through 119)	0	0	0	0	0	0	0	0	0	0	0	0
121. Total with mortgage loan characteristics (Lines 113 + 120)	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
122. Unaffiliated public					0	0					0	0
123. Unaffiliated private					0	0					0	0
124. Affiliated life with AVR					0	0					0	0
125. Affiliated certain other (See SVO Purposes & Procedures Manual)					0	0					0	0
126. Affiliated other - all other					0	0					0	0
127. Total with common stock characteristics (Sum of Lines 122 through 126)	0	0	0	0	0	0	0	0	0	0	0	0

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)					0	0					0	0
129. Investment properties					0	0					0	0
130. Properties acquired in satisfaction of debt					0	0					0	0
131. Total with real estate characteristics (Sum of Lines 128 through 130)	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS IN TAX CREDIT STRUCTURES												
132. Yield guaranteed state tax credit investments					0	0					0	0
133. Qualifying federal tax credit investments					0	0					0	0
134. Qualifying state tax credit investments					0	0					0	0
135. Other tax credit investments					0	0					0	0
136. Total tax credit investments (Sum of Lines 132 through 135)	0	0	0	0	0	0	0	0	0	0	0	0
RESIDUAL TRANCHES OR INTERESTS												
137. Bonds - unaffiliated					0	0					0	0
138. Bonds - affiliated					0	0					0	0
139. Common stock - unaffiliated					0	0					0	0
140. Common stock - affiliated					0	0					0	0
141. Preferred stock - unaffiliated					0	0					0	0
142. Preferred stock - affiliated					0	0					0	0
143. Real estate - unaffiliated					0	0					0	0
144. Real estate - affiliated					0	0					0	0
145. Mortgage loans - unaffiliated					0	0					0	0
146. Mortgage loans - affiliated					0	0					0	0
147. Other - unaffiliated					0	0					0	0
148. Other - affiliated					0	0					0	0
149. Total residual tranches or interests (Sum of Lines 137 through 148)	0	0	0	0	0	0	0	0	0	0	0	0
SURPLUS NOTES AND CAPITAL NOTES												
150. Highest quality					0	0					0	0
151. High quality					0	0					0	0
152. Medium quality					0	0					0	0
153. Low quality					0	0					0	0
154. Lower quality					0	0					0	0
155. In or near default					0	0					0	0
156. Total with bond characteristics (Sum of Lines 150 through 155)	0	0	0	0	0	0	0	0	0	0	0	0
ALL OTHER INVESTMENTS												
157. NAIC 1 working capital finance investments					0	0					0	0
158. NAIC 2 working capital finance investments					0	0					0	0
159. Other invested assets - Schedule BA					0	0					0	0
160. Other short-term invested assets - Schedule DA					0	0					0	0
161. Cash and Cash Equivalents					0	0					0	0
162. Total all other (Sum of Lines 157 through 161)	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	XXX	XXX	XXX	XXX	0	0

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	0	0	0	0	0	0
2. Alaska	AK	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0
10. Florida	FL	0	0	0	0	0	0
11. Georgia	GA	8,812	0	5,184	0	0	13,995
12. Hawaii	HI	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0
15. Indiana	IN	40,177	0	9,630	0	0	49,807
16. Iowa	IA	0	0	0	0	0	0
17. Kansas	KS	0	0	0	0	0	0
18. Kentucky	KY	0	0	0	0	0	0
19. Louisiana	LA	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0
21. Maryland	MD	0	0	0	0	0	0
22. Massachusetts	MA	0	0	0	0	0	0
23. Michigan	MI	430,854	0	50,521	0	0	481,375
24. Minnesota	MN	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0
28. Nebraska	NE	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0
33. New York	NY	0	0	0	0	0	0
34. North Carolina	NC	0	0	0	0	0	0
35. North Dakota	ND	0	0	0	0	0	0
36. Ohio	OH	48,238,448	0	11,260,938	0	0	59,499,385
37. Oklahoma	OK	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0
39. Pennsylvania	PA	0	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0	0
41. South Carolina	SC	25,162	0	9,361	0	0	34,523
42. South Dakota	SD	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0
47. Virginia	VA	0	0	0	0	0	0
48. Washington	WA	0	0	0	0	0	0
49. West Virginia	WV	1,142	0	0	0	0	1,142
50. Wisconsin	WI	0	0	0	0	0	0
51. Wyoming	WY	0	0	0	0	0	0
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0
58. Aggregate other alien	OT	0	0	0	0	0	0
59. Total		48,744,594	0	11,335,633	0	0	60,080,228

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0730	Medical Mutual of Ohio	29076	34-0648820				Medical Mutual of Ohio	OH	UDP		Board of Directors	0.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	95828	34-1442712				Medical Health Insuring Corporation of Ohio	OH	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	62375	21-0706531				MedMutual Life Insurance Company	OH	RE	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	96280	31-1119867				Superior Dental Care, Inc	OH	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	68462	73-0661453				Reserve National Insurance Company	IL	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	95189	34-1549926				Paramount Care, Inc.	OH	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	95566	38-3200310				Paramount Care of Michigan, Inc.	MI	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	11518	01-0580404				Paramount Insurance Company	OH	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	16833	36-4956006				Paramount Care of Indiana, Inc	IN	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	17474	88-1112110				Paramount Care of Maryland, Inc.	MD	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	17387	88-1739329				Paramount Care of Pennsylvania	PA	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		61-1739182				Bravo Wellness, LLC	DE	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		22-2762686				Employee Services LLC	NY	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		06-1475071				EAP, LLC	CT	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2001020				MMO Senior Care Ventures, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1281615				Summerset Marketing Company	OK	DS	Reserve National Insurance Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1288167				Rural American Consumers A National Association	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1354019				National Association of Self-Employed Business Owners	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
												0.000			

NONE

Asterisk	Explanation

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
29076	34-0648820	Medical Mutual of Ohio	136,500,000	(207,332,623)	0	0	392,961,072	(107,877,785)		0	214,250,664	(40,276,394)
95828	34-1442712	Medical Health Insuring Corporation of Ohio	(95,000,000)	18,700,000	0	0	(86,811,722)	107,877,785		0	(55,233,937)	40,276,394
62375	21-0706531	MedMutual Life Insurance Company	0	0	0	0	115,547	0		0	115,547	0
96280	31-1119867	Superior Dental Care, Inc	0	0	0	0	(3,748,194)	0		0	(3,748,194)	0
68462	73-0661453	Reserve National Insurance Company	(30,000,000)	0	0	0	(3,509,516)	0		0	(33,509,516)	0
95189	34-1549926	Paramount Care, Inc.	0	48,141,977	0	0	19,072,406	0		0	67,214,382	0
95566	38-3200310	Paramount Care of Michigan, Inc.	0	8,387,551	0	0	(4,328,212)	0		0	4,059,339	0
11518	01-0580404	Paramount Insurance Company	0	8,639,096	0	0	(24,532,933)	0		0	(15,893,837)	0
16833	36-4956006	Paramount Care of Indiana, Inc	0	0	0	0	0	0		0	0	0
17474	88-1112110	Paramount Care of Maryland, Inc.	0	0	0	0	0	0		0	0	0
17387	88-1739329	Paramount Care of Pennsylvania	0	0	0	0	0	0		0	0	0
	34-1922587	Medical Mutual Services, LLC	0	120,000,000	0	0	(288,935,952)	0		0	(168,935,952)	0
	61-1739182	Bravo Wellness, LLC	0	3,464,000	0	0	1,183,589	0		0	4,647,589	0
	22-2762686	Employee Services LLC	(11,500,000)	0	0	0	(1,466,084)	0		0	(12,966,084)	0
	06-1475071	EAP, LLC	0	0	0	0	0	0		0	0	0
	87-2001020	MMO Senior Care Ventures, LLC	0	0	0	0	0	0		0	0	0
	73-1281615	Summerset Marketing Company	0	0	0	0	0	0		0	0	0
	73-1288167	Rural American Consumers A National Association	0	0	0	0	0	0		0	0	0
	73-1354019	National Association of Self-Employed Business Owners	0	0	0	0	0	0		0	0	0
			0	0	0	0	0	0		0	0	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
NONE							

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an Actuarial Opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
8.	Will an Audited Financial Report be filed by June 1?	YES
9.	Will 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?	YES
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the Actuarial Opinion on Participating and Non-participating Policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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?	NO
15.	Will the Actuarial Opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Actuarial Opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26.	Will the Actuarial Opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
33.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
39.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
40.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
41.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	YES
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

10. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
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31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
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43. The data for this supplement is not required to be filed.
44. The data for this supplement is not required to be filed.
45. The data for this supplement is not required to be filed.
46. The data for this supplement is not required to be filed.
47. The data for this supplement is not required to be filed.

Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]

12. Trusteed Surplus Statement [Document Identifier 490]

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

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

15. Actuarial Opinion on X-Factors [Document Identifier 442]

16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]

17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]

18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]

19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]

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]

23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]

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]

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

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]

34. VM-20 Reserves Supplement [Document Identifier 456]

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

39. Credit Insurance Experience Exhibit [Document Identifier 230]

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]

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504.	Other Receivables	9,476	9,476	0	0
2505.	Other Assets	6,318	0	6,318	19,348
2597.	Summary of remaining write-ins for Line 25 from overflow page	15,795	9,476	6,318	19,348

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504.	Prepaid commissions	23,390		(23,390)
2597.	Summary of remaining write-ins for Line 25 from overflow page	23,390	0	(23,390)

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arizona
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit TJ Reisch
Title Manager Actuarial Services Telephone Number 216-687-7020

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	78,757	50,442	64.0	56
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	112,315	53,206	47.4	123
YES	MCS-24-GHD	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	944	0	0.0	4
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	13,005	5,459	42.0	23
0199999. Total experience on individual policies										0	0	0.0	0	205,022	109,107	53.2	206
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.AZ

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6237520253600410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arkansas
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	2,081	2,586	124.3	1
YES	MCS-24-G	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	1,923	582	30.2	2
0199999. Total experience on individual policies										0	0	0.0	0	4,005	3,168	79.1	3
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Colorado
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	33,378	13,361	40.0	21
YES	MCS-24-G	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	74,580	49,599	66.5	80
YES	MCS-24-GHD	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	889	0	0.0	3
YES	MCS-24-N	N	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	15,531	16,338	105.2	29
0199999. Total experience on individual policies										0	0	0.0	0	124,378	79,299	63.8	133
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6 2 3 7 5 2 0 2 5 3 6 0 1 1 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Georgia
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	20,462	29,650	144.9	12
YES	MCS-24-G	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	49,053	58,778	119.8	67
YES	MCS-24-GHD	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	1,140	0	0.0	3
YES	MCS-24-N	N	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	31,937	34,494	108.0	40
0199999. Total experience on individual policies										0	0	0.0	0	102,591	122,921	119.8	122
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.GA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Illinois
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	59,696	74,106	124.1	72
YES	MCS-24-G	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	258,594	244,790	94.7	461
YES	MCS-24-GHD	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	582	0	0.0	1
YES	MCS-24-N	N	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	38,876	29,581	76.1	96
0199999. Total experience on individual policies										0	0	0.0	0	357,748	348,477	97.4	630
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.1L

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Indiana
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	35,177	40,479	115.1	31
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	295,355	282,722	95.7	432
YES	MCS-24-GHD	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	1,531	0	0.0	6
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	30,855	21,932	71.1	62
0199999. Total experience on individual policies										0	0	0.0	0	362,919	345,133	95.1	531
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.IN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6237520253601610 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Iowa
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	123,561	134,152	108.6	121
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	405,438	458,010	113.0	659
YES	MCS-24-GHD	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	743	0	0.0	2
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	26,525	46,501	175.3	56
0199999. Total experience on individual policies										0	0	0.0	0	556,267	638,664	114.8	838
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.IA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6 2 3 7 5 2 0 2 5 3 6 0 1 7 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kansas
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	70,846	69,195	97.7	50
YES	MCS-24-G	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	251,056	238,504	95.0	268
YES	MCS-24-GHD	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	2,377	0	0.0	8
YES	MCS-24-N	N	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	225,972	195,531	86.5	323
0199999. Total experience on individual policies										0	0	0.0	0	550,251	503,231	91.5	649
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.KS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6 2 3 7 5 2 0 2 5 3 6 0 1 8 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kentucky
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	02/03/2025				Medicare Supplement	0	0	0.0	0	11,381	21,535	189.2	17
YES	MCS-24-G	G	NO	0034060	02/03/2025				Medicare Supplement	0	0	0.0	0	80,165	98,995	123.5	140
YES	MCS-24-GHD	G	NO	0034060	02/03/2025				Medicare Supplement	0	0	0.0	0	715	0	0.0	3
YES	MCS-24-N	N	NO	0034060	02/03/2025				Medicare Supplement	0	0	0.0	0	95,835	90,974	94.9	206
0199999. Total experience on individual policies										0	0	0.0	0	188,096	211,503	112.4	366
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.KY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6237520253601910 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Louisiana
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-G	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	4,544	2,402	52.9	3
YES	MCS-24-N	N	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	2,532	12,847	507.3	4
0199999. Total experience on individual policies										0	0	0.0	0	7,076	15,249	215.5	7
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6 2 3 7 5 2 0 2 5 3 6 0 2 3 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Michigan
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	20,184	13,124	65.0	28
YES	MCS-24-G	G	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	106,088	68,923	65.0	184
YES	MCS-24-GHD	G	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	704	0	0.0	2
YES	MCS-24-N	N	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	53,924	47,007	87.2	121
0199999. Total experience on individual policies										0	0	0.0	0	180,900	129,054	71.3	335
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6 2 3 7 5 2 0 2 5 3 6 0 2 5 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Mississippi
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	01/06/2025				Medicare Supplement	0	0	0.0	0	103,247	77,152	74.7	118
YES	MCS-24-G	G	NO	0034060	01/06/2025				Medicare Supplement	0	0	0.0	0	73,967	100,123	135.4	113
YES	MCS-24-GHD	G	NO	0034060	01/06/2025				Medicare Supplement	0	0	0.0	0	70	0	0.0	1
YES	MCS-24-N	N	NO	0034060	01/06/2025				Medicare Supplement	0	0	0.0	0	39,428	51,649	131.0	96
0199999. Total experience on individual policies										0	0	0.0	0	216,712	228,924	105.6	328
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.MS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Missouri
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-D	D	NO		01/06/2025				Medicare Supplement	0	0	0.0	0	5,993	17,238	287.6	2
YES	MCS-24-F	F	NO		01/06/2025				Medicare Supplement	0	0	0.0	0	192,823	208,390	108.1	100
YES	MCS-24-G	G	NO		01/06/2025				Medicare Supplement	0	0	0.0	0	605,114	463,652	76.6	428
YES	MCS-24-GHD	G	NO		01/06/2025				Medicare Supplement	0	0	0.0	0	955	0	0.0	3
YES	MCS-24-N	N	NO		01/06/2025				Medicare Supplement	0	0	0.0	0	29,289	56,194	191.9	40
0199999. Total experience on individual policies										0	0	0.0	0	834,175	745,474	89.4	573
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.MO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nevada
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	2,031	5,849	288.0	3
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	3,559	820	23.0	4
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	6,392	2,035	31.8	13
0199999. Total experience on individual policies										0	0	0.0	0	11,982	8,704	72.6	20
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.NV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6 2 3 7 5 2 0 2 5 3 6 0 3 2 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Mexico
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	777	661	85.0	1
YES	MCS-24-G	G	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	6,544	8,668	132.5	11
YES	MCS-24-N	N	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	2,364	5,021	212.4	6
0199999. Total experience on individual policies										0	0	0.0	0	9,685	14,350	148.2	18
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Carolina
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	23,403	16,868	72.1	36
YES	MCS-24-G	G	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	72,960	76,977	105.5	141
YES	MCS-24-GHD	G	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	429	0	0.0	3
YES	MCS-24-N	N	NO	0034000	01/06/2025				Medicare Supplement	0	0	0.0	0	12,300	7,763	63.1	33
0199999. Total experience on individual policies										0	0	0.0	0	109,092	101,608	93.1	213
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.NC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Ohio
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	STM-NG2006-A	A	NO	0034000	12/05/2005			12/31/2007	Medicare Supplement Individual Policy - Plan A			0.0		0	0	0.0	0
YES	STM-NG2006-C	C	NO	0034000	12/05/2005			12/31/2007	Medicare Supplement Individual Policy - Plan C			0.0		0	0	0.0	0
YES	STM-NG2006-F	F	NO	0034000	12/05/2005			12/31/2007	Medicare Supplement Individual Policy - Plan F			0.0		0	0	0.0	0
YES	STM-MML2024-A	A	NO	0034000	09/19/2024		05/15/2025		Medicare Supplement Individual Policy - Plan A			0.0		14,275	5,634	39.5	10
YES	STM-MML2024-F	F	NO	0034000	09/19/2024		05/15/2025		Medicare Supplement Individual Policy - Plan F			0.0		754,113	417,810	55.4	412
YES	STM-MML2024-G	G	NO	0034000	09/19/2024		05/15/2025		Medicare Supplement Individual Policy - Plan G			0.0		12,328,083	9,140,816	74.1	11,534
YES	STM-MML2024-N	N	NO	0034000	09/19/2024		05/15/2025		Medicare Supplement Individual Policy - Plan N			0.0		438,982	294,053	67.0	607
0199999. Total experience on individual policies										0	0	0.0	0	13,535,452	9,858,313	72.8	12,563

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oklahoma
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-A	A	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	5,546	33,860	610.5	5
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	55,370	67,606	122.1	61
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	130,057	152,050	116.9	219
YES	MCS-24-GHD	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	537	0	0.0	3
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	18,764	12,275	65.4	37
0199999. Total experience on individual policies										0	0	0.0	0	210,274	265,791	126.4	325
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.OK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Carolina
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	14,905	8,121	54.5	22
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	61,174	59,118	96.6	121
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	8,334	11,728	140.7	13
0199999. Total experience on individual policies										0	0	0.0	0	84,412	78,967	93.5	156
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Dakota
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	6,715	2,994	44.6	4
YES	MCS-24-G	G	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	12,262	6,200	50.6	21
YES	MCS-24-N	N	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	377	3,584	950.4	1
0199999. Total experience on individual policies										0	0	0.0	0	19,354	12,778	66.0	26
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.SD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Tennessee
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-G	G	NO	0034060	05/09/2025				Medicare Supplement	0	0	0.0	0	865	181	20.9	3
0199999. Total experience on individual policies										0	0	0.0	0	865	181	20.9	3
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Texas
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-A	A	NO	0034060	10/01/2024				Medicare Supplement	0	0	0.0	0	28,528	94,624	331.7	7
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	41,596	29,306	70.5	37
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	326,770	310,448	95.0	421
YES	MCS-24-GHD	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	4,389	7,647	174.2	18
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	122,327	139,678	114.2	222
0199999. Total experience on individual policies										0	0	0.0	0	523,610	581,704	111.1	705
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.TX

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Utah
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	02/03/2025				Medicare Supplement	0	0	0.0	0	1,184	581	49.1	1
YES	MCS-24-G	G	NO	0034000	02/03/2025				Medicare Supplement	0	0	0.0	0	6,086	3,003	49.3	13
YES	MCS-24-GHD	G	NO	0034000	02/03/2025				Medicare Supplement	0	0	0.0	0	183	0	0.0	1
YES	MCS-24-N	N	NO	0034000	02/03/2025				Medicare Supplement	0	0	0.0	0	1,409	2,697	191.4	2
0199999. Total experience on individual policies										0	0	0.0	0	8,863	6,281	70.9	17
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.UT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF West Virginia
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	1,861	281	15.1	1
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	10,117	9,376	92.7	13
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	4,657	27,095	581.8	8
0199999. Total experience on individual policies										0	0	0.0	0	16,635	36,753	220.9	22
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.WV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wisconsin
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-W	O	NO	0034060	02/14/2025				Medicare Supplement	0	0	0.0	0	1,045	0	0.0	1
0199999. Total experience on individual policies										0	0	0.0	0	1,045	0	0.0	1
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

6 2 3 7 5 2 0 2 5 3 6 0 5 1 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wyoming
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MCS-24-F	F	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	29,203	66,269	226.9	34
YES	MCS-24-G	G	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	54,886	43,662	79.6	93
YES	MCS-24-N	N	NO	0034000	10/01/2024				Medicare Supplement	0	0	0.0	0	8,178	2,413	29.5	14
0199999. Total experience on individual policies										0	0	0.0	0	92,266	112,344	121.8	141
										0	0	0.0	0	0	0	0.0	0
0299999. Total experience on group policies										0	0	0.0	0	0	0	0.0	0

360.WY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44144
   3.2 Contact Person and Phone Number: Patricia Decensi 216-687-7000
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The MedMutual Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
NAIC Group Code 0730 NAIC Company Code 62375 Employer's Identification Number (FEIN) 21-0706531

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025(a)
1. Prior	0	0	0	0	0
2. 2021	5,209	5,209	5,209	5,209	5,209
3. 2022	XXX	5,679	5,683	5,683	5,683
4. 2023	XXX	XXX	4,769	4,772	4,772
5. 2024	XXX	XXX	XXX	4,041	4,044
6. 2025	XXX	XXX	XXX	XXX	3,881

Section B - Other Accident and Health

1. Prior	23	23	23	23	23
2. 2021	364	423	427	427	427
3. 2022	XXX	354	407	410	410
4. 2023	XXX	XXX	316	367	375
5. 2024	XXX	XXX	XXX	394	465
6. 2025	XXX	XXX	XXX	XXX	9,828

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	0	0	0	0	
2. 2021		0	0		
3. 2022	XXX	0	0		
4. 2023	XXX	XXX	0		
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	685	685	685	685	685
2. 2021	6	7	7	7	7
3. 2022	XXX	6	7	7	7
4. 2023	XXX	XXX	4	5	5
5. 2024	XXX	XXX	XXX	5	5
6. 2025	XXX	XXX	XXX	XXX	7

Section C - Credit Accident and Health

NONE

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

Section D -

NONE

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

Section E -

NONE

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

Section F -

NONE

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

Section G -

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

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 and Claim Liability and Reserve Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. 2021	7,185	5,210	5,210	XXX	XXX
2. 2022	XXX	7,411	5,684	5,684	XXX
3. 2023	XXX	XXX	5,822	4,772	3,719
4. 2024	XXX	XXX	XXX	4,815	5,592
5. 2025	XXX	XXX	XXX	XXX	4,606

Section B - Other Accident and Health

1. 2021	409	423	427	XXX	XXX
2. 2022	XXX	403	406	409	XXX
3. 2023	XXX	XXX	384	368	308
4. 2024	XXX	XXX	XXX	480	637
5. 2025	XXX	XXX	XXX	XXX	12,487

Section C - Credit Accident and Health

1. 2021				XXX	XXX
2. 2022	XXX				XXX
3. 2023	XXX				
4. 2024	XXX	XXX	XXX		
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section D -

1. 2021				XXX	XXX
2. 2022	XXX				XXX
3. 2023	XXX				
4. 2024	XXX	XXX	XXX		
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section E -

1. 2021				XXX	XXX
2. 2022	XXX				XXX
3. 2023	XXX				
4. 2024	XXX	XXX	XXX		
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2021				XXX	XXX
2. 2022	XXX				XXX
3. 2023	XXX				
4. 2024	XXX	XXX	XXX		
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section G -

1. 2021				XXX	XXX
2. 2022	XXX				XXX
3. 2023	XXX				
4. 2024	XXX	XXX	XXX		
5. 2025	XXX	XXX	XXX	XXX	

NONE

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 2023	4 2024	5 2025
1. 2021	7,185	5,210	5,210	5,210	5,210
2. 2022	XXX	7,411	5,684	5,684	5,684
3. 2023	XXX	XXX	5,822	4,772	3,719
4. 2024	XXX	XXX	XXX	4,815	5,592
5. 2025	XXX	XXX	XXX	XXX	4,606

Section B - Other Accident and Health

1. 2021	418	432	436	436	436
2. 2022	XXX	412	416	419	419
3. 2023	XXX	XXX	390	374	314
4. 2024	XXX	XXX	XXX	488	646
5. 2025	XXX	XXX	XXX	XXX	12,494

Section C - Credit Accident and Health

1. 2021					
2. 2022	XXX				
3. 2023	XXX				
4. 2024	XXX	XXX			
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section D -

1. 2021					
2. 2022	XXX				
3. 2023	XXX				
4. 2024	XXX	XXX			
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section E -

1. 2021					
2. 2022	XXX				
3. 2023	XXX				
4. 2024	XXX	XXX			
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2021					
2. 2022	XXX				
3. 2023	XXX				
4. 2024	XXX	XXX			
5. 2025	XXX	XXX	XXX	XXX	

NONE

Section G -

1. 2021					
2. 2022	XXX				
3. 2023	XXX				
4. 2024	XXX	XXX			
5. 2025	XXX	XXX	XXX	XXX	

NONE

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	Other	2
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Other	10,668
7. Group Annuities		
8 Group Accident and Health	Other	720
9 Credit Accident and Health		
10. Other Accident and Health	Other	2,665
11. Total		14,055

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SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

HEALTH SUPPLEMENTS

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

Of The MedMutual Life Insurance Company .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44144 .....
NAIC Group Code 0730 ..... NAIC Company Code 62375 ..... Employer's ID Number 21-0706531 .....

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	21,509,332	0	0	13,535,452	0	0	0	0	0	0	7,420,437	0	553,442	0
2.	Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Fee-for-service (net of $ 0 medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4.	Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5.	Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.	Total revenues (Lines 1 to 6)	21,509,332	0	0	13,535,452	0	0	0	0	0	0	7,420,437	0	553,442	0
8.	Hospital/medical benefits	8,857,217	0	0	8,857,217	0	0	0	0	0	0	0	0	0	XXX
9.	Other professional services	4,551,059	0	0	617,890	0	0	0	0	0	0	3,851,051	0	82,117	XXX
10.	Outside referrals	149,505	0	0	149,505	0	0	0	0	0	0	0	0	0	XXX
11.	Emergency room and out-of-area	245,999	0	0	245,999	0	0	0	0	0	0	0	0	0	XXX
12.	Prescription drugs	(12,298)	0	0	(12,298)	0	0	0	0	0	0	0	0	0	XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
15.	Subtotal (Lines 8 to 14)	13,791,481	0	0	9,858,313	0	0	0	0	0	0	3,851,051	0	82,117	XXX
16.	Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
17.	Total medical and hospital (Lines 15 minus 16)	13,791,481	0	0	9,858,313	0	0	0	0	0	0	3,851,051	0	82,117	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19.	Claims adjustment expenses including $ 7,035 cost containment expenses	1,505,758	0	0	22,567	0	0	0	0	0	0	1,483,192	0		0
20.	General administrative expenses	3,799,731	0	0	3,615,371	0	0	0	0	0	0	(61,438)	0	245,798	0
21.	Increase in reserves for accident and health contracts	1,159,000	0	0	1,194,000	0	0	0	0	0	0	(50,000)	0	15,000	XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23.	Total underwriting deductions (Lines 17 to 22)	20,255,971	0	0	14,690,251	0	0	0	0	0	0	5,222,804	0	342,915	0
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	1,253,361	0	0	(1,154,799)	0	0	0	0	0	0	2,197,633	0	210,527	0
	DETAILS OF WRITE-INS														
0501.															XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.															XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0799999 Gross health care receivables						

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	1,236	11,062			1,236	5,710
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables					0	0
7. Totals (Lines 1 through 6)	1,236	11,062	0	0	1,236	5,710

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

6 2 3 7 5 2 0 2 5 6 0 0 0 3 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arizona

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arkansas

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 0 6 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Colorado

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 1 1 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Georgia

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Illinois

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 1 5 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Indiana

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 1 6 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Iowa

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 1 7 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Kansas

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Louisiana

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 2 3 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Michigan

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Nevada

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 3 2 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: New Mexico

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: North Carolina

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 3 6 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Ohio

NAIC Group Code 0730 NAIC Company Code 62375

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

6 2 3 7 5 2 0 2 5 6 0 0 3 7 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Oklahoma

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: South Carolina

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: South Dakota

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Texas

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

6 2 3 7 5 2 0 2 5 6 0 0 5 1 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Wyoming

NAIC Group Code 0730 NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO