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

HealthSpring Insurance Company, formerly Cigna Insurance Company

NAIC Group Code 0917 (Current) 0917 (Prior) NAIC Company Code 65269 Employer's ID Number 75-2305400

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

Country of Domicile United States of America

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

Incorporated/Organized 06/26/1957 Commenced Business 08/13/1957

Statutory Home Office 4400 Easton Commons Way, Suite 125, Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 300 E. Randolph Street
(Street and Number)
Chicago, IL, US 60601, 312-653-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 300 E. Randolph Street, Chicago, IL, US 60601
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 E. Randolph Street
(Street and Number)
Chicago, IL, US 60601, 312-653-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.HCSC.com

Statutory Statement Contact Mark Larson, 972-766-4350
(Name) (Area Code) (Telephone Number)
Mark_Larson@bcbstx.com, 972-766-4360
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer, President: Stephen Devon Harris #
Secretary: Arlene Keh Lim #
Treasurer: Lillian Michelle Sutton #

OTHER

Kimberly Ann Green #, Vice President, Compliance
Eric Roger Schmid #, Vice President, Tax
Mark Edmund Ochal #, Vice President
Minhe Yu #, Vice President
Marlena Powell Pickering #, Assistant Secretary

DIRECTORS OR TRUSTEES

Kimberly Ann Green #
Sachin Gupta #
Stephen Devon Harris #
Eric Roger Schmid #
Lillian Michelle Sutton #

State of Tennessee
County of Davidson 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.

Stephen Devon Harris
Chief Executive Officer, President

Arlene Keh Lim
Secretary

Lillian Michelle Sutton
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 .....
3. Number of pages attached.....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2025 NAIC Company Code 65269

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)	170,275 (f)						0	XXX	XXX	XXX	20,922	20,922
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	170,275	0	0	0	0	0	0	XXX	XXX	XXX	20,922	20,922
47. Total	170,275 (c)	0	0	0	0	0	0	0	0	0	20,922	20,922

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2025 NAIC Company Code 65269

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	418	170,275	(3)	0	415	170,275
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	418	170,275	(3)	0	415	170,275
47. Total	0	0	0	0	0	0	0	0	0	0	418	170,275	(3)	0	415	170,275

(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 0917 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2025 NAIC Company Code 65269

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)	1,269 (f)						0	XXX	XXX	XXX	385	385
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	1,269	0	0	0	0	0	0	XXX	XXX	XXX	385	385
47. Total	1,269 (c)	0	0	0	0	0	0	0	0	0	385	385

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2025 NAIC Company Code 65269

Line of Business	13 Incurred During Current Year	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								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	1	1,269	0	0	1	1,269
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	1	1,269	0	0	1	1,269
47. Total	0	0	0	0	0	0	0	0	0	0	1	1,269	0	0	1	1,269

(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 0917 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 65269

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)	19,855 (f)						0	XXX	XXX	XXX	46,365	46,365
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	19,855	0	0	0	0	0	0	XXX	XXX	XXX	46,365	46,365
47. Total	19,855 (c)	0	0	0	0	0	0	0	0	0	46,365	46,365

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 65269

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	16	12,530	2	6,407	19	19,855
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	16	12,530	2	6,407	19	19,855
47. Total	0	0	0	0	0	0	0	0	0	0	16	12,530	2	6,407	19	19,855

(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 0917 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 65269

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)	2,136 (f)						0	XXX	XXX	XXX	40	40
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	2,136	0	0	0	0	0	0	XXX	XXX	XXX	40	40
47. Total	2,136 (c)	0	0	0	0	0	0	0	0	0	40	40

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 65269

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	2,136	(1)	0	2	2,136
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	2,136	(1)	0	2	2,136
47. Total	0	0	0	0	0	0	0	0	0	0	3	2,136	(1)	0	2	2,136

(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 0917 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 65269

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)	9,144 (f)						0	XXX	XXX	XXX	14,739	14,739
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	9,144	0	0	0	0	0	0	XXX	XXX	XXX	14,739	14,739
47. Total	9,144 (c)	0	0	0	0	0	0	0	0	0	14,739	14,739

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 65269

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	9	5,807	(2)	3,337	7	9,144
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	9	5,807	(2)	3,337	7	9,144
47. Total	0	0	0	0	0	0	0	0	0	0	9	5,807	(2)	3,337	7	9,144

(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 0917 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 65269

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)	7,709,518 (f)						0	XXX	XXX	XXX	6,119,369	6,119,369
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	7,709,518	0	0	0	0	0	0	XXX	XXX	XXX	6,119,369	6,119,369
47. Total	7,709,518 (c)	0	0	0	0	0	0	0	0	0	6,119,369	6,119,369

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 65269

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	6,075	5,431,016	(186)	1,498,829	7,371	7,709,518
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	6,075	5,431,016	(186)	1,498,829	7,371	7,709,518
47. Total	0	0	0	0	0	0	0	0	0	0	6,075	5,431,016	(186)	1,498,829	7,371	7,709,518

(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 0917 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2025 NAIC Company Code 65269

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)	8,741 (f)						0	XXX	XXX	XXX	6,149	6,149
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	8,741	0	0	0	0	0	0	XXX	XXX	XXX	6,149	6,149
47. Total	8,741 (c)	0	0	0	0	0	0	0	0	0	6,149	6,149

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2025 NAIC Company Code 65269

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	4	4,299	2	3,540	7	8,741
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	4	4,299	2	3,540	7	8,741
47. Total	0	0	0	0	0	0	0	0	0	0	4	4,299	2	3,540	7	8,741

(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 0917 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 65269

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)	20,472 (f)						0	XXX	XXX	XXX	16,043	16,043
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	20,472	0	0	0	0	0	0	XXX	XXX	XXX	16,043	16,043
47. Total	20,472 (c)	0	0	0	0	0	0	0	0	0	16,043	16,043

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 65269

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								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	13	13,519	5	6,567	19	20,472
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	13	13,519	5	6,567	19	20,472
47. Total	0	0	0	0	0	0	0	0	0	0	13	13,519	5	6,567	19	20,472

(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 0917 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 65269

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)	126,163 (f)						0	XXX	XXX	XXX	94,689	94,689
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	126,163	0	0	0	0	0	0	XXX	XXX	XXX	94,689	94,689
47. Total	126,163 (c)	0	0	0	0	0	0	0	0	0	94,689	94,689

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 65269

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	52	58,353	26	58,699	91	126,163
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	52	58,353	26	58,699	91	126,163
47. Total	0	0	0	0	0	0	0	0	0	0	52	58,353	26	58,699	91	126,163

(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 0917 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 65269

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)	12,178 (f)						0	XXX	XXX	XXX	19,578	19,578
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	12,178	0	0	0	0	0	0	XXX	XXX	XXX	19,578	19,578
47. Total	12,178 (c)	0	0	0	0	0	0	0	0	0	19,578	19,578

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 65269

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	5	5,176	3	6,725	9	12,178
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	5	5,176	3	6,725	9	12,178
47. Total	0	0	0	0	0	0	0	0	0	0	5	5,176	3	6,725	9	12,178

(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 0917 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2025 NAIC Company Code 65269

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)	2,458 (f)						0	XXX	XXX	XXX	2,754	2,754
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	2,458	0	0	0	0	0	0	XXX	XXX	XXX	2,754	2,754
47. Total	2,458 (c)	0	0	0	0	0	0	0	0	0	2,754	2,754

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2025 NAIC Company Code 65269

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	463	(1)	1,995	2	2,458
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	463	(1)	1,995	2	2,458
47. Total	0	0	0	0	0	0	0	0	0	0	3	463	(1)	1,995	2	2,458

(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 0917 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2025 NAIC Company Code 65269

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)	2,100 (f)						0	XXX	XXX	XXX	723	723
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	2,100	0	0	0	0	0	0	XXX	XXX	XXX	723	723
47. Total	2,100 (c)	0	0	0	0	0	0	0	0	0	723	723

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2025 NAIC Company Code 65269

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	1	1,097	1	1,003	2	2,100
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	1	1,097	1	1,003	2	2,100
47. Total	0	0	0	0	0	0	0	0	0	0	1	1,097	1	1,003	2	2,100

(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 0917 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 65269

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)	4,253 (f)						0	XXX	XXX	XXX	619	619
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	4,253	0	0	0	0	0	0	XXX	XXX	XXX	619	619
47. Total	4,253 (c)	0	0	0	0	0	0	0	0	0	619	619

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 65269

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	781	2	3,472	4	4,253
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	781	2	3,472	4	4,253
47. Total	0	0	0	0	0	0	0	0	0	0	2	781	2	3,472	4	4,253

(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 0917 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 65269

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)	8,533,114 (f)						0	XXX	XXX	XXX	6,884,402	6,884,402
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	8,533,114	0	0	0	0	0	0	XXX	XXX	XXX	6,884,402	6,884,402
47. Total	8,533,114 (c)	0	0	0	0	0	0	0	0	0	6,884,402	6,884,402

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 65269

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	5,563	5,222,197	(149)	2,227,542	7,582	8,533,114
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	5,563	5,222,197	(149)	2,227,542	7,582	8,533,114
47. Total	0	0	0	0	0	0	0	0	0	0	5,563	5,222,197	(149)	2,227,542	7,582	8,533,114

(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 0917 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	17,929	17,929
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	0	0	0	0	0	0	0	XXX	XXX	XXX	17,929	17,929
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	17,929	17,929

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 65269

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	1	269	1	(269)	2	0
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	1	269	1	(269)	2	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	269	1	(269)	2	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 0917 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 65269

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)	5,611,920 (f)						0	XXX	XXX	XXX	4,154,013	4,154,013
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	5,611,920	0	0	0	0	0	0	XXX	XXX	XXX	4,154,013	4,154,013
47. Total	5,611,920 (c)	0	0	0	0	0	0	0	0	0	4,154,013	4,154,013

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 65269

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	4,723	4,142,112	(103)	1,042,116	5,581	5,611,920
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	4,723	4,142,112	(103)	1,042,116	5,581	5,611,920
47. Total	0	0	0	0	0	0	0	0	0	0	4,723	4,142,112	(103)	1,042,116	5,581	5,611,920

(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 0917 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	3,989	3,989
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	0	0	0	0	0	0	0	XXX	XXX	XXX	3,989	3,989
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	3,989	3,989

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 65269

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	5,542	2	(5,542)	8	0
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	5,542	2	(5,542)	8	0
47. Total	0	0	0	0	0	0	0	0	0	0	6	5,542	2	(5,542)	8	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 0917 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 65269

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)	2,367,265 (f)						0	XXX	XXX	XXX	1,871,769	1,871,769
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	2,367,265	0	0	0	0	0	0	XXX	XXX	XXX	1,871,769	1,871,769
47. Total	2,367,265 (c)	0	0	0	0	0	0	0	0	0	1,871,769	1,871,769

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 65269

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	2,111	1,839,316	(68)	417,796	2,353	2,367,265
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	2,111	1,839,316	(68)	417,796	2,353	2,367,265
47. Total	0	0	0	0	0	0	0	0	0	0	2,111	1,839,316	(68)	417,796	2,353	2,367,265

(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 0917 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	296	296
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	0	0	0	0	0	0	0	XXX	XXX	XXX	296	296
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	296	296

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2025 NAIC Company Code 65269

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	2,724	2	(2,724)	5	0
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	2,724	2	(2,724)	5	0
47. Total	0	0	0	0	0	0	0	0	0	0	3	2,724	2	(2,724)	5	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 0917 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 65269

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)	15,160 (f)						0	XXX	XXX	XXX	10,894	10,894
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	15,160	0	0	0	0	0	0	XXX	XXX	XXX	10,894	10,894
47. Total	15,160 (c)	0	0	0	0	0	0	0	0	0	10,894	10,894

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 65269

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	7,686	3	5,306	10	15,160
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	7,686	3	5,306	10	15,160
47. Total	0	0	0	0	0	0	0	0	0	0	6	7,686	3	5,306	10	15,160

(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 0917 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2025 NAIC Company Code 65269

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)	4,002 (f)						0	XXX	XXX	XXX	1,012	1,012
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	4,002	0	0	0	0	0	0	XXX	XXX	XXX	1,012	1,012
47. Total	4,002 (c)	0	0	0	0	0	0	0	0	0	1,012	1,012

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2025 NAIC Company Code 65269

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	2	3,416	3	4,002
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	2	3,416	3	4,002
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	2	3,416	3	4,002

(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 0917 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 65269

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)	8,415 (f)						0	XXX	XXX	XXX	7,596	7,596
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	8,415	0	0	0	0	0	0	XXX	XXX	XXX	7,596	7,596
47. Total	8,415 (c)	0	0	0	0	0	0	0	0	0	7,596	7,596

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 65269

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	7,541	1	874	7	8,415
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	7,541	1	874	7	8,415
47. Total	0	0	0	0	0	0	0	0	0	0	6	7,541	1	874	7	8,415

(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 0917 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 65269

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)	12,657 (f)						0	XXX	XXX	XXX	3,193	3,193
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	12,657	0	0	0	0	0	0	XXX	XXX	XXX	3,193	3,193
47. Total	12,657 (c)	0	0	0	0	0	0	0	0	0	3,193	3,193

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 65269

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	5	6,053	3	6,604	8	12,657
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	5	6,053	3	6,604	8	12,657
47. Total	0	0	0	0	0	0	0	0	0	0	5	6,053	3	6,604	8	12,657

(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 0917 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 65269

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)	1,751 (f)						0	XXX	XXX	XXX	136	136
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	1,751	0	0	0	0	0	0	XXX	XXX	XXX	136	136
47. Total	1,751 (c)	0	0	0	0	0	0	0	0	0	136	136

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 65269

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	1,751	(1)	(902)	2	1,751
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	1,751	(1)	(902)	2	1,751
47. Total	0	0	0	0	0	0	0	0	0	0	2	1,751	(1)	(902)	2	1,751

(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 0917 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 65269

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)	29,357 (f)						0	XXX	XXX	XXX	35,152	35,152
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	29,357	0	0	0	0	0	0	XXX	XXX	XXX	35,152	35,152
47. Total	29,357 (c)	0	0	0	0	0	0	0	0	0	35,152	35,152

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 65269

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	13	17,550	6	11,405	20	29,357
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	13	17,550	6	11,405	20	29,357
47. Total	0	0	0	0	0	0	0	0	0	0	13	17,550	6	11,405	20	29,357

(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 0917 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 65269

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)	6,779 (f)						0	XXX	XXX	XXX	23,184	23,184
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	6,779	0	0	0	0	0	0	XXX	XXX	XXX	23,184	23,184
47. Total	6,779 (c)	0	0	0	0	0	0	0	0	0	23,184	23,184

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 65269

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	4	6,280	5	6,779
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	4	6,280	5	6,779
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	4	6,280	5	6,779

(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 0917 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 65269

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)	3,283 (f)						0	XXX	XXX	XXX	821	821
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	3,283	0	0	0	0	0	0	XXX	XXX	XXX	821	821
47. Total	3,283 (c)	0	0	0	0	0	0	0	0	0	821	821

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 65269

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	1	1,448	1	1,835	2	3,283
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	1	1,448	1	1,835	2	3,283
47. Total	0	0	0	0	0	0	0	0	0	0	1	1,448	1	1,835	2	3,283

(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 0917 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 65269

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)	1,185,848 (f)						0	XXX	XXX	XXX	715,186	715,186
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	1,185,848	0	0	0	0	0	0	XXX	XXX	XXX	715,186	715,186
47. Total	1,185,848 (c)	0	0	0	0	0	0	0	0	0	715,186	715,186

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 65269

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	1,006	971,591	(23)	159,109	1,074	1,185,848
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	1,006	971,591	(23)	159,109	1,074	1,185,848
47. Total	0	0	0	0	0	0	0	0	0	0	1,006	971,591	(23)	159,109	1,074	1,185,848

(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 0917 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 65269

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)	4,630 (f)						0	XXX	XXX	XXX	679	679
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	4,630	0	0	0	0	0	0	XXX	XXX	XXX	679	679
47. Total	4,630 (c)	0	0	0	0	0	0	0	0	0	679	679

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 65269

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	1,380	0	2,146	4	4,630
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	1,380	0	2,146	4	4,630
47. Total	0	0	0	0	0	0	0	0	0	0	2	1,380	0	2,146	4	4,630

(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 0917 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 65269

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)	31,415 (f)						0	XXX	XXX	XXX	24,391	24,391
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	31,415	0	0	0	0	0	0	XXX	XXX	XXX	24,391	24,391
47. Total	31,415 (c)	0	0	0	0	0	0	0	0	0	24,391	24,391

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 65269

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	9	8,791	8	17,607	23	31,415
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	9	8,791	8	17,607	23	31,415
47. Total	0	0	0	0	0	0	0	0	0	0	9	8,791	8	17,607	23	31,415

(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 0917 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 65269

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)	9,528 (f)						0	XXX	XXX	XXX	5,092	5,092
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	9,528	0	0	0	0	0	0	XXX	XXX	XXX	5,092	5,092
47. Total	9,528 (c)	0	0	0	0	0	0	0	0	0	5,092	5,092

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 65269

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	8	9,528	(2)	(374)	7	9,528
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	8	9,528	(2)	(374)	7	9,528
47. Total	0	0	0	0	0	0	0	0	0	0	8	9,528	(2)	(374)	7	9,528

(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 0917 BUSINESS IN THE STATE OF New York DURING THE YEAR 2025 NAIC Company Code 65269

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)	6,611 (f)						0	XXX	XXX	XXX	3,642	3,642
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	6,611	0	0	0	0	0	0	XXX	XXX	XXX	3,642	3,642
47. Total	6,611 (c)	0	0	0	0	0	0	0	0	0	3,642	3,642

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF New York DURING THE YEAR 2025 NAIC Company Code 65269

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	8	6,483	1	128	9	6,611
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	8	6,483	1	128	9	6,611
47. Total	0	0	0	0	0	0	0	0	0	0	8	6,483	1	128	9	6,611

(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 0917 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 65269

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)	417,477 (f)						0	XXX	XXX	XXX	82,865	82,865
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	417,477	0	0	0	0	0	0	XXX	XXX	XXX	82,865	82,865
47. Total	417,477 (c)	0	0	0	0	0	0	0	0	0	82,865	82,865

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 65269

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	944	395,025	3	15,180	955	417,477
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	944	395,025	3	15,180	955	417,477
47. Total	0	0	0	0	0	0	0	0	0	0	944	395,025	3	15,180	955	417,477

(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 0917 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	1,400	1,400
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	0	0	0	0	0	0	0	XXX	XXX	XXX	1,400	1,400
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	1,400	1,400

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 65269

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	1	1,350	0	(1,350)	1	0
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	1	1,350	0	(1,350)	1	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	1,350	0	(1,350)	1	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 0917 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 65269

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)	1,014,351 (f)						0	XXX	XXX	XXX	174,284	174,284
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	1,014,351	0	0	0	0	0	0	XXX	XXX	XXX	174,284	174,284
47. Total	1,014,351 (c)	0	0	0	0	0	0	0	0	0	174,284	174,284

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 65269

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	2,417	1,006,431	1	6,660	2,420	1,014,351
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	2,417	1,006,431	1	6,660	2,420	1,014,351
47. Total	0	0	0	0	0	0	0	0	0	0	2,417	1,006,431	1	6,660	2,420	1,014,351

(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 0917 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 65269

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)	18,278 (f)						0	XXX	XXX	XXX	53,705	53,705
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	18,278	0	0	0	0	0	0	XXX	XXX	XXX	53,705	53,705
47. Total	18,278 (c)	0	0	0	0	0	0	0	0	0	53,705	53,705

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 65269

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	10	13,804	2	3,227	14	18,278
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	10	13,804	2	3,227	14	18,278
47. Total	0	0	0	0	0	0	0	0	0	0	10	13,804	2	3,227	14	18,278

(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 0917 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 65269

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)	3,434 (f)						0	XXX	XXX	XXX	27,241	27,241
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	3,434	0	0	0	0	0	0	XXX	XXX	XXX	27,241	27,241
47. Total	3,434 (c)	0	0	0	0	0	0	0	0	0	27,241	27,241

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 65269

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	1,770	1	1,664	3	3,434
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	1,770	1	1,664	3	3,434
47. Total	0	0	0	0	0	0	0	0	0	0	2	1,770	1	1,664	3	3,434

(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 0917 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 65269

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)	29,481,239 (f)						0	XXX	XXX	XXX	23,095,877	23,095,877
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	29,481,239	0	0	0	0	0	0	XXX	XXX	XXX	23,095,877	23,095,877
47. Total	29,481,239 (c)	0	0	0	0	0	0	0	0	0	23,095,877	23,095,877

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 65269

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	19,514	17,172,921	(595)	7,406,752	27,064	29,481,239
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	19,514	17,172,921	(595)	7,406,752	27,064	29,481,239
47. Total	0	0	0	0	0	0	0	0	0	0	19,514	17,172,921	(595)	7,406,752	27,064	29,481,239

(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 0917 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2025 NAIC Company Code 65269

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.RI

(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 0917 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 65269

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)	39,378 (f)						0	XXX	XXX	XXX	20,933	20,933
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	39,378	0	0	0	0	0	0	XXX	XXX	XXX	20,933	20,933
47. Total	39,378 (c)	0	0	0	0	0	0	0	0	0	20,933	20,933

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 65269

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	13,474	14	22,931	41	39,378
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	13,474	14	22,931	41	39,378
47. Total	0	0	0	0	0	0	0	0	0	0	21	13,474	14	22,931	41	39,378

(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 0917 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	933	933
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	0	0	0	0	0	0	0	XXX	XXX	XXX	933	933
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	933	933

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 65269

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	1,775	3	(1,775)	5	0
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	1,775	3	(1,775)	5	0
47. Total	0	0	0	0	0	0	0	0	0	0	2	1,775	3	(1,775)	5	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 0917 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 65269

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)	4,831,354 (f)						0	XXX	XXX	XXX	3,767,247	3,767,247
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	4,831,354	0	0	0	0	0	0	XXX	XXX	XXX	3,767,247	3,767,247
47. Total	4,831,354 (c)	0	0	0	0	0	0	0	0	0	3,767,247	3,767,247

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 65269

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	4,155	3,463,591	(119)	976,536	4,960	4,831,354
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	4,155	3,463,591	(119)	976,536	4,960	4,831,354
47. Total	0	0	0	0	0	0	0	0	0	0	4,155	3,463,591	(119)	976,536	4,960	4,831,354

(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 0917 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 65269

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)	13,875,117 (f)						0	XXX	XXX	XXX	9,518,957	9,518,957
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	13,875,117	0	0	0	0	0	0	XXX	XXX	XXX	9,518,957	9,518,957
47. Total	13,875,117 (c)	0	0	0	0	0	0	0	0	0	9,518,957	9,518,957

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 65269

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	11,994	9,542,013	(505)	2,917,261	14,202	13,875,117
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	11,994	9,542,013	(505)	2,917,261	14,202	13,875,117
47. Total	0	0	0	0	0	0	0	0	0	0	11,994	9,542,013	(505)	2,917,261	14,202	13,875,117

(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 0917 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	2,430	2,430
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	0	0	0	0	0	0	0	XXX	XXX	XXX	2,430	2,430
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	2,430	2,430

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 65269

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	5,592	0	(5,592)	6	0
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	5,592	0	(5,592)	6	0
47. Total	0	0	0	0	0	0	0	0	0	0	6	5,592	0	(5,592)	6	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 0917 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 65269

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)	17,380 (f)						0	XXX	XXX	XXX	6,589	6,589
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	17,380	0	0	0	0	0	0	XXX	XXX	XXX	6,589	6,589
47. Total	17,380 (c)	0	0	0	0	0	0	0	0	0	6,589	6,589

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 65269

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	13	11,236	2	6,144	15	17,380
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	13	11,236	2	6,144	15	17,380
47. Total	0	0	0	0	0	0	0	0	0	0	13	11,236	2	6,144	15	17,380

(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 0917 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2025 NAIC Company Code 65269

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)	6,972 (f)						0	XXX	XXX	XXX	8,219	8,219
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	6,972	0	0	0	0	0	0	XXX	XXX	XXX	8,219	8,219
47. Total	6,972 (c)	0	0	0	0	0	0	0	0	0	8,219	8,219

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2025 NAIC Company Code 65269

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	7	4,227	0	2,066	9	6,972
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	7	4,227	0	2,066	9	6,972
47. Total	0	0	0	0	0	0	0	0	0	0	7	4,227	0	2,066	9	6,972

(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 0917 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	3,438	3,438
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	0	0	0	0	0	0	0	XXX	XXX	XXX	3,438	3,438
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	3,438	3,438

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 65269

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	1	905	1	(905)	2	0
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	1	905	1	(905)	2	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	905	1	(905)	2	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 0917 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 65269

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)	10,048 (f)						0	XXX	XXX	XXX	16,047	16,047
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	10,048	0	0	0	0	0	0	XXX	XXX	XXX	16,047	16,047
47. Total	10,048 (c)	0	0	0	0	0	0	0	0	0	16,047	16,047

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 65269

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	3,199	3	6,849	6	10,048
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	3,199	3	6,849	6	10,048
47. Total	0	0	0	0	0	0	0	0	0	0	3	3,199	3	6,849	6	10,048

(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 0917 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 65269

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)	2,292 (f)						0	XXX	XXX	XXX	2,845	2,845
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	2,292	0	0	0	0	0	0	XXX	XXX	XXX	2,845	2,845
47. Total	2,292 (c)	0	0	0	0	0	0	0	0	0	2,845	2,845

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 65269

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	1	477	0	1,815	1	2,292
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	1	477	0	1,815	1	2,292
47. Total	0	0	0	0	0	0	0	0	0	0	1	477	0	1,815	1	2,292

(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 0917 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2025 NAIC Company Code 65269

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

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2025 NAIC Company Code 65269

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

NONE

24.GU

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 65269

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

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2025 NAIC Company Code 65269

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)	0 (f)						0	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2025 NAIC Company Code 65269

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	1	602	0	(602)	1	0
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	1	602	0	(602)	1	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	602	0	(602)	1	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 0917 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2025 NAIC Company Code 65269

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 0917 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 65269

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	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	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)	75,637,617 (f)	0	0	0	0	0	0	XXX	XXX	XXX	56,888,761	56,888,761
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)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	75,637,617	0	0	0	0	0	0	XXX	XXX	XXX	56,888,761	56,888,761
47. Total	75,637,617 (c)	0	0	0	0	0	0	0	0	0	56,888,761	56,888,761

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

NAIC Group Code 0917 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 65269

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59,167	49,597,075	(1,653)	16,839,788	74,359	75,637,617
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	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59,167	49,597,075	(1,653)	16,839,788	74,359	75,637,617
47. Total	0	0	0	0	0	0	0	0	0	0	59,167	49,597,075	(1,653)	16,839,788	74,359	75,637,617

(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	8,462
2.	Current year's realized pre-tax capital gains/(losses) of $ (35) transferred into the reserve net of taxes of $ (7)	(28)
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)	8,435
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	3,624
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	4,811

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	3,651	(28)	0	3,624
2. 2026	2,666	0	0	2,666
3. 2027	1,607	0	0	1,607
4. 2028	538	0	0	538
5. 2029	0	0	0	0
6. 2030	0	0	0	0
7. 2031	0	0	0	0
8. 2032	0	0	0	0
9. 2033	0	0	0	0
10. 2034	0	0	0	0
11. 2035	0	0	0	0
12. 2036	0	0	0	0
13. 2037	0	0	0	0
14. 2038	0	0	0	0
15. 2039	0	0	0	0
16. 2040	0	0	0	0
17. 2041	0	0	0	0
18. 2042	0	0	0	0
19. 2043	0	0	0	0
20. 2044	0	0	0	0
21. 2045	0	0	0	0
22. 2046	0	0	0	0
23. 2047	0	0	0	0
24. 2048	0	0	0	0
25. 2049	0	0	0	0
26. 2050	0	0	0	0
27. 2051	0	0	0	0
28. 2052	0	0	0	0
29. 2053	0	0	0	0
30. 2054	0	0	0	0
31. 2055 and Later		0	0	0
32. Total (Lines 1 to 31)	8,462	(28)	0	8,435

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

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	2,655,463	XXX	XXX	2,655,463	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
2.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
2.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
2.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
2.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
2.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
2.7	1	NAIC Designation Category 1.G		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)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
3.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
3.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
3.3	2	NAIC Designation Category 2.C		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		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
4.3	3	NAIC Designation Category 3.C		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		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Intentionally left blank	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.		Total long-term bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	2,655,463	XXX	XXX	2,655,463	XXX	0	XXX	0	XXX	0
		PREFERRED STOCKS										
10.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total preferred stocks (Sum of Lines 10 through 16)	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		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total short-term bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26.		Exchange traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	2,655,463	XXX	XXX	2,655,463	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)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm mortgages - CM4 - low Medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential mortgages - all other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial mortgages - all other - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial mortgages - all other - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial mortgages - all other - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial mortgages - all other - CM4 - low medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial mortgages - all other - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential mortgages - all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial mortgages - all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential mortgages - all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial mortgages - all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity Component

N O N E

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

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	73,394,948	XXX		XXX		XXX	73,394,948	XXX		XXX		XXX		XXX
2.	Premiums earned	72,115,368	XXX		XXX		XXX	72,115,368	XXX		XXX		XXX		XXX
3.	Incurred claims	67,772,205	94.0	0	0.0	0	0.0	67,772,205	94.0	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses	19,962	0.0		0.0		0.0	19,962	0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	67,792,167	94.0	0	0.0	0	0.0	67,792,167	94.0	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)	17,140,142	23.8		0.0		0.0	17,140,142	23.8		0.0		0.0		0.0
8.	Other general insurance expenses	17,037,025	23.6		0.0		0.0	17,037,025	23.6		0.0		0.0		0.0
9.	Taxes, licenses and fees	1,708,270	2.4		0.0		0.0	1,708,270	2.4		0.0		0.0		0.0
10.	Total other expenses incurred	35,885,437	49.8	0	0.0	0	0.0	35,885,437	49.8	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	167,733	0.2	0	0.0	0	0.0	167,733	0.2	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	(31,729,969)	(44.0)	0	0.0	0	0.0	(31,729,969)	(44.0)	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	(31,729,969)	(44.0)	0	0.0	0	0.0	(31,729,969)	(44.0)	0	0.0	0	0.0	0	0.0
	DETAILS OF WRITE-INS														
1101.	Loading	166,701	0.2		0.0		0.0	166,701	0.2		0.0		0.0		0.0
1102.	Penalites	1,032	0.0		0.0		0.0	1,032	0.0		0.0		0.0		0.0
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)	167,733	0.2	0	0.0	0	0.0	167,733	0.2	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		XXX		XXX		XXX
2.	Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
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	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
7.	Commissions (a)		0.0		0.0		0.0		0.0		0.0		0.0
8.	Other general insurance expenses		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	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
14.	Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	DETAILS OF WRITE-INS												
1101.	Loading		0.0		0.0		0.0		0.0		0.0		0.0
1102.	Penalites		0.0		0.0		0.0		0.0		0.0		0.0
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	0	0.0	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	1,787,177			1,787,177									
2. Advance premiums	3,570,934			3,570,934									
3. Reserve for rate credits	0												
4. Total premium reserves, current year	5,358,111	0	0	5,358,111	0	0	0	0	0	0	0	0	0
5. Total premium reserves, prior year	1,655,878	0	0	1,655,878	0	0	0	0	0	0	0	0	0
6. Increase in total premium reserves	3,702,233	0	0	3,702,233	0	0	0	0	0	0	0	0	0
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	12,844,927	0	0	12,844,927	0	0	0	0	0	0	0	0	0
2. Total prior year	1,961,484	0	0	1,961,484	0	0	0	0	0	0	0	0	0
3. Increase	10,883,443	0	0	10,883,443	0	0	0	0	0	0	0	0	0

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	2,094,716			2,094,716									
1.2 On claims incurred during current year	54,794,046			54,794,046									
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	115,277			115,277									
2.2 On claims incurred during current year	12,729,650			12,729,650									
3. Test:													
3.1 Lines 1.1 and 2.1	2,209,993	0	0	2,209,993	0	0	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	1,961,484	0	0	1,961,484	0	0	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	248,509	0	0	248,509	0	0	0	0	0	0	0	0	0

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													
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													

NONE

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 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			67,772,204										67,772,204
2. Beginning claim reserves and liabilities			1,961,484										1,961,484
3. Ending claim reserves and liabilities			12,844,927										12,844,927
4. Claims paid	0	0	56,888,761	0	0	0	0	0	0	0	0	0	56,888,761
B. Assumed Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities			0										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													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
D. Net:													
1. Incurred claims	0	0	67,772,204	0	0	0	0	0	0	0	0	0	67,772,204
2. Beginning claim reserves and liabilities	0	0	1,961,484	0	0	0	0	0	0	0	0	0	1,961,484
3. Ending claim reserves and liabilities	0	0	12,844,927	0	0	0	0	0	0	0	0	0	12,844,927
4. Claims paid	0	0	56,888,761	0	0	0	0	0	0	0	0	0	56,888,761
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	67,792,167	0	0	0	0	0	0	0	0	0	67,792,167
2. Beginning reserves and liabilities			1,961,484										1,961,484
3. Ending reserves and liabilities			12,844,927										12,844,927
4. Paid claims and cost containment expenses	0	0	56,908,724	0	0	0	0	0	0	0	0	0	56,908,724

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

Schedule S - Part 3 - Section 1

N O N E

Schedule S - Part 3 - Section 2

N O N E

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

N O N E

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)	30,260,948		30,260,948
2.	Reinsurance (Line 16)	0	0	0
3.	Premiums and considerations (Line 15)	16,438	0	16,438
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (balance)	1,677,101		1,677,101
6.	Total assets excluding Separate Accounts (Line 26)	31,954,487	0	31,954,487
7.	Separate Account assets (Line 27)	0		0
8.	Total assets (Line 28)	31,954,487	0	31,954,487
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	1,787,177	0	1,787,177
10.	Liability for deposit-type contracts (Line 3)			0
11.	Claim reserves (Line 4)	12,844,952	0	12,844,952
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13.	Premium & annuity considerations received in advance (Line 8)	3,570,934		3,570,934
14.	Other contract liabilities (Line 9)	4,811		4,811
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
19.	All other liabilities (balance)	4,085,933		4,085,933
20.	Total liabilities excluding Separate Accounts (Line 26)	22,293,807	0	22,293,807
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	22,293,807	0	22,293,807
23.	Capital & surplus (Line 38)	9,660,680	XXX	9,660,680
24.	Total liabilities, capital & surplus (Line 39)	31,954,487	0	31,954,487
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	0		
26.	Claim reserves	0		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	0		
34.	Premiums and considerations	0		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payable/offsets	0		
41.	Total net credit for ceded reinsurance	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
LONG-TERM BONDS												
1. Exempt obligations												
2.1 NAIC Designation Category 1.A												
2.2 NAIC Designation Category 1.B												
2.3 NAIC Designation Category 1.C												
2.4 NAIC Designation Category 1.D												
2.5 NAIC Designation Category 1.E												
2.6 NAIC Designation Category 1.F												
2.7 NAIC Designation Category 1.G												
2.8 Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)												
3.1 NAIC Designation Category 2.A												
3.2 NAIC Designation Category 2.B												
3.3 NAIC Designation Category 2.C												
3.4 Subtotal NAIC 2 (3.1+3.2+3.3)												
4.1 NAIC Designation Category 3.A												
4.2 NAIC Designation Category 3.B												
4.3 NAIC Designation Category 3.C												
4.4 Subtotal NAIC 3 (4.1+4.2+4.3)												
5.1 NAIC Designation Category 4.A												
5.2 NAIC Designation Category 4.B												
5.3 NAIC Designation Category 4.C												
5.4 Subtotal NAIC 4 (5.1+5.2+5.3)												
6.1 NAIC Designation Category 5.A												
6.2 NAIC Designation Category 5.B												
6.3 NAIC Designation Category 5.C												
6.4 Subtotal NAIC 5 (6.1+6.2+6.3)												
7. NAIC 6												
8. Total long-term bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7)												
PREFERRED STOCKS												
9. Highest quality												
10. High quality												
11. Medium quality												
12. Low quality												
13. Lower quality												
14. In or near default												
15. Affiliated life with AVR												
16. Total preferred stocks (Sum of Lines 9 through 15)												

NONE

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

NONE

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

NONE

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

NONE

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

NONE

SCHEDULE S - PART 8

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

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

NONE

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						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	[illegible]						
29. Nevada	[illegible]						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total							

NONE

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 *
0917	HCSC GROUP	70670	36-1236610		0000350793		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL	UDP			0.000		NO	
0917	HCSC GROUP	71129	36-2598882	003857522			DEARBORN LIFE INSURANCE COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	85090	22-3026145				DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	NY	DS	DEARBORN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	DS	DEARBORN LIFE INSURANCE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000001
		00000	38-2612298				DENTEMAX, LLC	DE	DS	DENTAL NETWORK OF AMERICA, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1067299				DENTAL SOLUTIONS, INC.	MI	DS	DENTEMAX, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000002
		00000	36-4186601				HCSC PURCHASING, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	78611	73-1350270				HCSC INSURANCE SERVICES COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	38-4358504				PRIME HEALTH HOLDINGS LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	59-3715944				AVAILITY, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	21.400	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	81-2760646				CAREALLIES, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	85-0954556				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	DE	DS	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-1813801				CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	DE	DS	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	88-4112374				CAPITAL GROUP FOR BETTER HEALTH, LLC	DE	DS	CAREALLIES, INC.	Ownership	51.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	46-3985383				COLLECTIVEHEALTH, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	12.400	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
0917	HCSC GROUP	29718	73-1507369				GHS INSURANCE COMPANY	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	73-1514691				GHS GENERAL INSURANCE AGENCY, INC.	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11814	73-1191843				GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	23-2530889		0001367705		MEDECISION, INC.	PA	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	88-4252820				EXCELL HEALTHCARE ADVISORS, LLC	DE	DS	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	80-0849331				GSI HEALTH, LLC	PA	DS	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	27-4269034		0001508432		HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	30-0802612				INNOVISTA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	IL	DS	INNOVISTA, LLC	Ownership, Board of Directors	40.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	99-4379181				INNOVISTA HEALTH PARTNERS, LLC	TX	DS	INNOVISTA, LLC	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

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 *
		00000	83-4213500				INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER	TX	DS	INNOVISTA, LLC	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-5298764				SOLERA HEALTH, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	28.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	86-0813402				TRIWEST ALLIANCE, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	15.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	37-1789176				HCSC VENTURES, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	83-2215567				ALACURA HOLDINGS, INC.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	23.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000007
		00000	26-2930757		0001439779		BLUECROSS BLUESHIELD VENTURES, INC.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	DS	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	47-1692551				COGITATIVO, INC	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	14.700	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-0970280		0001612123		HEALTHBOX CHICAGO III LLC	DE	DS	HCSC VENTURES, INC.	Ownership	36.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-4386908				HCSC INVESTMENTS, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16013	61-1782332				ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16359	38-3984430				505 INSURANCE COMPANY	NM	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	15941	36-4836697				TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	TX	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-2710924				SOUTH WATER INSURANCE COMPANY	UT	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	0000004
		00000	35-1846036				LUMINARE HEALTH BENEFITS, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1184798				HCSC MEDICARE HOLDINGS INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1194574				HCSC MEDICARE INC.	DE	DS	HCSC MEDICARE HOLDINGS INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	34-1970892				CERES SALES OF OHIO, LLC	OH	DS	HCSC MEDICARE INC.	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	95604	84-1004500				HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	CO	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	61727	34-0970995				HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	OH	UIP	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	67903	23-1335885				PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	OH	UDP	CIGNA NATIONAL HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	65269	75-2305400				HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	OH	RE	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1821898				HEALTHSPRING, INC.	DE	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0628370				NEWQUEST, LLC	TX	DS	HEALTHSPRING, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	12902	20-8534298				HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	IL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

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 *
		00000	20-8647386				HEALTHSPRING MANAGEMENT OF AMERICA, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11532	65-1129599				HEALTHSPRING OF FLORIDA, INC.	FL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	72-1559530				HEALTHSPRING USA, LLC	TN	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108521				HOUQUEST, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	DS	HOUQUEST, LLC	Ownership, Management	99.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	52-1929677				NEWQUEST MANAGEMENT NORTHEAST, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11524	52-2363406				BRAVO HEALTH PENNSYLVANIA, INC.	PA	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	10095	52-2259087				BRAVO HEALTH MID-ATLANTIC, INC.	MD	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	33-1033586				NEWQUEST MANAGEMENT ALABAMA, LLC	AL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-4954206				NEWQUEST MANAGEMENT OF FLORIDA, LLC	FL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	77-0632665				NEWQUEST MANAGEMENT OF ILLINOIS, LLC	IL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-5524622				TENNESSEE QUEST, LLC	TN	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108527				TEXQUEST, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	DS	TEXQUEST, LLC	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
0917	HCSC GROUP	65722	63-0343428				LOYAL AMERICAN LIFE INSURANCE COMPANY	OH	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	88366	59-2760189				AMERICAN RETIREMENT LIFE INSURANCE COMPANY	OH	IA	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	34720	13-3506395				MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	NY	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	63762	42-1425239				MEDCO CONTAINMENT LIFE INSURANCE COMPANY	PA	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	77399	13-1867829				STERLING LIFE INSURANCE COMPANY	IL	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-4777602				CIVICASCRIPT, LLC	DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000008
		00000	75-2393811				CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	41-3110584				HCSC COMMUNITY IMPACT FOUNDATION	DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	35-2613131				THE CARING FOUNDATION OF MONTANA, INC.	MT	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	73-1470846				THE OKLAHOMA CARING FOUNDATION, INC.	OK	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000005
		00000	36-6057472				PLANITES CREDIT UNION	IL	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006
		00000	75-6020171				LIFETIME FEDERAL CREDIT UNION	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006

Asterisk	Explanation
0000001	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary ("DS") listed in Column 8
0000002	Ownership (shell company)
0000003	Reflect direct ownership percentages only
0000004	Majority of the directors are employees or directors of HCSC
0000005	6 of 10 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing
0000006	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support
0000007	Includes 2.78% passive investment through private equity funds.
0000008	HCSC controls 1 of 10 board seats

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)
70670	36-1236610	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RE	1,047,363,521	(1,833,102,608)	0	0	0	0		0	(785,739,087)	1,820,480
78611	73-1350270	HCSC INSURANCE SERVICES COMPANY	0	21,015,000	0	0	0	0		0	21,015,000	3,868,954
11814	73-1191843	GHS HMO INC DBA BLUELINCS HMO	0	0	0	0	0	0		0	0	37,586,744
29718	73-1507369	GHS INS CO	0	9,760,000	0	0	0	0		0	9,760,000	0
16013	61-1782332	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	0	12,415,000	0	0	0	0		0	12,415,000	0
71129	36-2598882	DEARBORN LIFE INSURANCE COMPANY	(916,075,164)	(500,000)	0	0	0	0		0	(916,575,164)	0
85090	22-3026145	DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YO	0	500,000	0	0	0	0		0	500,000	0
00000	37-1789176	HCSC VENTURES, INC.	(20,233,609)	162,479,846	0	0	0	0		0	142,246,237	0
00000	35-1846036	LUMINARE HEALTH BENEFITS, INC.	0	38,886,513	0	0	0	0		0	38,886,513	0
00000	84-2710924	SOUTH WATER INSURANCE COMPANY	0	0	0	0	0	0		0	0	(43,276,178)
00000	23-2530889	MEDECISION, INC.	0	25,850,870	0	0	0	0		0	25,850,870	0
00000	87-4386908	HCSC INVESTMENTS, LLC	(111,054,748)	61,700,000	0	0	0	0		0	(49,354,748)	0
00000	30-0802612	INNOVISTA, LLC	0	29,995,379	0	0	0	0		0	29,995,379	0
00000	99-1184798	HCSC MEDICARE HOLDINGS INC.	23,000,000	0	0	0	0	0		0	23,000,000	0
00000	99-1194574	HCSC MEDICARE INC.	0	0	0	0	0	0		0	0	0
61727	34-0970995	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FK	0	167,000,000	0	0	0	0		0	167,000,000	0
67903	23-1335885	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	0	0	0	0	0	0		0	0	0
65269	75-2305400	HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANC	0	50,000,000	0	0	0	0		0	50,000,000	0
65722	63-0343428	LOYAL AMERICAN LIFE INSURANCE COMPANY	(20,000,000)	0	0	0	0	0		0	(20,000,000)	0
77399	13-1867829	STERLING LIFE INSURANCE COMPANY	(3,000,000)	0	0	0	0	0		0	(3,000,000)	0
00000	76-0657035	GULFQUEST, LP	0	0	0	0	449,547,893	0		0	449,547,893	0
12902	20-8534298	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	0	804,000,000	0	0	(689,955,231)	0		0	114,044,769	0
00000	33-1033586	NEWQUEST MANAGEMENT ALABAMA, LLC	0	0	0	0	240,407,338	0		0	240,407,338	0
95604	84-1004500	HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIG	0	100,000,000	0	0	0	0		0	100,000,000	0
00000	76-0628370	NEWQUEST, LLC	0	0	0	0	0	0		0	0	0
11532	65-1129599	HEALTHSPRING OF FLORIDA, INC.	0	120,000,000	0	0	0	0		0	120,000,000	0
00000	52-1929677	NEWQUEST MANAGEMENT NORTHEAST, LLC	0	0	0	0	0	0		0	0	0
11524	52-2363406	BRAVO HEALTH PENNSYLVANIA, INC.	0	230,000,000	0	0	0	0		0	230,000,000	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)
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NONE	0.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN LIFE INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	DEARBORN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HCSC INSURANCE SERVICES COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
505 INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING OF FLORIDA, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH PENNSYLVANIA, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH MID-ATLANTIC, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
LOYAL AMERICAN LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
AMERICAN RETIREMENT LIFE INSURANCE COMPANY	LOYAL AMERICAN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
STERLING LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO

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?	NO
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?	NO
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

10. Data for the supplement is not required to be filed.
12. Data for the supplement is not required to be filed.
13. Data for the supplement is not required to be filed.
14. Data for the supplement is not required to be filed.
15. Data for the supplement is not required to be filed.
16. Data for the supplement is not required to be filed.
17. Data for the supplement is not required to be filed.
18. Data for the supplement is not required to be filed.
19. Data for the supplement is not required to be filed.
20. Data for the supplement is not required to be filed.
21. Data for the supplement is not required to be filed.
22. Data for the supplement is not required to be filed.
23. Data for the supplement is not required to be filed.
24. Data for the supplement is not required to be filed.
25. Data for the supplement is not required to be filed.
26. Data for the supplement is not required to be filed.
27. Data for the supplement is not required to be filed.
28. Data for the supplement is not required to be filed.
30. Data for the supplement is not required to be filed.
31. Data for the supplement is not required to be filed.
32. Data for the supplement is not required to be filed.
33. Data for the supplement is not required to be filed.
34. Data for the supplement is not required to be filed.
35. Data for the supplement is not required to be filed.
38. Data for the supplement is not required to be filed.
39. Data for the supplement is not required to be filed.
41. Data for the supplement is not required to be filed.
42. Data for the supplement is not required to be filed.
43. Data for the supplement is not required to be filed.
44. Data for the supplement is not required to be filed.
45. Data for the supplement is not required to be filed.
46. Data for the supplement is not required to be filed.
47. Data for the supplement is not required to be filed.
48. Data for the 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]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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]

35. Health Care Receivables Supplement [Document Identifier 475]

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]

42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]

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]

48. Management’s Report of Internal Control Over Financial Reporting [Document Identifier 223]

OVERFLOW PAGE FOR WRITE-INS

NONE

6526920253600110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alabama
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	HIC-MS-AA-A-AL	A	NO		03/03/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	HIC-MS-AA-F-AL	F	NO		03/03/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	4,901	6,374	130.1	14
YES	HIC-MS-AA-G-AL	G	NO		03/03/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	81,665	75,225	92.1	326
YES	HIC-MS-AA-HDG-AL	G	NO		03/03/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	270	308	114.0	4
YES	HIC-MS-AA-N-AL	N	NO		03/03/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	12,765	11,778	92.3	68
0199999. Total experience on individual policies										0	0	0.0	0	99,600	93,684	94.1	412

360.AL

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alaska
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253600410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253600510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF California
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253600061000

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-CO	A	NO	0234060	02/12/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CIC-MS-AA-F-CO	F	NO	0234060	02/12/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	363,263	284,685	78.4	172
YES	CIC-MS-AA-G-CO	G	NO	0234060	02/12/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	5,907,651	6,087,064	103.0	5,560
YES	CIC-MS-AA-HDG-CO	G	NO	0234060	02/12/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	92,539	41,752	45.1	224
YES	CIC-MS-AA-N-CO	N	NO	0234060	02/12/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	1,064,727	977,765	91.8	1,478
0199999. Total experience on individual policies										0	0	0.0	0	7,428,181	7,391,266	99.5	7,434

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253600710 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Connecticut
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Delaware
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.DE

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF District of Columbia
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.DC

6526920253601010100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Florida
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253601110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Hawaii
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Idaho
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ID

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.IL

6526920253601510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-IN	A	NO	0234060	07/06/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	369	494	134.0	2
YES	CIC-MS-AA-F-IN	F	NO	0234060	07/06/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	686,200	818,916	119.3	352
YES	CIC-MS-AA-G-IN	G	NO	0234060	07/06/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	6,522,030	6,336,634	97.2	5,946
YES	CIC-MS-AA-HDG-IN	G	NO	0234060	07/06/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	18,543	2,530	13.6	46
YES	CIC-MS-AA-N-IN	N	NO	0234060	07/06/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	1,000,475	824,860	82.4	1,267
0199999. Total experience on individual policies										0	0	0.0	0	8,227,617	7,983,434	97.0	7,613

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-KS	A	NO	0234060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CIC-MS-AA-F-KS	F	NO	0234060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	170,513	216,002	126.7	73
YES	CIC-MS-AA-G-KS	G	NO	0234060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	4,054,776	3,666,141	90.4	3,848
YES	CIC-MS-AA-HDG-KS	G	NO	0234060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	14,772	3,122	21.1	35
YES	CIC-MS-AA-N-KS	N	NO	0234060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	1,058,171	929,588	87.8	1,477
YES	CIC-MS-AO-A-KS	A	NO	0204060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CIC-MS-AO-F-KS	F	NO	0204060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	7,108	7,297	102.7	3
YES	CIC-MS-AO-G-KS	G	NO	0204060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	140,062	166,440	118.8	121
YES	CIC-MS-AO-HDG-KS	G	NO	0204060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	4,701	8,683	184.7	11
YES	CIC-MS-AO-N-KS	N	NO	0204060	03/27/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	41,117	50,393	122.6	44
0199999. Total experience on individual policies										0	0	0.0	0	5,491,220	5,047,667	91.9	5,612

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 ..... NAIC Company Code 65269 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
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

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: 1001 E Lookout Drive Richardson , TX 75082 .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601 .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6526920253601910 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-LA	A	NO	0234060	04/03/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	2,070	2,756	133.2	1
YES	CIC-MS-AA-F-LA	F	NO	0234060	04/03/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	306,048	330,386	108.0	191
YES	CIC-MS-AA-G-LA	G	NO	0234060	04/03/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	1,593,428	1,581,129	99.2	1,628
YES	CIC-MS-AA-HDG-LA	G	NO	0234060	04/03/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	3,347	714	21.3	9
YES	CIC-MS-AA-N-LA	N	NO	0234060	04/03/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	388,211	337,118	86.8	538
0199999. Total experience on individual policies										0	0	0.0	0	2,293,104	2,252,103	98.2	2,367

360.LA

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Maine
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ME

6526920253602110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Maryland.....
NAIC Group Code 0917 ..... NAIC Company Code 65269 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
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

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: 1001 E Lookout Drive Richardson , TX 75082 .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601 .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Massachusetts.....
NAIC Group Code 0917 ..... NAIC Company Code 65269 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
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

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: 1001 E Lookout Drive Richardson , TX 75082 .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601 .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6526920253602310 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253602410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Minnesota
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MN

6526920253602510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253602610 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MO

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Montana
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nebraska
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NE

6526920253602910 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-NV	A	NO	0234060	02/07/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CIC-MS-AA-F-NV	F	NO	0234060	02/07/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	155,236	218,692	140.9	97
YES	CIC-MS-AA-G-NV	G	NO	0234060	02/07/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	796,776	656,321	82.4	759
YES	CIC-MS-AA-HDG-NV	G	NO	0234060	02/07/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	18,461	3,051	16.5	34
YES	CIC-MS-AA-N-NV	N	NO	0234060	02/07/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	148,889	80,140	53.8	189
0199999. Total experience on individual policies										0	0	0.0	0	1,119,362	958,204	85.6	1,079

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 Hampshire
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NH

6526920253603110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 Jersey
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253603210 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 York.....
NAIC Group Code 0917 ..... NAIC Company Code 65269 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
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

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: 1001 E Lookout Drive Richardson , TX 75082 .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601 .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

6 5 2 6 9 2 0 2 5 3 6 0 3 4 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	HIC-MS-AA-A-NC	A	NO		01/29/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	HIC-MS-AA-F-NC	F	NO		01/29/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	7,059	6,785	96.1	18
YES	HIC-MS-AA-G-NC	G	NO		01/29/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	179,774	162,527	90.4	675
YES	HIC-MS-AA-HDG-NC	G	NO		01/29/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	227	171	75.4	3
YES	HIC-MS-AA-N-NC	N	NO		01/29/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	48,340	37,017	76.6	231
0199999. Total experience on individual policies										0	0	0.0	0	235,400	206,500	87.7	927

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 Dakota
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ND

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	HIC-MS-AA-A-OH	A	NO		02/18/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	HIC-MS-AA-F-OH	F	NO		02/18/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	9,122	9,689	106.2	25
YES	HIC-MS-AA-G-OH	G	NO		02/18/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	397,391	413,754	104.1	1,672
YES	HIC-MS-AA-HDG-OH	G	NO		02/18/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	1,034	693	67.0	10
YES	HIC-MS-AA-N-OH	N	NO		02/18/2025				MEDICARE SUPPLEMENT	0	0	0.0	0	128,169	128,471	100.2	704
0199999. Total experience on individual policies										0	0	0.0	0	535,715	552,606	103.2	2,411

360.OH

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253603710 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.OK

6526920253603810 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oregon
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.OR

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Pennsylvania
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-PA	A	NO	0234060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CIC-MS-AA-B-PA	B	NO	0234060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	8,430	4,142	49.1	5
YES	CIC-MS-AA-F-PA	F	NO	0234060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	3,369,184	3,207,594	95.2	1,803
YES	CIC-MS-AA-G-PA	G	NO	0234060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	15,237,030	14,262,212	93.6	12,881
YES	CIC-MS-AA-HDG-PA	G	NO	0234060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	29,803	4,464	15.0	71
YES	CIC-MS-AA-N-PA	N	NO	0234060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	9,246,111	8,807,099	95.3	11,725
YES	CIC-MS-AO-B-PA	B	NO	0204060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CIC-MS-AO-F-PA	F	NO	0204060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	125,731	116,109	92.3	70
YES	CIC-MS-AO-G-PA	G	NO	0204060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	461,008	367,501	79.7	397
YES	CIC-MS-AO-HDG-PA	G	NO	0204060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	14,003	29,992	214.2	34
YES	CIC-MS-AO-N-PA	N	NO	0204060	09/08/2023				MEDICARE SUPPLEMENT	0	0	0.0	0	238,242	161,154	67.6	293
0199999. Total experience on individual policies										0	0	0.0	0	28,729,543	26,960,269	93.8	27,279

360.PA

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253604010 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Rhode Island
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.SC

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-TN	A	NO	0234060	02/05/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CIC-MS-AA-F-TN	F	NO	0234060	02/05/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	538,416	523,811	97.3	328
YES	CIC-MS-AA-G-TN	G	NO	0234060	02/05/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	3,683,741	3,549,456	96.4	3,960
YES	CIC-MS-AA-HDG-TN	G	NO	0234060	02/05/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	13,442	5,944	44.2	35
YES	CIC-MS-AA-N-TN	N	NO	0234060	02/05/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	462,378	440,521	95.3	658
0199999. Total experience on individual policies										0	0	0.0	0	4,697,978	4,519,731	96.2	4,981

360.TN

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253604410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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	CIC-MS-AA-A-TX	A	NO	0234060	02/20/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	88,358	149,210	168.9	18
YES	CIC-MS-AA-F-TX	F	NO	0234060	02/20/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	498,564	522,448	104.8	239
YES	CIC-MS-AA-G-TX	G	NO	0234060	02/20/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	10,326,620	9,294,368	90.0	10,702
YES	CIC-MS-AA-HDG-TX	G	NO	0234060	02/20/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	59,825	10,347	17.3	125
YES	CIC-MS-AA-N-TX	N	NO	0234060	02/20/2024				MEDICARE SUPPLEMENT	0	0	0.0	0	2,284,281	1,830,390	80.1	3,186
0199999. Total experience on individual policies										0	0	0.0	0	13,257,648	11,806,764	89.1	14,270

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6526920253604510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Vermont

NAIC Group Code 0917 NAIC Company Code 65269

ADDRESS (City, State and Zip Code) Columbus , OH 43219

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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Virginia
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 5 2 6 9 2 0 2 5 3 6 0 4 8 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Washington
NAIC Group Code 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.WV

6526920253605010 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.WI

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269
ADDRESS (City, State and Zip Code) Columbus , OH 43219
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

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: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.WY

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2025
(To be filed by March 1)

NONE

Of The .....
ADDRESS (City, State and Zip Code) , ...
NAIC Group Code ..... NAIC Company Code ..... Employer's Identification Number (FEIN) .....

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. Prior	0	0	0	0	
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX	4,611	6,706
6. 2025	XXX	XXX	XXX	XXX	54,794

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	NONE				
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	0	0	0	0	
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX	2	
6. 2025	XXX	XXX	XXX	XXX	20

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	

Section D -

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

Section E -

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

Section F -

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

Section G -

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

NONE

Section B - Other Accident and Health

1. 2021				XXX	XXX
2. 2022	XXX				XXX
3. 2023	XXX	XXX			
4. 2024	XXX	XXX	XXX	6,572	6,821
5. 2025	XXX	XXX	XXX	XXX	67,524

Section C - Credit Accident and Health

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

NONE

Section B - Other Accident and Health

1. 2021					
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	XXX	XXX	XXX	6,574	6,821
5. 2025	XXX	XXX	XXX	XXX	67,544

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

1. 2021					
2. 2022	XXX				
3. 2023	XXX	XXX			
4. 2024	XXX	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		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8 Group Accident and Health		
9 Credit Accident and Health		
10. Other Accident and Health		12,845
11. Total		12,845

6526920256000011000

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Alabama

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256000021100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Alaska

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256000031000

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256000041100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256000051100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: California

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256000061100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Connecticut

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256000081100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Delaware

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256000091100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: District of Columbia

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256001010100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Florida

NAIC Group Code 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256001210 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Hawaii

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256001310 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Idaho

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256001410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256001510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256001610 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256001710 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256001810 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Kentucky

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256001910 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Maine

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256002110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Maryland

NAIC Group Code 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Massachusetts

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256002310 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256002410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Minnesota

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256002510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Mississippi

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256002610 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Missouri

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256002710 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Montana

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256002810 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Nebraska

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256002910 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 Hampshire

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256003110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 Jersey

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256003210 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256003100

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 York

NAIC Group Code 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256003510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 Dakota

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256003610 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256003710 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Oregon

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256003910 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Pennsylvania

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256004010 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Rhode Island

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256004110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256004210 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256004310 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Tennessee

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256004410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256004510 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Utah

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256004610 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Vermont

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256004710 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Virginia

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256004810 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Washington

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256004910 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: West Virginia

NAIC Group Code 0917 NAIC Company Code 65269

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Wisconsin

NAIC Group Code 0917 NAIC Company Code 65269

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

6526920256005110 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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 0917 NAIC Company Code 65269

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

6526920256005410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HealthSpring Insurance Company, formerly Cigna 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: Puerto Rico

NAIC Group Code 0917 NAIC Company Code 65269

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