



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

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Group Code 0435 0435 NAIC Company Code 67083 Employer's ID Number 45-0252531
(Current) (Prior)

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

Country of Domicile United States of America

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

Incorporated/Organized 12/20/1956 Commenced Business 01/04/1957

Statutory Home Office 191 Rosa Parks Street, Cincinnati, OH, US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 191 Rosa Parks Street
(Street and Number)
Cincinnati, OH, US 45202 513-361-9000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Post Office Box 5420, Cincinnati, OH, US 45201
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 191 Rosa Parks Street
(Street and Number)
Cincinnati, OH, US 45202 513-361-9000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.massmutualascend.com

Statutory Statement Contact Robert Mayhew Earle II, 513-361-9077
(Name) (Area Code) (Telephone Number)
rearle@mmascend.com, 513-345-9484
(E-mail Address) (FAX Number)

OFFICERS

President Dominic Lusean Blue # Treasurer Brian Patrick Sponaugle
Secretary John Paul Gruber Appointed Actuary Dominic Joseph Mosler

OTHER

Donna Marie Carrelli Michael Harrison Haney

DIRECTORS OR TRUSTEES

<u>Dominic Lusean Blue</u>	<u>Susan Marie Cicco</u>	<u>Geoffrey James Craddock</u>
<u>Roger William Crandall</u>	<u>Mary Jane Fortin #</u>	<u>Vy Ho</u>
<u>Paul Anthony LaPiana</u>	<u>Sears Andrew Merritt</u>	<u>Michael James O'Connor</u>
<u>Eric William Partlan</u>		

State of Ohio SS
County of Hamilton

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.

Dominic Lusean Blue
President

John Paul Gruber
Secretary

Brian Patrick Sponaugle
Treasurer

Subscribed and sworn to before me this _____ day of February 2026

- 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.....

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	1,371		0	0	0	0	0	11,526	0	0	0	11,526
3. Term	26,158		0	0	0	0	0	0	0	0	0	0
4. Indexed												
5. Universal	1,853		0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	29,382	0	0	0	0	0	0	11,526	0	0	0	11,526
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							0				0
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							7,281				7,281
25. Other												
26. Total individual annuities	0	0	0	0	0	0	0	7,281	0	0	0	7,281
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	29,382 (c)	0	0	0	0	0	0	18,807	0	0	0	18,807

24.AL

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	11,526	11,526	0	0	0	0	0	0	11,526	0	0	0	(1)	(10,298)	8	70,443	
3. Term	0	0	0	0	0	0	0	0	0	0	0	(3)	(225,000)	13	970,000		
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	73	5	254,580	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	11,526	11,526	0	0	0	0	0	0	11,526	0	0	0	(4)	(235,225)	26	1,295,023	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	9,456	9	209,907	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	7,411	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	9,456	11	217,318	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	11,526	11,526	0	0	0	0	0	0	11,526	0	0	0	(4)	(225,769)	39	1,512,341	

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

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

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

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

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

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

24.1.AL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	18	0	0	0	0	0	0	0
2. Whole .....261			0	0	0	0	0	0	0	0	0	0
3. Term .....5,323			0	0	0	0	0	0	0	0	0	0
4. Indexed			0	0	0	0	0	0	0	0	0	0
5. Universal .....863			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
7. Variable			0	0	0	0	0	0	0	0	0	0
8. Variable universal			0	0	0	0	0	0	0	0	0	0
9. Credit			0	0	0	0	0	0	0	0	0	0
10. Other			0	0	0	0	0	0	0	0	0	0
11. Total individual life	6,447	0	0	0	18	0	18	0	0	0	0	0
Group Life												
12. Whole			0	0	0	0	0	0	0	0	0	0
13. Term			0	0	0	0	0	0	0	0	0	0
14. Universal			0	0	0	0	0	0	0	0	0	0
15. Variable			0	0	0	0	0	0	0	0	0	0
16. Variable universal			0	0	0	0	0	0	0	0	0	0
17. Credit			0	0	0	0	0	0	0	0	0	0
18. Other			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
21. Indexed							0	0				0
22. Variable with guarantees							0	0				0
23. Variable without guarantees							0	0				0
24. Life contingent payout	0						0	0				0
25. Other							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
28. Indexed							0	0				0
29. Variable with guarantees							0	0				0
30. Variable without guarantees							0	0				0
31. Life contingent payout							0	0				0
32. Other							0	0				0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual .....(d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group .....(d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement .....(d) (f)							0	XXX	XXX	XXX		0
37. Vision only .....(d) (f)							0	XXX	XXX	XXX		0
38. Dental only .....(d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan .....(d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare .....(d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid .....(d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income .....(d) (f)							0	XXX	XXX	XXX		0
44. Long-term care .....(d) (f)							0	XXX	XXX	XXX		0
45. Other health .....(d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	6,447 (c)	0	0	0	18	0	18	0	0	0	0	0

24.AK

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial																	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	25,605
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	400,000	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100,000	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	525,605	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	525,605	

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

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

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

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

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

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

24.1.AK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0	0					0
2. Whole	5,932		54	0	43	0	97	10,000	0	0		10,000
3. Term	41,113		47	0	44	0	91	0	0	0		0
4. Indexed							0					0
5. Universal	25,644		0	0	0	0	0	50,000	0	18,800		68,800
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	72,689	0	101	0	87	0	188	60,000	0	18,800	0	78,800
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	0		37,815		37,815
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	24,246	0	0		24,246
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	24,246	0	37,815	0	62,061
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	72,689 (c)	0	101	0	87	0	188	84,246	0	56,615	0	140,861

24.AZ

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	10,000	10,000	0	0	0	0	0	10,000	0	0	0	0	(4,893)	45	378,880	
3. Term	0	0	0	0	0	0	0	0	0	0	0	(1)	(750,000)	20	2,285,000	
4. Indexed								0	0							
5. Universal	81,200	50,000	0	0	0	0	0	50,000	81,200	0	0	(2)	(169,228)	28	2,276,052	
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	91,200	60,000	0	0	0	0	0	60,000	81,200	0	0	(3)	(924,121)	93	4,939,932	
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	
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	(2)	(57,018)	11	373,060	
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	2	22,994	
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	(2)	(57,018)	13	396,054	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
45. Other health (d)	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	0	0	0	0	0	0	
47. Total	91,200	60,000	0	0	0	0	0	60,000	81,200	0	0	(5)	(981,139)	106	5,335,986	

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

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

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

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

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

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

24.1.AZ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	5,000	0	0	0	5,000
2. Whole	3,893											
3. Term	49,825		10	0	0	0	10	0	0	0	0	0
4. Indexed												
5. Universal	12,686		0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	66,404	0	10	0	0	0	10	5,000	0	0	0	5,000
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	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0				0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	66,404 (c)	0	10	0	0	0	10	5,000	0	0	0	5,000

24-AR

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	0	1	5,000	0	0	0	0	0	5,000	0	0	0	1	15,000	30	298,995	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(840,500)	23	2,011,968	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(150,359)	7	789,275	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	0	1	5,000	0	0	0	0	1	5,000	0	0	0	(2)	(975,859)	60	3,100,238	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	1,248	2	28,979	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	1,248	2	28,979	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	0	1	5,000	0	0	0	0	1	5,000	0	0	0	(2)	(974,611)	62	3,129,217	

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

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

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

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

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

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

24.1.AR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	63	0	0	0	65,529	0	10,059		75,588
2. Whole	59,394											
3. Term	725,965		124	0	46	0	170	1,300,000	0	0		1,300,000
4. Indexed												
5. Universal	300,583		0	0	0	0	0	782,527	0	198,638		981,165
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,085,942	0	124	63	46	0	233	2,148,056	0	208,697	0	2,356,753
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,200							47,358		46,741		94,099
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							23,394		0		23,394
25. Other												
26. Total individual annuities	1,200	0	0	0	0	0	0	70,752	0	46,741	0	117,493
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,087,142 (c)	0	124	63	46	0	233	2,218,808	0	255,438	0	2,474,246

24.CA

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	55,702	10	65,529	0	0	0	0	10	65,529	6,764	0	0	(12)	(106,878)	208	3,297,821	
3. Term	1,400,000	7	1,300,000	0	0	0	0	7	1,300,000	100,000	0	0	(46)	(8,028,000)	205	29,249,000	
4. Indexed									0	0							
5. Universal	782,527	8	782,527	0	0	0	0	8	782,527	0	0	0	(30)	(4,097,619)	221	28,390,990	
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	2,238,229	25	2,148,056	0	0	0	0	25	2,148,056	106,764	0	0	(88)	(12,232,497)	634	60,937,811	
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	41,458	4	41,458					4	41,458	0	0	0	(10)	(45,761)	64	1,032,894	
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout	6,362	1	12,952					1	12,952	0	0	0	(2)	(2,324)	13	8,754	
25. Other									0	0							
26. Total individual annuities	47,820	5	54,410	0	0	0	0	5	54,410	0	0	0	(12)	(48,085)	77	1,041,648	
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	0					0	0	0	0	0	0	0	0	0	
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	2,286,049	30	2,202,466	0	0	0	0	30	2,202,466	106,764	0	0	(100)	(12,280,582)	711	61,979,459	

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

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

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

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

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

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

24.1.CA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	15,000	0	38,758		53,758
2. Whole	5,467											
3. Term	85,905		130	0	0	0	130	100,000	0	0		100,000
4. Indexed							0					0
5. Universal	32,077		0	0	0	0	0	50,000	0	0		50,000
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	123,449	0	130	0	0	0	130	165,000	0	38,758	0	203,758
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	200						0	4,126		7,011		11,137
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	6,614		0		6,614
25. Other							0					0
26. Total individual annuities	200	0	0	0	0	0	0	10,740	0	7,011	0	17,751
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	123,649 (c)	0	130	0	0	0	130	175,740	0	45,769	0	221,509

24.CO

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Unpaid December 31, Current Year	Policy Exhibit					
	13 Incurred During Current Year	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 Number of Pol's/Certs	24 Amount	25 Number of Pol's/Certs	26 Amount	27 Number of Pol's/Certs	28 Amount
		14 Number of Pol's/Certs	15 Amount	16 Number of Pol's/Certs	17 Amount	18 Number of Pol's/Certs	19 Amount	20 Number of Pol's/Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	20,000	15,000	0	0	0	0	0	15,000	7,500	0	0	(6)	(73,376)	73	370,358		
3. Term	100,000	100,000	0	0	0	0	0	100,000	0	0	0	(3)	(480,000)	36	4,215,000		
4. Indexed								0	0								
5. Universal	50,000	50,000	0	0	0	0	0	50,000	0	0	0	(2)	(145,500)	20	2,252,040		
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	170,000	165,000	0	0	0	0	0	165,000	7,500	0	0	(11)	(698,876)	129	6,837,398		
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		
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	1	82,092	12	515,206		
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	2	6,614		
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	1	82,092	14	521,820		
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	0	0	0	0	0	0	0	0	0	0	0	0	0		
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
47. Total	170,000	165,000	0	0	0	0	0	165,000	7,500	0	0	(10)	(616,784)	143	7,359,218		

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

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

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Dividends to Policyholders/Refunds to Members						Claims and Benefits Paid					
	1 Premiums and Annuities Considerations	2 Other Considerations	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	0	0	0	10,000	0	1,675		11,675
2. Whole	4,163		0	0	0	0	0	0	0	0		0
3. Term	46,799		0	0	10	0	10	0	0	0		0
4. Indexed												
5. Universal	30,126		0	0	0	0	0	484,012	0	0		484,012
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	81,088	0	0	0	10	0	10	494,012	0	1,675	0	495,687
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	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	4,396	0			4,396
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	4,396	0	0	0	4,396
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	81,088 (c)	0	0	0	10	0	10	498,408	0	1,675	0	500,083

24.CT

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	10,000	10,000	0	0	0	0	0	0	10,000	0	0	0	(3)	(14,987)	13	266,939	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	4,829,000	
4. Indexed																	
5. Universal	484,012	484,012	0	0	0	0	0	0	484,012	0	0	0	(1)	(463,057)	21	2,324,871	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	494,012	494,012	0	0	0	0	0	0	494,012	0	0	0	(4)	(478,044)	52	7,420,810	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	11,271	2	261,743	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	30,960	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	11,271	5	292,703	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	494,012	494,012	0	0	0	0	0	0	494,012	0	0	0	(4)	(466,773)	57	7,713,513	

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

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

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

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

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

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

24.1.CT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	642		0	0	0	0	0	0	0	0	0	0
3. Term	36,807		0	0	0	0	0	0	0	0	0	0
4. Indexed												
5. Universal	15,769		0	0	0	0	0	100,000	0	0	0	100,000
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	53,218	0	0	0	0	0	0	100,000	0	0	0	100,000
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	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0				0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	53,218 (c)	0	0	0	0	0	0	100,000	0	0	0	100,000

24 DE

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(25,000)	5	75,000	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(200,000)	9	1,500,000	
4. Indexed																	
5. Universal	100,000	2	100,000	0	0	0	0	2	100,000	0	0	0	0	(49,952)	11	1,278,664	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	100,000	2	100,000	0	0	0	0	2	100,000	0	0	0	(3)	(274,952)	25	2,853,664	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	473	1	12,298	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	473	1	12,298	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	100,000	2	100,000	0	0	0	0	2	100,000	0	0	0	(3)	(274,479)	26	2,865,962	

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

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

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

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

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

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

24.1.DE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 67083

Table with 12 columns: Line of Business, 1 (Premiums and Annuities Considerations), 2 (Other Considerations), 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)). Rows include Individual Life, Group Life, Individual Annuities, Group Annuities, and Accident and Health.

24.DC

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF

District of Columbia

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount			
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	3,388
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	50,000	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	281,530	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	245	10	334,918	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4,609	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	(4)	1	4,609	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	241	11	339,527	

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

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

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

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

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

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

24.1.DC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole .....20,199			8	0	0	0	8	62,011	10,000	0		72,011
3. Term .....314,574			80	0	4	0	84	50,000	0	0		50,000
4. Indexed						0	0					0
5. Universal .....183,324			0	0	0	0	0	50,000	0	11,027		61,027
6. Universal with secondary guarantees						0	0					0
7. Variable						0	0					0
8. Variable universal						0	0					0
9. Credit						0	0					0
10. Other						0	0					0
11. Total individual life	518,097	0	88	0	4	0	92	162,011	10,000	11,027	0	183,038
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 .....200						0		0		110,549		110,549
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout .....0						0		35,648		0		35,648
25. Other						0						0
26. Total individual annuities	200	0	0	0	0	0	0	35,648	0	110,549	0	146,197
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual .....(d) (f)						0		XXX	XXX	XXX		0
35. Comprehensive group .....(d) (f)						0		XXX	XXX	XXX		0
36. Medicare supplement .....(d) (f)						0		XXX	XXX	XXX		0
37. Vision only .....(d) (f)						0		XXX	XXX	XXX		0
38. Dental only .....(d) (f)						0		XXX	XXX	XXX		0
39. Federal employees health benefits plan .....(d) (f)						0		XXX	XXX	XXX		0
40. Title XVIII Medicare .....(d) (e, f)						0		XXX	XXX	XXX		0
41. Title XIX Medicaid .....(d) (f)						0		XXX	XXX	XXX		0
42. Credit A&H .....(f)						0		XXX	XXX	XXX		0
43. Disability income .....84 (f)						0		XXX	XXX	XXX		0
44. Long-term care .....51,354 (f)						0		XXX	XXX	XXX		0
45. Other health .....0 (f)						0		XXX	XXX	XXX		0
46. Total accident and health	51,438	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	569,735 (c)	0	88	0	4	0	92	197,659	10,000	121,576	0	329,235

24.FL

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	58,030	11	72,011	0	0	0	0	0	72,011	11	3,030	0	0	(11)	(27,444)	125	1,158,214
3. Term	125,000	1	50,000	0	0	0	0	0	50,000	1	75,000	0	0	(19)	(2,610,000)	137	17,351,641
4. Indexed									0	0	0	0	0				
5. Universal	150,000	1	50,000	0	0	0	0	0	50,000	1	150,000	0	0	(9)	(585,816)	81	10,320,622
6. Universal with secondary guarantees									0	0	0	0	0				
7. Variable									0	0	0	0	0				
8. Variable universal									0	0	0	0	0				
9. Credit									0	0	0	0	0				
10. Other									0	0	0	0	0				
11. Total individual life	333,030	13	172,011	0	0	0	0	0	172,011	13	228,030	0	0	(39)	(3,223,260)	343	28,830,477
Group Life																	
12. Whole									0	0	0	0	0				
13. Term									0	0	0	0	0				
14. Universal									0	0	0	0	0				
15. Variable									0	0	0	0	0				
16. Variable universal									0	0	0	0	0				
17. Credit									0	0	0	0	0				
18. Other									0	0	0	0	0				
19. Total group life	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	(3)	(61,582)	39	1,103,014
21. Indexed									0	0	0	0	0				
22. Variable with guarantees									0	0	0	0	0				
23. Variable without guarantees									0	0	0	0	0				
24. Life contingent payout	0	0	0						0	0	0	0	0			2	29,673
25. Other									0	0	0	0	0				
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(61,582)	41	1,132,687
Group Annuities																	
27. Fixed									0	0	0	0	0				
28. Indexed									0	0	0	0	0				
29. Variable with guarantees									0	0	0	0	0				
30. Variable without guarantees									0	0	0	0	0				
31. Life contingent payout	0	0	0						0	0	0	0	0			1	5,066
32. Other									0	0	0	0	0				
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0			1	5,066
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(4)	(3,432)	105	48,786
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(255)	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(5)	(3,687)	105	48,786
47. Total	333,030	13	172,011	0	0	0	0	0	172,011	13	228,030	0	0	(47)	(3,288,529)	490	30,017,016

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

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

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

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

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

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

24.1.FL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	37,000	0	11,914		48,914
2. Whole	26,122		0	0	0	0	11	100,000	0	0		100,000
3. Term	178,840		0	0	11	0	0	425,622	0	72,593		498,215
4. Indexed			0	0	0	0	0	0	0	0		0
5. Universal	77,244		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees			0	0	0	0	0	0	0	0		0
7. Variable			0	0	0	0	0	0	0	0		0
8. Variable universal			0	0	0	0	0	0	0	0		0
9. Credit			0	0	0	0	0	0	0	0		0
10. Other			0	0	0	0	0	0	0	0		0
11. Total individual life	282,206	0	0	0	11	0	11	562,622	0	84,507	0	647,129
Group Life												
12. Whole			0	0	0	0	0	0	0	0		0
13. Term			0	0	0	0	0	0	0	0		0
14. Universal			0	0	0	0	0	0	0	0		0
15. Variable			0	0	0	0	0	0	0	0		0
16. Variable universal			0	0	0	0	0	0	0	0		0
17. Credit			0	0	0	0	0	0	0	0		0
18. Other			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	2,500							0		5,994		5,994
21. Indexed								0				0
22. Variable with guarantees								0				0
23. Variable without guarantees								0				0
24. Life contingent payout	0							0		0		0
25. Other								0				0
26. Total individual annuities	2,500	0	0	0	0	0	0	0	0	5,994	0	5,994
Group Annuities												
27. Fixed								0				0
28. Indexed								0				0
29. Variable with guarantees								0				0
30. Variable without guarantees								0				0
31. Life contingent payout								0				0
32. Other								0				0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)								0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)								0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)								0	XXX	XXX	XXX	0
37. Vision only (d) (f)								0	XXX	XXX	XXX	0
38. Dental only (d) (f)								0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)								0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)								0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)								0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)								0	XXX	XXX	XXX	0
43. Disability income (d) (f)								0	XXX	XXX	XXX	0
44. Long-term care (d) (f)	814							0	XXX	XXX	XXX	0
45. Other health (d) (f)	0							0	XXX	XXX	XXX	0
46. Total accident and health	814	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	285,520 (c)	0	0	0	11	0	11	562,622	0	90,501	0	653,123

24.GA

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	38,246	4	37,000	0	0	0	0	0	0	1,246	0	0	(9)	(136,988)	169	1,366,291	
3. Term	100,000	1	100,000	0	0	0	0	0	1	100,000	0	0	(11)	(1,491,000)	63	9,428,000	
4. Indexed																	
5. Universal	425,622	4	425,622	0	0	0	0	0	4	425,622	0	0	(8)	(891,154)	81	7,262,880	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	563,868	9	562,622	0	0	0	0	0	9	562,622	1,246	0	(28)	(2,519,142)	313	18,057,171	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	3,261	0	0							3,261	0	0	(1)	8,186	13	288,080	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0							0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	3,261	0	0	0	0	0	0	0	0	3,261	0	0	(1)	8,186	13	288,080	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0							0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	1	773	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	1	773	
47. Total	567,129	9	562,622	0	0	0	0	0	9	562,622	4,507	0	(29)	(2,510,956)	327	18,346,024	

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

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

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

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

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

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

24.1.GA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	18	0	0	18	0	0	0	0	0
2. Whole	497		0	0	0	0	0	0	0	0	0	0
3. Term	21,073		0	0	0	0	0	50,000	0	0	0	50,000
4. Indexed			0	0	0	0	0	0	0	0	0	0
5. Universal	10,610		0	0	0	0	0	0	0	13,920	0	13,920
6. Universal with secondary guarantees			0	0	0	0	0	0	0	0	0	0
7. Variable			0	0	0	0	0	0	0	0	0	0
8. Variable universal			0	0	0	0	0	0	0	0	0	0
9. Credit			0	0	0	0	0	0	0	0	0	0
10. Other			0	0	0	0	0	0	0	0	0	0
11. Total individual life	32,180	0	0	18	0	0	18	50,000	0	13,920	0	63,920
Group Life												
12. Whole			0	0	0	0	0	0	0	0	0	0
13. Term			0	0	0	0	0	0	0	0	0	0
14. Universal			0	0	0	0	0	0	0	0	0	0
15. Variable			0	0	0	0	0	0	0	0	0	0
16. Variable universal			0	0	0	0	0	0	0	0	0	0
17. Credit			0	0	0	0	0	0	0	0	0	0
18. Other			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	3,406	0	3,406
21. Indexed			0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees			0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees			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
25. Other			0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	3,406	0	3,406
Group Annuities												
27. Fixed			0	0	0	0	0	0	0	0	0	0
28. Indexed			0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees			0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees			0	0	0	0	0	0	0	0	0	0
31. Life contingent payout			0	0	0	0	0	0	0	0	0	0
32. Other			0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e, f)			0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	32,180 (c)	0	0	18	0	0	18	50,000	0	17,326	0	67,326

24.HI

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	1	10,000	4	25,000
3. Term	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(1)	(50,000)	8	790,000
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(150,000)	12	1,234,749
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(1)	(190,000)	24	2,049,749
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	2,450	6	144,670
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	2,450	6	144,670
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(1)	(187,550)	30	2,194,419

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

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

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

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

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

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

24.1.HI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	1,685		55	0	8	0	63	0	0	0	0	0
3. Term	24,644		10	0	0	0	10	0	0	0	0	0
4. Indexed							0					0
5. Universal	0		0	0	0	0	0	0	0	0	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	26,329	0	65	0	8	0	73	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	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0				0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	26,329 (c)	0	65	0	8	0	73	0	0	0	0	0

24.ID

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount	30 Number of Pols/ Certs	31 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	84,641
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	900,000
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Universal with secondary guarantees															(288)	136,034
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22	1,120,675
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
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	5,198	123,182
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,198	123,182
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,922	1,243,857

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

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

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

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

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

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

24.1.ID



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			53	0	0	0	53	65,596	0	24,638		90,234
2. Whole	16,567		0	0	0	0	0	100,000	0	0		100,000
3. Term	149,540		0	0	0	0	0	150,000	0	77,824		227,824
4. Indexed												
5. Universal	84,745		0	0	0	0	0					
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	250,852	0	53	0	0	0	53	315,596	0	102,462	0	418,058
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	15,212							220,830		68,559		289,389
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							11,853		0		11,853
25. Other												
26. Total individual annuities	15,212	0	0	0	0	0	0	232,683	0	68,559	0	301,242
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	266,064 (c)	0	53	0	0	0	53	548,279	0	171,021	0	719,300

24.1L

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount	
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	75,400	5	65,596	0	0	0	0	5	65,596	10,000	0	0	(8)	(111,096)	296	1,211,021	
3. Term	150,000	1	100,000	0	0	0	0	1	100,000	50,000	0	0	(18)	(2,651,558)	79	8,236,881	
4. Indexed																	
5. Universal	271,000	2	150,000	0	0	0	0	2	150,000	121,000	0	0	(5)	(305,058)	81	7,655,094	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	496,400	8	315,596	0	0	0	0	8	315,596	181,000	0	0	(31)	(3,067,712)	456	17,102,996	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	148,097	4	154,418					4	154,418	0	1	3,600	(8)	(9,327)	130	3,879,996	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	4,439	1	4,439					1	4,439	0	0	0	(1)	(710)	2	10,166	
25. Other																	
26. Total individual annuities	152,536	5	158,857	0	0	0	0	5	158,857	0	1	3,600	(9)	(10,037)	132	3,890,162	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
47. Total	648,936	13	474,453	0	0	0	0	13	474,453	181,000	1	3,600	(40)	(3,077,749)	588	20,993,158	

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

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

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

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

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

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

24.1.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	17,500	0	4,677		22,177
2. Whole	10,572		0	0	0	0	0	75,000	0	0		75,000
3. Term	229,953		0	0	4	0	4	0	0	0		0
4. Indexed			0	0	0	0	0	0	0	0		0
5. Universal	76,561		0	0	0	0	0	107,486	0	19,883		127,369
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	317,086	0	0	0	4	0	4	199,986	0	24,560	0	224,546
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,340							6,933		29,595		36,528
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							5,174		0		5,174
25. Other												
26. Total individual annuities	1,340	0	0	0	0	0	0	12,107	0	29,595	0	41,702
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income		(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	456	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	318,882 (c)	0	0	0	4	0	4	212,093	0	54,155	0	266,248

24.IN

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	17,500	2	17,500	0	0	0	0	2	17,500	0	0	0	(3)	(41,144)	97	864,234	
3. Term	85,000	2	75,000	0	0	0	0	2	75,000	10,000	0	0	(14)	(1,070,000)	185	13,358,000	
4. Indexed																	
5. Universal	107,486	3	107,486	0	0	0	0	3	107,486	0	0	0	(5)	(194,353)	149	8,882,593	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	209,986	7	199,986	0	0	0	0	7	199,986	10,000	0	0	(22)	(1,305,497)	431	23,104,827	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	6,933	1	6,933					1	6,933	0	0	0	(3)	19,223	48	1,278,449	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0												3	5,173	
25. Other																	
26. Total individual annuities	6,933	1	6,933	0	0	0	0	1	6,933	0	0	0	(3)	19,223	51	1,283,622	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0												0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	216,919	8	206,919	0	0	0	0	8	206,919	10,000	0	0	(25)	(1,286,274)	482	24,388,905	

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

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

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

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

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

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

24.1.IN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	2,460		52	0	163	0	215	30,000	0	0		30,000
3. Term	105,397		32	0	0	0	32	2,276	0	0		2,276
4. Indexed							0					0
5. Universal	18,987		0	0	0	0	0	400,000	0	22,446		422,446
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	126,844	0	84	0	163	0	247	432,276	0	22,446	0	454,722
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	104,459		24,225		128,684
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	104,459	0	24,225	0	128,684
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)	336						0	XXX	XXX	XXX		0
45. Other health (d) (f)	0						0	XXX	XXX	XXX		0
46. Total accident and health	336	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	127,180 (c)	0	84	0	163	0	247	536,735	0	46,671	0	583,406

24.1A

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	22,276	5	32,276	0	0	0	0	5	32,276	0	0	0	(5)	(32,058)	26	210,283	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(525,000)	83	6,667,000	
4. Indexed																	
5. Universal	0	1	400,000	0	0	0	0	1	400,000	0	0	0	(3)	(375,570)	39	2,139,404	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	22,276	6	432,276	0	0	0	0	6	432,276	0	0	0	(11)	(932,628)	148	9,016,687	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	71,760	1	71,760					1	71,760	0	0	0	(3)	(98,627)	20	666,546	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0														
25. Other																	
26. Total individual annuities	71,760	1	71,760	0	0	0	0	1	71,760	0	0	0	(3)	(98,627)	20	666,546	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0														
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(91)	0	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	319	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(91)	319	
47. Total	94,036	7	504,036	0	0	0	0	7	504,036	0	0	0	(14)	(1,031,346)	169	9,683,552	

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

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

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

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

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

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

24.1 JA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	1,799		0	0	0	0	0	0	0	0	0	0
3. Term	102,885		9	0	0	0	9	100,000	0	0	0	100,000
4. Indexed							0					0
5. Universal	24,969		0	0	0	0	0	100,000	0	10,305		110,305
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	129,653	0	9	0	0	0	9	200,000	0	10,305	0	210,305
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	5,171						0	0		10,517		10,517
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total individual annuities	5,171	0	0	0	0	0	0	0	0	10,517	0	10,517
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	134,824 (c)	0	9	0	0	0	9	200,000	0	20,822	0	220,822

24.KS

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
		14 Number of Pol's/ Certs	15 Amount	16 Number of Pol's/ Certs	17 Amount	18 Number of Pol's/ Certs	19 Amount	20 Number of Pol's/ Certs	21 Amount		23 Number of Pol's/ Certs	24 Amount	25 Number of Pol's/ Certs	26 Amount	27 Number of Pol's/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	92,752	
3. Term	100,000	100,000	0	0	0	0	0	0	1	100,000	0	(2,200,000)	6	32	4,955,000			
4. Indexed																		
5. Universal	100,000	100,000	0	0	0	0	0	0	2	100,000	0	(236,244)	3	26	2,723,403			
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life	200,000	200,000	0	0	0	0	0	0	3	200,000	0	(2,436,244)	9	71	7,771,155			
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	22,950	1	10	607,601			
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																		
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	22,950	1	10	607,601			
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																		
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total	200,000	3	200,000	0	0	0	0	0	3	200,000	0	(2,413,294)	8	81	8,378,756			

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

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

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

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

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

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

24.1.KS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	2,521		0	0	0	0	0	0	0	0	0	0
3. Term	74,455		0	0	10	0	10	0	0	0	0	0
4. Indexed							0					0
5. Universal	19,081		0	0	0	0	0	0	0	0	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	96,057	0	0	0	10	0	10	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	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	9,533				9,533
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	9,533	0	0	0	9,533
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	96,057 (c)	0	0	0	10	0	10	9,533	0	0	0	9,533

24 KY

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	2	35,096	23	121,348	
3. Term	0	0	0	0	0	0	0	0	0	0	0	(3)	(300,000)	23	3,630,000	
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	1	23,476	20	1,736,181	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(241,428)	66	5,487,529	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit															(a)	
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed	0	0	0							0	0	0	2,729	6	69,931	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0							0	0	0	0	1	9,533	
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	2,729	7	79,464	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0							0	0	0	0	0	0	
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(238,699)	73	5,566,993	

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

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

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

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

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

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

24.1.KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	89	0	0	89	5,000	0	9,822	0	14,822
2. Whole	8,320		0	0	0	0	0	0	0	0	0	0
3. Term	95,750		0	0	0	0	0	0	0	0	0	0
4. Indexed			0	0	0	0	0	0	0	0	0	0
5. Universal	(2,722)		0	0	0	0	0	1,106,000	0	0	0	1,106,000
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	101,348	0	0	89	0	0	89	1,111,000	0	9,822	0	1,120,822
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							0		5,326		5,326
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							0		0		0
25. Other												
26. Total individual annuities	0	0	0	0	0	0	0	0	0	5,326	0	5,326
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	101,348 (c)	0	0	89	0	0	89	1,111,000	0	15,148	0	1,126,148

24.LA

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	13,500	1	5,000	0	0	0	0	0	1	5,000	13,500	0	0	(2)	(17,000)	48	321,594
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(100,000)	28	4,385,000
4. Indexed																	
5. Universal	0	1	1,106,000	0	0	0	0	0	1	1,106,000	0	0	0	0	(1,000,410)	11	1,123,187
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	13,500	2	1,111,000	0	0	0	0	0	2	1,111,000	13,500	0	0	(2)	(1,117,410)	87	5,829,781
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed	0	0	0						0	0	0	0	0	0	5,379	3	244,591
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	0
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,379	3	244,591
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	0
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)		XXX	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	XXX	0	0	0	0	0	0
47. Total	13,500	2	1,111,000	0	0	0	0	0	2	1,111,000	13,500	0	0	(2)	(1,112,031)	90	6,074,372

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

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

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

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

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

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

24.1.LA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	7,500	0	3,343		10,843
2. Whole	3,868		0	0	12	0	12	0	0	0		0
3. Term	51,656		0	0	0	0	0	50,000	0	8,010		58,010
4. Indexed												
5. Universal	7,563											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	63,087	0	0	0	12	0	12	57,500	0	11,353	0	68,853
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							0		0		0
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							0		0		0
25. Other												
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	63,087 (c)	0	0	0	12	0	12	57,500	0	11,353	0	68,853

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	7,500	7,500	0	0	0	0	0	7,500	0	0	0	0	(2)	(12,485)	25	166,709	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(4)	(400,000)	11	2,470,000	
4. Indexed																	
5. Universal	50,000	50,000	0	0	0	0	0	50,000	0	0	0	0	(2)	(100,000)	11	1,131,000	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	57,500	57,500	0	0	0	0	0	57,500	0	0	0	0	(8)	(512,485)	47	3,767,709	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	57,500	57,500	0	0	0	0	0	57,500	0	0	0	0	(8)	(512,485)	47	3,767,709	

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

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

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

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

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

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

24.1.ME



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole .....13,077												
3. Term .....206,120			4	0	0	0	4	0	0	0	0	0
4. Indexed												
5. Universal .....75,389			0	0	0	0	0	50,000	0	48,088		98,088
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	294,586	0	4	0	0	0	4	50,000	0	48,088	0	98,088
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		12,289		12,289
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							511		0		511
25. Other												
26. Total individual annuities	0	0	0	0	0	0	0	511	0	12,289	0	12,800
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual .....(d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group .....(d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement .....(d) (f)							0	XXX	XXX	XXX		0
37. Vision only .....(d) (f)							0	XXX	XXX	XXX		0
38. Dental only .....(d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan .....(d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare .....(d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid .....(d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H .....(d) (f)							0	XXX	XXX	XXX		0
43. Disability income .....(d) (f)							0	XXX	XXX	XXX		0
44. Long-term care .....(d) (f)							0	XXX	XXX	XXX		0
45. Other health .....(d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	294,586 (c)	0	4	0	0	0	4	50,511	0	60,377	0	110,888

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	56	719,144	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(15)	(2,216,000)	54	7,410,745	
4. Indexed																	
5. Universal	50,000	1	50,000	0	0	0	0	0	1	50,000	0	0	(11)	(1,129,522)	82	6,850,856	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	50,000	1	50,000	0	0	0	0	0	1	50,000	0	0	(26)	(3,345,522)	192	14,980,745	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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										(1)	(2,526)	17	240,952	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0												1	511	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(2,526)	18	241,463	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0												0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	50,000	1	50,000	0	0	0	0	0	1	50,000	0	0	(27)	(3,348,048)	210	15,222,208	

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

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

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

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

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

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

24.1.MD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	5,000	0	0	0	5,000
2. Whole	14,353		0	0	0	0	0	50,000	0	0	0	50,000
3. Term	182,180		0	0	0	0	0	200,000	0	18,278	0	218,278
4. Indexed			0	0	0	0	0	0	0	0	0	0
5. Universal	70,324		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
7. Variable			0	0	0	0	0	0	0	0	0	0
8. Variable universal			0	0	0	0	0	0	0	0	0	0
9. Credit			0	0	0	0	0	0	0	0	0	0
10. Other			0	0	0	0	0	0	0	0	0	0
11. Total individual life	266,857	0	0	0	0	0	0	255,000	0	18,278	0	273,278
Group Life												
12. Whole			0	0	0	0	0	0	0	0	0	0
13. Term			0	0	0	0	0	0	0	0	0	0
14. Universal			0	0	0	0	0	0	0	0	0	0
15. Variable			0	0	0	0	0	0	0	0	0	0
16. Variable universal			0	0	0	0	0	0	0	0	0	0
17. Credit			0	0	0	0	0	0	0	0	0	0
18. Other			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		5,806		5,806
21. Indexed								0		0		0
22. Variable with guarantees								0		0		0
23. Variable without guarantees								0		0		0
24. Life contingent payout	0							3,466	0	0		3,466
25. Other								0		0		0
26. Total individual annuities	0	0	0	0	0	0	0	3,466	0	5,806	0	9,272
Group Annuities												
27. Fixed								0		0		0
28. Indexed								0		0		0
29. Variable with guarantees								0		0		0
30. Variable without guarantees								0		0		0
31. Life contingent payout								0		0		0
32. Other								0		0		0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	266,857 (c)	0	0	0	0	0	0	258,466	0	24,084	0	282,550

24-MA

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	5,000	5,000	0	0	0	0	0	0	5,000	0	0	(1)	(5,000)	69	568,037		
3. Term	50,000	50,000	0	0	0	0	0	0	50,000	0	0	(7)	(1,300,000)	61	10,852,000		
4. Indexed									0	0	0						
5. Universal	0	200,000	0	0	0	0	0	0	200,000	0	0	(7)	(767,308)	68	7,836,190		
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total individual life	55,000	255,000	0	0	0	0	0	0	255,000	5,000	0	(15)	(2,072,308)	198	19,256,227		
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0						
19. Total group life	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	(1)	(77,106)	11	469,048		
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0			1	3,466		
25. Other									0	0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	(1)	(77,106)	12	472,514		
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0			0	0	0	
32. Other									0	0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0			0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	55,000	255,000	0	0	0	0	0	0	255,000	5,000	0	(16)	(2,149,414)	210	19,728,741		

(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: \$ _____.

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

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

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

24.1.MA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0					0
2. Whole	12,381		0	0	0	0		307,718	0	19,918		327,636
3. Term	315,831		0	0	43	0	43	795,000	0	0		795,000
4. Indexed												
5. Universal	73,733		0	0	0	0	0	205,329	0	103,523		308,852
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	401,945	0	0	0	43	0	43	1,308,047	0	123,441	0	1,431,488
Group Life												
12. Whole												0
13. Term												0
14. Universal												0
15. Variable												0
16. Variable universal												0
17. Credit												0
18. Other												0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	4,576							239,143		47,133		286,276
21. Indexed												0
22. Variable with guarantees												0
23. Variable without guarantees												0
24. Life contingent payout	0							0		0		0
25. Other												0
26. Total individual annuities	4,576	0	0	0	0	0	0	239,143	0	47,133	0	286,276
Group Annuities												
27. Fixed												0
28. Indexed												0
29. Variable with guarantees												0
30. Variable without guarantees												0
31. Life contingent payout												0
32. Other												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)								XXX	XXX	XXX		0
35. Comprehensive group (d) (f)								XXX	XXX	XXX		0
36. Medicare supplement (d) (f)								XXX	XXX	XXX		0
37. Vision only (d) (f)								XXX	XXX	XXX		0
38. Dental only (d) (f)								XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		0
42. Credit A&H (d) (f)								XXX	XXX	XXX		0
43. Disability income (d) (f)								XXX	XXX	XXX		0
44. Long-term care (d) (f)								XXX	XXX	XXX		0
45. Other health (d) (f)								XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	406,521 (c)	0	0	0	43	0	43	1,547,190	0	170,574	0	1,717,764

24.MI

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	289,253	38	307,718	0	0	0	0	38	307,718	34,701	0	0	(46)	(269,787)	407	3,342,941	
3. Term	770,000	8	795,000	0	0	0	0	8	795,000	0	0	0	(30)	(2,410,911)	258	19,237,500	
4. Indexed																	
5. Universal	205,329	3	205,329	0	0	0	0	3	205,329	0	0	0	(11)	(870,862)	152	8,638,357	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	1,264,582	49	1,308,047	0	0	0	0	49	1,308,047	34,701	0	0	(87)	(3,551,560)	817	31,218,798	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	276,582	3	239,143					3	239,143	37,439	0	0	(4)	(224,352)	38	1,311,705	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	276,582	3	239,143	0	0	0	0	3	239,143	37,439	0	0	(4)	(224,352)	38	1,311,705	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(584)	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(584)	0	0	
47. Total	1,541,164	52	1,547,190	0	0	0	0	52	1,547,190	72,140	0	0	(91)	(3,776,496)	855	32,530,503	

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

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

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

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

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

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

24.1.MI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			15	43	13	0	0	0	0	0	0	0
2. Whole	7,905						71				2,053	2,053
3. Term	336,336		3,202	0	147	0	3,349	575,732	0	4,974		580,706
4. Indexed							0					0
5. Universal	165,318		0	0	0	0	0	720,000	0	102,308		822,308
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	509,559	0	3,217	43	160	0	3,420	1,295,732	0	109,335	0	1,405,067
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	10,000						0	0		27,765		27,765
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	7,237	0	0		7,237
25. Other							0					0
26. Total individual annuities	10,000	0	0	0	0	0	0	7,237	0	27,765	0	35,002
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	519,559 (c)	0	3,217	43	160	0	3,420	1,302,969	0	137,100	0	1,440,069

24-MIN

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount			
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	0	1	732	0	0	0	0	1	732	0	0	0	(8)	(15,899)	171	867,215	
3. Term	675,000	5	575,000	0	0	0	0	5	575,000	100,000	0	0	(19)	(2,620,500)	223	19,870,643	
4. Indexed																	
5. Universal	720,000	3	720,000	0	0	0	0	3	720,000	0	0	0	(13)	(1,460,919)	151	9,073,021	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	1,395,000	9	1,295,732	0	0	0	0	9	1,295,732	100,000	0	0	(40)	(4,097,318)	545	29,810,879	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0					0	0	0	0	0	0	50,956	44	1,604,902	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	3	7,237	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	50,956	47	1,612,139	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	1,395,000	9	1,295,732	0	0	0	0	9	1,295,732	100,000	0	0	(40)	(4,046,362)	592	31,423,018	

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

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

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

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

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

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

24.1.MN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0					0
2. Whole	3,127		0	0	0	0	0	12,997	0	0		12,997
3. Term	96,301		0	0	0	0	0	0	0	0		0
4. Indexed												
5. Universal	12,726		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	112,154	0	0	0	0	0	0	12,997	0	0	0	12,997
Group Life												
12. Whole												0
13. Term												0
14. Universal												0
15. Variable												0
16. Variable universal												0
17. Credit												0
18. Other												0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	80							0				0
21. Indexed								0				0
22. Variable with guarantees								0				0
23. Variable without guarantees								0				0
24. Life contingent payout	0							0				0
25. Other								0				0
26. Total individual annuities	80	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed								0				0
28. Indexed								0				0
29. Variable with guarantees								0				0
30. Variable without guarantees								0				0
31. Life contingent payout								0				0
32. Other								0				0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(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	112,234 (c)	0	0	0	0	0	0	12,997	0	0	0	12,997

24 MS

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	12,997	3	12,997	0	0	0	0	0	12,997	47	0	0	(3)	(15,479)	32	120,907	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(4)	(2,250,000)	28	5,400,000	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	2	159,890	17	1,285,852	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	12,997	3	12,997	0	0	0	0	0	12,997	47	0	0	(5)	(2,105,589)	77	6,806,759	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0						0	0	0	0	0	6,797	5	165,624	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	6,797	5	165,624	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	12,997	3	12,997	0	0	0	0	0	12,997	47	0	0	(5)	(2,098,792)	82	6,972,383	

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

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

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

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

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

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

24.1.MS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0					0
2. Whole	7,145							40,000		3,070		43,070
3. Term	189,592		43	0	0	0	43	310,000		0		310,000
4. Indexed												0
5. Universal	78,949		0	0	0	0	0	480,000		6,000		486,000
6. Universal with secondary guarantees												0
7. Variable												0
8. Variable universal												0
9. Credit												0
10. Other												0
11. Total individual life	275,686	0	43	0	0	0	43	830,000	0	9,070	0	839,070
Group Life												
12. Whole												0
13. Term												0
14. Universal												0
15. Variable												0
16. Variable universal												0
17. Credit												0
18. Other												0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							0		8,457		8,457
21. Indexed												0
22. Variable with guarantees												0
23. Variable without guarantees												0
24. Life contingent payout	0							423		0		423
25. Other												0
26. Total individual annuities	0	0	0	0	0	0	0	423	0	8,457	0	8,880
Group Annuities												
27. Fixed												0
28. Indexed												0
29. Variable with guarantees												0
30. Variable without guarantees												0
31. Life contingent payout												0
32. Other												0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	275,686 (c)	0	43	0	0	0	43	830,423	0	17,527	0	847,950

24-MO

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	40,000	4	40,000	0	0	0	0	0	40,000	0	0	0	(5)	(45,000)	79	564,352	
3. Term	300,000	6	310,000	0	0	0	0	0	310,000	0	0	0	(21)	(1,527,100)	126	9,379,200	
4. Indexed									0	0	0	0					
5. Universal	380,000	5	480,000	0	0	0	0	0	480,000	0	0	0	(7)	(634,597)	123	8,331,673	
6. Universal with secondary guarantees									0	0	0	0					
7. Variable									0	0	0	0					
8. Variable universal									0	0	0	0					
9. Credit									0	0	0	0					
10. Other									0	0	0	0					
11. Total individual life	720,000	15	830,000	0	0	0	0	0	830,000	0	0	0	(33)	(2,206,697)	328	18,275,225	
Group Life																	
12. Whole									0	0	0	0					
13. Term									0	0	0	0					
14. Universal									0	0	0	0					
15. Variable									0	0	0	0					
16. Variable universal									0	0	0	0					
17. Credit									0	0	0	0				(a)	
18. Other									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	(1)	18,770	32	768,186	
21. Indexed									0	0	0	0					
22. Variable with guarantees									0	0	0	0					
23. Variable without guarantees									0	0	0	0					
24. Life contingent payout	0	0	0						0	0	0	0			1	423	
25. Other									0	0	0	0					
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	18,770	33	768,609	
Group Annuities																	
27. Fixed									0	0	0	0					
28. Indexed									0	0	0	0					
29. Variable with guarantees									0	0	0	0					
30. Variable without guarantees									0	0	0	0					
31. Life contingent payout	0	0	0						0	0	0	0			0	0	
32. Other									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)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	720,000	15	830,000	0	0	0	0	0	830,000	0	0	0	(34)	(2,187,927)	361	19,043,834	

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

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

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

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

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

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

24.1.MO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	300	0	0	0	300
2. Whole	1,899		4	0	8	0	12	0	0	0	0	0
3. Term	12,354		0	0	0	0	0	0	0	0	0	0
4. Indexed												
5. Universal	1,466		0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	15,719	0	4	0	8	0	12	300	0	0	0	300
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							0		38,271		38,271
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							406		0		406
25. Other												
26. Total individual annuities	0	0	0	0	0	0	0	406	0	38,271	0	38,677
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	15,719 (c)	0	4	0	8	0	12	706	0	38,271	0	38,977

24-MT

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	1	300	0	0	0	0	0	300	0	0	0	(1)	(289)	12	135,407
3. Term	0	0	0	0	0	0	0	0	0	0	0	(90,000)	0	0	6	660,000
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	30,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	1	300	0	0	0	0	0	300	0	0	0	(1)	(90,289)	19	825,407
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
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			(1)	(35,920)	2	47,446
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0						0	0					1	1,624
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(35,920)	3	49,070
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0						0	0					0	0
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total	0	1	300	0	0	0	0	0	300	0	0	0	(2)	(126,209)	22	874,477

(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: \$ _____.

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

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

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

24.1.MT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole 1,769												
3. Term 13,309			4	0	4	0	8	0	0	0	0	0
4. Indexed							0	0	0	0	0	0
5. Universal 1,445			0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees							0	0	0	0	0	0
7. Variable							0	0	0	0	0	0
8. Variable universal							0	0	0	0	0	0
9. Credit							0	0	0	0	0	0
10. Other							0	0	0	0	0	0
11. Total individual life	16,523	0	4	0	4	0	8	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0	0	0
13. Term							0	0	0	0	0	0
14. Universal							0	0	0	0	0	0
15. Variable							0	0	0	0	0	0
16. Variable universal							0	0	0	0	0	0
17. Credit							0	0	0	0	0	0
18. Other							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
21. Indexed							0	0	0	0	0	0
22. Variable with guarantees							0	0	0	0	0	0
23. Variable without guarantees							0	0	0	0	0	0
24. Life contingent payout	0						0	0	0	0	0	0
25. Other							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
28. Indexed							0	0	0	0	0	0
29. Variable with guarantees							0	0	0	0	0	0
30. Variable without guarantees							0	0	0	0	0	0
31. Life contingent payout							0	0	0	0	0	0
32. Other							0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX	0	0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX	0	0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX	0	0
37. Vision only (d) (f)							0	XXX	XXX	XXX	0	0
38. Dental only (d) (f)							0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX	0	0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX	0	0
43. Disability income (d) (f)							0	XXX	XXX	XXX	0	0
44. Long-term care (d) (f)							0	XXX	XXX	XXX	0	0
45. Other health (d) (f)							0	XXX	XXX	XXX	0	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	16,523 (c)	0	4	0	4	0	8	0	0	0	0	0

24.NE

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 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			24 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	4	16	168,429
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	7		850,000
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0		6	288,129
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	1	112,459	29	1,306,588
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
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	435	1	10,088
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	435	1	10,088
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	1	112,894	30	1,316,646

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

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

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

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

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

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

24.1.NE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1		2		Dividends to Policyholders/Refunds to Members			Claims and Benefits Paid				
	Premiums and Annuities Considerations	Other Considerations	3	4	5	6	7	8	9	10	11	12
			Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	25,000	0	0	0	25,000
2. Whole	1,565		0	0	0	0	0	0	0	0	0	0
3. Term	66,153		0	0	0	0	0	0	0	0	0	0
4. Indexed			0	0	0	0	0	0	0	0	0	0
5. Universal	14,204		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
7. Variable			0	0	0	0	0	0	0	0	0	0
8. Variable universal			0	0	0	0	0	0	0	0	0	0
9. Credit			0	0	0	0	0	0	0	0	0	0
10. Other			0	0	0	0	0	0	0	0	0	0
11. Total individual life	81,922	0	0	0	0	0	0	25,000	0	0	0	25,000
Group Life												
12. Whole			0	0	0	0	0	0	0	0	0	0
13. Term			0	0	0	0	0	0	0	0	0	0
14. Universal			0	0	0	0	0	0	0	0	0	0
15. Variable			0	0	0	0	0	0	0	0	0	0
16. Variable universal			0	0	0	0	0	0	0	0	0	0
17. Credit			0	0	0	0	0	0	0	0	0	0
18. Other			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	2,308	0	1,702	0	4,010
21. Indexed			0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees			0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees			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
25. Other			0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	2,308	0	1,702	0	4,010
Group Annuities												
27. Fixed			0	0	0	0	0	0	0	0	0	0
28. Indexed			0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees			0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees			0	0	0	0	0	0	0	0	0	0
31. Life contingent payout			0	0	0	0	0	0	0	0	0	0
32. Other			0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare	(d)	(e, f)	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H		(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health	(d)	(f)	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health			0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	81,922 (c)	0	0	0	0	0	0	27,308	0	1,702	0	29,010

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
		Claims Settled During Current Year									23 Issued During Year		25 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			24 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	0	1	25,000	0	0	0	0	0	25,000	0	0	0	(1)	(25,000)	16	90,574	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(1,000,000)	17	2,205,000	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(25,000)	9	1,255,862	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	0	1	25,000	0	0	0	0	0	25,000	0	0	0	(7)	(1,050,000)	42	3,551,436	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed	0	0	0						0	0	0	0	0	1,666	5	83,115	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	1,666	5	83,115	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	1	25,000	0	0	0	0	0	25,000	0	0	0	(7)	(1,048,334)	47	3,634,551	

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

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

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

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

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

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

24.1.NV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	5,000	0	0	0	5,000
2. Whole	2,851		0	0	0	0	0	350,000	0	0	0	350,000
3. Term	32,637		0	0	0	0	0	200,000	0	0	0	200,000
4. Indexed			0	0	0	0	0					
5. Universal	11,893		0	0	0	0	0					
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	47,381	0	0	0	0	0	0	555,000	0	0	0	555,000
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							6,898		3,885		10,783
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							0		0		0
25. Other												
26. Total individual annuities	0	0	0	0	0	0	0	6,898	0	3,885	0	10,783
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	47,381 (c)	0	0	0	0	0	0	561,898	0	3,885	0	565,783

24.NH

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial																	
2. Whole	5,000	5,000	0	0	0	0	0	5,000	0	0	(1)	(5,000)	13	108,011			
3. Term	350,000	350,000	0	0	0	0	0	350,000	0	0	(4)	(950,000)	13	2,185,000			
4. Indexed								0	0								
5. Universal	200,000	200,000	0	0	0	0	0	200,000	0	0	(2)	(201,078)	16	1,876,180			
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	555,000	555,000	0	0	0	0	0	555,000	0	0	(7)	(1,156,078)	42	4,169,191			
Group Life																	
12. Whole								0	0								
13. Term								0	0								
14. Universal								0	0								
15. Variable								0	0								
16. Variable universal								0	0								
17. Credit								0	0								
18. Other								0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	1	111,245	7	522,247			
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	1	111,245	7	522,247			
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	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
47. Total	555,000	555,000	0	0	0	0	0	555,000	0	0	(6)	(1,044,833)	49	4,691,438			

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

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

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

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

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

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

24.1.NH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	10,521	0	6,045		16,566
2. Whole	9,991		0	0	0	0	0	61,400	0	0		61,400
3. Term	198,779		0	0	0	0	0	0	0	2,063		2,063
4. Indexed			0	0	0	0	0	0	0	0		0
5. Universal	89,049		0	0	0	0	0	0	0	0		0
6. Universal with secondary guarantees			0	0	0	0	0	0	0	0		0
7. Variable			0	0	0	0	0	0	0	0		0
8. Variable universal			0	0	0	0	0	0	0	0		0
9. Credit			0	0	0	0	0	0	0	0		0
10. Other			0	0	0	0	0	0	0	0		0
11. Total individual life	297,819	0	0	0	0	0	0	71,921	0	8,108	0	80,029
Group Life												
12. Whole			0	0	0	0	0	0	0	0		0
13. Term			0	0	0	0	0	0	0	0		0
14. Universal			0	0	0	0	0	0	0	0		0
15. Variable			0	0	0	0	0	0	0	0		0
16. Variable universal			0	0	0	0	0	0	0	0		0
17. Credit			0	0	0	0	0	0	0	0		0
18. Other			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							10,343		4,879		15,222
21. Indexed								0		0		0
22. Variable with guarantees								0		0		0
23. Variable without guarantees								0		0		0
24. Life contingent payout	0							0		0		0
25. Other								0		0		0
26. Total individual annuities	0	0	0	0	0	0	0	10,343	0	4,879	0	15,222
Group Annuities												
27. Fixed								0		0		0
28. Indexed								0		0		0
29. Variable with guarantees								0		0		0
30. Variable without guarantees								0		0		0
31. Life contingent payout								0		0		0
32. Other								0		0		0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	297,819 (c)	0	0	0	0	0	0	82,264	0	12,987	0	95,251

24.NJ

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	10,521	10,521	0	0	0	0	0	10,521	0	0	0	(4)	(69,078)	41	411,920	
3. Term	161,400	61,400	0	0	0	0	0	61,400	100,000	0	0	(5)	(296,400)	107	11,864,428	
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	3	107,644	69	7,141,053	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	171,921	71,921	0	0	0	0	0	71,921	100,000	0	0	(6)	(257,834)	217	19,417,401	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit															(a)	
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	13,530	7	394,598	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	13,530	7	394,598	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(200)	0	0	
45. Other health (d)	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	0	0	0	(200)	0	0	
47. Total	171,921	71,921	0	0	0	0	0	71,921	100,000	0	0	(6)	(244,504)	224	19,811,999	

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

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

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

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

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

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

24.1.NJ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	5,000	0	0	0	5,000
2. Whole	1,939		0	0	0	0	0	0	0	0	0	0
3. Term	10,153		0	0	4	0	4	0	0	0	0	0
4. Indexed							0					0
5. Universal	3,537		0	0	0	0	0	0	0	0	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	15,629	0	0	0	4	0	4	5,000	0	0	0	5,000
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	128,799		2,141		130,940
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	128,799	0	2,141	0	130,940
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)	0						0	XXX	XXX	XXX		0
44. Long-term care (d) (f)	1,012						0	XXX	XXX	XXX		0
45. Other health (d) (f)	0						0	XXX	XXX	XXX		0
46. Total accident and health	1,012	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	16,641 (c)	0	0	0	4	0	4	133,799	0	2,141	0	135,940

24-NM

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	10,000	5,000	0	0	0	0	0	0	5,000	5,000	0	0	0	(4,539)	28	134,349	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	6	800,000		
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	454	5	561,322	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	10,000	5,000	0	0	0	0	0	1	5,000	5,000	0	0	(1)	(254,085)	39	1,495,671	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	128,799	128,799						1	128,799	0	0	0	(1)	(128,145)	2	84,244	
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout	0	0						0	0								
25. Other								0	0								
26. Total individual annuities	128,799	128,799	0	0	0	0	1	128,799	0	0	0	(1)	(128,145)	2	84,244		
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						0	0								
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(77)	2	961	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(77)	2	961	
47. Total	138,799	133,799	0	0	0	0	0	2	133,799	5,000	0	0	(2)	(382,307)	43	1,580,876	

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

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

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

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

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

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

24.1.NM



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	17,500	0	0	0	17,500
2. Whole	1,264		0	0	13	0	0	0	0	0	0	0
3. Term	28,574		0	0	0	0	0	0	0	0	0	0
4. Indexed			0	0	0	0	0	0	0	0	0	0
5. Universal	16,362		0	0	0	0	0	82,333	0	0	0	82,333
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	46,200	0	0	0	13	0	13	99,833	0	0	0	99,833
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	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0				0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	46,200 (c)	0	0	0	13	0	13	99,833	0	0	0	99,833

24.NY

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	10,000	2	17,500	0	0	0	0	0	17,500	10,000	0	0	(4)	(37,485)	12	104,166	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(250,000)	9	1,015,000	
4. Indexed																	
5. Universal	82,333	1	82,333	0	0	0	0	0	82,333	0	0	0	1	22,723	22	2,112,868	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	92,333	3	99,833	0	0	0	0	0	99,833	10,000	0	0	(4)	(264,762)	43	3,232,034	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0						0	0	0	0	0	32	1	746	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	32	1	746	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	92,333	3	99,833	0	0	0	0	0	99,833	10,000	0	0	(4)	(264,730)	44	3,232,780	

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

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

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

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

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

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

24.1.NY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0					0
2. Whole	7,490		0	0	0	0	32,500	0	0	0		32,500
3. Term	177,396		0	0	0	0	350,000	0	0	0		350,000
4. Indexed							0					0
5. Universal	39,834		0	0	0	0	0	0	0	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	224,720	0	0	0	0	0	382,500	0	0	0	0	382,500
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	600						0	0		385		385
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						1,249	0				1,249
25. Other							0					0
26. Total individual annuities	600	0	0	0	0	0	1,249	0	385	0	0	1,634
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	225,320 (c)	0	0	0	0	0	0	383,749	0	385	0	384,134

24 NC

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit									
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount						
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount											
Individual Life																				
1. Industrial																				
2. Whole	32,670	32,500	0	0	0	0	0	0	32,500	238	0	0	(1)	(9,760)	50	435,911				
3. Term	400,000	350,000	0	0	0	0	0	0	350,000	50,000	0	0	(11)	(1,380,000)	58	8,987,774				
4. Indexed									0	0										
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	1	438,950	42	3,592,768				
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	432,670	382,500	0	0	0	0	0	0	382,500	50,238	0	0	(11)	(950,810)	150	13,016,453				
Group Life																				
12. Whole									0	0										
13. Term									0	0										
14. Universal									0	0										
15. Variable									0	0										
16. Variable universal									0	0										
17. Credit									0	0										
18. Other									0	0										
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Individual Annuities																				
20. Fixed	0	0	0						0	0	0	0	0	42,120	18	938,553				
21. Indexed									0	0										
22. Variable with guarantees									0	0										
23. Variable without guarantees									0	0										
24. Life contingent payout	0	0	0						0	0	0	0	0	0	1	1,249				
25. Other									0	0										
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	42,120	19	939,802				
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	0						0	0	0	0	0	0	0	0				
32. Other									0	0										
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Accident and Health																				
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total	432,670	382,500	0	0	0	0	0	0	382,500	50,238	0	0	(11)	(908,690)	169	13,956,255				

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

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

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

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

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

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

24.1.NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	5,625		6,580	1,359	34	0	7,973	45,546	0	4,027		49,573
3. Term	24,968		8,498	75	189	0	8,762	15,370	0	3,263		18,633
4. Indexed							0					0
5. Universal	49,729		0	0	0	0	0	75,000	0	88,291		163,291
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	80,322	0	15,078	1,434	223	0	16,735	135,916	0	95,581	0	231,497
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	200						0	0		571		571
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	380		0		380
25. Other							0					0
26. Total individual annuities	200	0	0	0	0	0	0	380	0	571	0	951
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H							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	80,522 (c)	0	15,078	1,434	223	0	16,735	136,296	0	96,152	0	232,448

24.ND

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	78,798	14	60,916	0	0	0	0	14	60,916	22,882	0	0	(15)	(63,472)	414	1,343,106	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(300,000)	10	1,302,506	
4. Indexed																	
5. Universal	25,000	2	75,000	0	0	0	0	2	75,000	0	0	0	(9)	(786,926)	100	6,830,399	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	103,798	16	135,916	0	0	0	0	16	135,916	22,882	0	0	(26)	(1,150,398)	524	9,476,011	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0					0	0	0	0	0	0	2,204	5	75,121	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0					0	0	0	0	0	0	2	1	380	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	2,206	6	75,501	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	103,798	16	135,916	0	0	0	0	16	135,916	22,882	0	0	(26)	(1,148,192)	530	9,551,512	

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

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

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

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

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

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

24.1.ND



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	171,861	0	0	0	171,861
2. Whole	8,207							200,000	0	0	0	200,000
3. Term	168,489		22	0	6	0	28					
4. Indexed												
5. Universal	115,149		0	0	0	0	0	106,488	0	113,466	0	219,954
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	291,845	0	22	0	6	0	28	478,349	0	113,466	0	591,815
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	180							23,762		6,543		30,305
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							456		0		456
25. Other												
26. Total individual annuities	180	0	0	0	0	0	0	24,218	0	6,543	0	30,761
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)	259						0	XXX	XXX	XXX		0
45. Other health (d) (f)	0						0	XXX	XXX	XXX		0
46. Total accident and health	259	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	292,284 (c)	0	22	0	6	0	28	502,567	0	120,009	0	622,576

24.OH

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial																	
2. Whole	188,469	171,861	0	0	0	0	0	0	19,151	0	0	(24)	(153,948)	236	1,558,088		
3. Term	200,000	200,000	0	0	0	0	0	0	0	0	0	(12)	(2,506,068)	64	9,869,806		
4. Indexed																	
5. Universal	81,488	106,488	0	0	0	0	0	0	0	0	0	(8)	(536,312)	81	10,737,204		
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	469,957	478,349	0	0	0	0	0	0	19,151	0	0	(44)	(3,196,328)	381	22,165,098		
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed	21,533	21,533							0	0	0	(1)	(15,860)	15	296,925		
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0							0	0	0	0	0	1	456		
25. Other																	
26. Total individual annuities	21,533	21,533	0	0	0	0	0	0	0	0	0	(1)	(15,860)	16	297,381		
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0							0	0	0	0	0	0	0	0	0
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	(12,000)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	157,111	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	1	246	
45. Other health (d)	50,000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	195,111	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	1	246	
47. Total	686,601	28	499,882	0	0	0	0	0	19,151	0	0	(45)	(3,212,188)	398	22,462,725		

(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 \$ _____,3,040; Long-term Care \$ _____,55,318; Other Health \$ _____.

24.1.OH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 67083

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 3,831			500	0	0	0	500	10,309	0	0	10,309
3. Term 57,836			0	0	0	0	0	550,000	0	0	550,000
4. Indexed											
5. Universal 16,272			0	0	0	0	0	0	0	9,154	9,154
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	77,939	0	500	0	0	0	500	560,309	0	9,154	569,463
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total group life	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities											
20. Fixed	0							0		0	0
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout	0							0		0	0
25. Other											
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0
Accident and Health											
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX	0
37. Vision only (d) (f)							0	XXX	XXX	XXX	0
38. Dental only (d) (f)							0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX	0
43. Disability income (d) (f)							0	XXX	XXX	XXX	0
44. Long-term care (d) (f)							0	XXX	XXX	XXX	0
45. Other health (d) (f)							0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	77,939 (c)	0	500	0	0	0	500	560,309	0	9,154	569,463

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	10,309	10,309	0	0	0	0	0	10,309	0	0	0	0	(3)	(10,309)	26	157,943	
3. Term	550,000	550,000	0	0	0	0	0	550,000	0	0	0	0	(9)	(2,050,000)	25	2,455,000	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(29,344)	20	1,883,238	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	560,309	560,309	0	0	0	0	0	560,309	0	0	0	0	(13)	(2,089,653)	71	4,496,181	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	6,097	5	145,349	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	6,097	5	145,349	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	560,309	560,309	0	0	0	0	0	560,309	0	0	0	0	(13)	(2,083,556)	76	4,641,530	

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

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

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

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

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

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

24.1.OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	1,000	0	0	0	1,000
2. Whole .....801								262				262
3. Term .....29,387			138	0	7	0	145					
4. Indexed							0					0
5. Universal .....6,768			0	0	0	0	0	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	36,956	0	138	0	7	0	145	1,262	0	0	0	1,262
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	0		5,400		5,400
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	5,400	0	5,400
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	36,956 (c)	0	138	0	7	0	145	1,262	0	5,400	0	6,662

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	262	1,262	0	0	0	0	0	0	1,262	0	0	0	(2)	(1,252)	28	121,479	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(4)	(600,000)	10	655,934	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	1,875	7	870,041	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	262	1,262	0	0	0	0	0	0	1,262	0	0	0	(6)	(599,377)	45	1,647,454	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	698	10	156,254	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	698	10	156,254	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	262	1,262	0	0	0	0	0	0	1,262	0	0	0	(6)	(599,679)	55	1,803,708	

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

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

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

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0					0
2. Whole	4,985							41,000		3,737		44,737
3. Term	215,166		9	0	0	0	9	340,000		0		340,000
4. Indexed												
5. Universal	60,543		0	0	0	0	0	250,000		39,315		289,315
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	280,694	0	9	0	0	0	9	631,000	0	43,052	0	674,052
Group Life												
12. Whole												0
13. Term												0
14. Universal												0
15. Variable												0
16. Variable universal												0
17. Credit												0
18. Other												0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							97,991		3,183		101,174
21. Indexed												0
22. Variable with guarantees												0
23. Variable without guarantees												0
24. Life contingent payout	0							13,778		0		13,778
25. Other												0
26. Total individual annuities	0	0	0	0	0	0	0	111,769	0	3,183	0	114,952
Group Annuities												
27. Fixed												0
28. Indexed												0
29. Variable with guarantees												0
30. Variable without guarantees												0
31. Life contingent payout												0
32. Other												0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)	438						0	XXX	XXX	XXX		0
45. Other health (d) (f)	0						0	XXX	XXX	XXX		0
46. Total accident and health	438	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	281,132 (c)	0	9	0	0	0	9	742,769	0	46,235	0	789,004

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	36,000	41,000	0	0	0	0	0	0	41,000	0	0	0	(5)	(30,408)	32	460,423	
3. Term	340,000	340,000	0	0	0	0	0	0	340,000	0	0	0	(21)	(3,115,000)	83	9,140,000	
4. Indexed									0	0	0	0					
5. Universal	250,000	250,000	0	0	0	0	0	0	250,000	250,000	0	0	(7)	(760,450)	81	7,370,260	
6. Universal with secondary guarantees									0	0	0	0					
7. Variable									0	0	0	0					
8. Variable universal									0	0	0	0					
9. Credit									0	0	0	0					
10. Other									0	0	0	0					
11. Total individual life	626,000	631,000	0	0	0	0	0	0	631,000	250,000	0	0	(33)	(3,905,858)	196	16,970,683	
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	16,283	8	511,922	
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	13,778	
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	16,283	10	525,700	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	626,000	631,000	0	0	0	0	0	0	631,000	250,000	0	0	(33)	(3,889,575)	207	17,496,799	

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

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

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

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

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

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

24.1.PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	20,000	0	0	0	0
2. Whole	1,183		0	0	0	0	0	0	0	0	0	20,000
3. Term	23,292		0	0	0	0	0	0	0	0	0	0
4. Indexed			0	0	0	0	0	0	0	0	0	0
5. Universal	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
7. Variable			0	0	0	0	0	0	0	0	0	0
8. Variable universal			0	0	0	0	0	0	0	0	0	0
9. Credit			0	0	0	0	0	0	0	0	0	0
10. Other			0	0	0	0	0	0	0	0	0	0
11. Total individual life	24,475	0	0	0	0	0	0	20,000	0	0	0	20,000
Group Life												
12. Whole			0	0	0	0	0	0	0	0	0	0
13. Term			0	0	0	0	0	0	0	0	0	0
14. Universal			0	0	0	0	0	0	0	0	0	0
15. Variable			0	0	0	0	0	0	0	0	0	0
16. Variable universal			0	0	0	0	0	0	0	0	0	0
17. Credit			0	0	0	0	0	0	0	0	0	0
18. Other			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
21. Indexed			0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees			0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees			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
25. Other			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
28. Indexed			0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees			0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees			0	0	0	0	0	0	0	0	0	0
31. Life contingent payout			0	0	0	0	0	0	0	0	0	0
32. Other			0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e, f)			0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d) (f)			0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	24,475 (c)	0	0	0	0	0	0	20,000	0	0	0	20,000

24.RI

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole	20,000	20,000	0	0	0	0	0	1	20,000	0	0	(19,724)	6	56,305		
3. Term	0	0	0	0	0	0	0	0	0	0	0	450,000	3	725,000		
4. Indexed								0	0							
5. Universal	0	0	0	0	0	0	0	0	0	0	0	284,625	2	284,625		
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	20,000	20,000	0	0	0	0	0	1	20,000	0	0	714,901	11	1,065,930		
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								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							
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total	20,000	20,000	0	0	0	0	0	1	20,000	0	0	714,901	11	1,065,930		

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

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

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

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

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

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

24.1 RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0					0
2. Whole	8,514							37,500		12,013		49,513
3. Term	125,209		21	0	0	0	21	50,000		0		50,000
4. Indexed												0
5. Universal	28,041		0	0	0	0	0	90,000		71,423		161,423
6. Universal with secondary guarantees												0
7. Variable												0
8. Variable universal												0
9. Credit												0
10. Other												0
11. Total individual life	161,764	0	21	0	0	0	21	177,500	0	83,436	0	260,936
Group Life												
12. Whole												0
13. Term												0
14. Universal												0
15. Variable												0
16. Variable universal												0
17. Credit												0
18. Other												0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,560							36,741		6,221		42,962
21. Indexed												0
22. Variable with guarantees												0
23. Variable without guarantees												0
24. Life contingent payout	0							4,508		0		4,508
25. Other												0
26. Total individual annuities	1,560	0	0	0	0	0	0	41,249	0	6,221	0	47,470
Group Annuities												
27. Fixed												0
28. Indexed												0
29. Variable with guarantees												0
30. Variable without guarantees												0
31. Life contingent payout												0
32. Other												0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	163,324 (c)	0	21	0	0	0	21	218,749	0	89,657	0	308,406

24.SC

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	29,943	4	37,500	0	0	0	0	0	37,500	2,443	0	0	(4)	(21,831)	77	562,778	
3. Term	50,000	1	50,000	0	0	0	0	0	50,000	0	0	0	(8)	(1,220,000)	56	6,930,000	
4. Indexed									0								
5. Universal	90,000	1	90,000	0	0	0	0	0	90,000	0	0	0	(2)	(348,841)	37	2,990,745	
6. Universal with secondary guarantees									0								
7. Variable									0								
8. Variable universal									0								
9. Credit									0								
10. Other									0								
11. Total individual life	169,943	6	177,500	0	0	0	0	0	177,500	2,443	0	0	(14)	(1,590,672)	170	10,483,523	
Group Life																	
12. Whole									0								
13. Term									0								
14. Universal									0								
15. Variable									0								
16. Variable universal									0								
17. Credit									0								
18. Other									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	36,741	2	36,741						36,741	0	0	0	(2)	(36,471)	8	106,227	
21. Indexed									0								
22. Variable with guarantees									0								
23. Variable without guarantees									0								
24. Life contingent payout	0	0	0						0		0	0	0	0	1	4,508	
25. Other									0								
26. Total individual annuities	36,741	2	36,741	0	0	0	0	0	36,741	0	0	0	(2)	(36,471)	9	110,735	
Group Annuities																	
27. Fixed									0								
28. Indexed									0								
29. Variable with guarantees									0								
30. Variable without guarantees									0								
31. Life contingent payout	0	0	0						0		0	0	0	0	0	0	
32. Other									0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	206,684	8	214,241	0	0	0	0	0	214,241	2,443	0	0	(16)	(1,627,143)	180	10,594,258	

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

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

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

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

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

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

24.1.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	2,025		0	0	0	0	0	0	0	0	0	0
3. Term	6,532		14,350	0	4	0	14,354	2,485	0	0	0	2,485
4. Indexed							0					0
5. Universal	8,994		0	0	0	0	0	0	0	0	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	17,551	0	14,350	0	4	0	14,354	2,485	0	0	0	2,485
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	0		474		474
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	474	0	474
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	17,551 (c)	0	14,350	0	4	0	14,354	2,485	0	474	0	2,959

24.SD

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	5,835	1	2,485	0	0	0	0	0	0	2,485	0	0	(1)	(2,480)	48	195,619	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	345,000	
4. Indexed																	
5. Universal	25,000	0	0	0	0	0	0	0	0	25,000	0	0	2	116,218	13	726,644	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	30,835	1	2,485	0	0	0	0	0	1	2,485	28,350	0	0	1	113,738	66	1,267,263
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed	0	0	0							0	0	0	0	4,901	8	129,341	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0							0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	4,901	8	129,341	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0							0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	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	XXX	0	0	0	0	0	0
47. Total	30,835	1	2,485	0	0	0	0	0	1	2,485	28,350	0	0	1	118,639	74	1,396,604

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

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

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

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

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

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

24.1.SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	3,731		0	0	0	0	0	265	0	1,533	0	1,798
3. Term	171,560		0	0	0	0	0	270,000	0	0	0	270,000
4. Indexed												
5. Universal	27,783		0	0	0	0	0	50,000	0	19,486	0	69,486
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	203,074	0	0	0	0	0	0	320,265	0	21,019	0	341,284
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0							0		0		0
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout	0							0		0		0
25. Other												
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		0
35. Comprehensive group (d) (f)								XXX	XXX	XXX		0
36. Medicare supplement (d) (f)								XXX	XXX	XXX		0
37. Vision only (d) (f)								XXX	XXX	XXX		0
38. Dental only (d) (f)								XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		0
42. Credit A&H (d) (f)								XXX	XXX	XXX		0
43. Disability income (d) (f)								XXX	XXX	XXX		0
44. Long-term care (d) (f)	700							XXX	XXX	XXX		0
45. Other health (d) (f)	0							XXX	XXX	XXX		0
46. Total accident and health	700	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	203,774 (c)	0	0	0	0	0	0	320,265	0	21,019	0	341,284

24.TN

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	265	265	0	0	0	0	0	0	0	7,355	0	0	(1)	4,735	38	234,796	
3. Term	320,000	270,000	0	0	0	0	0	0	4	50,000	0	0	(13)	(1,460,500)	50	6,789,850	
4. Indexed																	
5. Universal	50,000	50,000	0	0	0	0	0	0	1	50,000	0	0	(5)	(397,739)	35	3,322,736	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	370,265	320,265	0	0	0	0	0	0	6	57,355	0	0	(19)	(1,853,504)	123	10,347,382	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	971	2	25,242	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	971	2	25,242	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	370,265	6	320,265	0	0	0	0	0	6	320,265	57,355	0	0	(19)	(1,852,533)	127	10,373,289

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

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

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

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

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

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

24.1.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	20,663		519	0	0	519		129,943	0	0		129,943
3. Term	553,032		46	0	35	81		300,000	0	0		300,000
4. Indexed						0						0
5. Universal	76,292		0	0	0	0		238,873	0	37,352		276,225
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	649,987	0	565	0	35	600		668,816	0	37,352	0	706,168
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0		0	0	0	0	0
Individual Annuities												
20. Fixed	600					0		2,304		3,168		5,472
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout	0					0		3,038		0		3,038
25. Other						0						0
26. Total individual annuities	600	0	0	0	0	0		5,342	0	3,168	0	8,510
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0		XXX	XXX	XXX		0
35. Comprehensive group (d) (f)						0		XXX	XXX	XXX		0
36. Medicare supplement (d) (f)						0		XXX	XXX	XXX		0
37. Vision only (d) (f)						0		XXX	XXX	XXX		0
38. Dental only (d) (f)						0		XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)						0		XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)						0		XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)						0		XXX	XXX	XXX		0
42. Credit A&H (d) (f)						0		XXX	XXX	XXX		0
43. Disability income (d) (f)						0		XXX	XXX	XXX		0
44. Long-term care (d) (f)	269					0		XXX	XXX	XXX		0
45. Other health (d) (f)	0					0		XXX	XXX	XXX		0
46. Total accident and health	269	0	0	0	0	0		XXX	XXX	XXX	0	0
47. Total	650,856 (c)	0	565	0	35	600		674,158	0	40,520	0	714,678

24.TX

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount	30 Number of Pols/ Certs	31 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	119,561	9	129,943	0	0	0	0	0	129,943	0	0	0	(9)	(129,924)	150	1,111,355	
3. Term	300,000	2	300,000	0	0	0	0	0	300,000	0	0	0	(26)	(4,550,000)	178	25,357,620	
4. Indexed									0								
5. Universal	356,180	3	238,873	0	0	0	0	0	238,873	192,307	0	0	(10)	(1,266,526)	106	9,108,846	
6. Universal with secondary guarantees									0								
7. Variable									0								
8. Variable universal									0								
9. Credit									0								
10. Other									0								
11. Total individual life	775,741	14	668,816	0	0	0	0	0	668,816	192,307	0	0	(45)	(5,946,450)	434	35,577,821	
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	2,304	1	2,304						1	2,304	0	0	(1)	20,452	20	616,387	
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout	0	0	0						0	0			(1)	(3,410)	2	3,038	
25. Other									0	0							
26. Total individual annuities	2,304	1	2,304	0	0	0	0	0	1	2,304	0	0	(2)	17,042	22	619,425	
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	0						0	0					0	0	
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	778,045	15	671,120	0	0	0	0	0	15	671,120	192,307	0	(47)	(5,929,408)	457	36,197,502	

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

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

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	735		0	0	0	0	0	0	0	0	0	0
3. Term	29,047		4	0	0	0	4	0	0	0	0	0
4. Indexed							0					0
5. Universal	15,466		0	0	0	0	0	0	0	0	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	45,248	0	4	0	0	0	4	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	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0				0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	45,248 (c)	0	4	0	0	0	4	0	0	0	0	0

24. UT

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial																	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	75,901	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	10	2,185,000		
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	5	942,000		
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(505,000)	23	3,202,901	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	1,112	3	27,557	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	1,112	3	27,557	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(503,888)	26	3,230,458

(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: \$ _____.

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

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

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

24.1.UT



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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1		Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
	Premiums and Annuities Considerations	Other Considerations	3	4	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	0	0	0	0	0	0	0	
2. Whole	539		0	0	0	0	0	0	0	0	0	
3. Term	2,601		0	0	0	0	0	0	0	0	0	
4. Indexed												
5. Universal	14,342		0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	17,482	0	0	0	0	0	0	0	0	0	0	
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities												
20. Fixed	0						0	0	0	0	0	
21. Indexed							0	0	0	0	0	
22. Variable with guarantees							0	0	0	0	0	
23. Variable without guarantees							0	0	0	0	0	
24. Life contingent payout	0						0	0	0	0	0	
25. Other							0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities												
27. Fixed							0	0	0	0	0	
28. Indexed							0	0	0	0	0	
29. Variable with guarantees							0	0	0	0	0	
30. Variable without guarantees							0	0	0	0	0	
31. Life contingent payout							0	0	0	0	0	
32. Other							0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX	0	
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX	0	
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX	0	
37. Vision only (d) (f)							0	XXX	XXX	XXX	0	
38. Dental only (d) (f)							0	XXX	XXX	XXX	0	
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX	0	
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX	0	
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX	0	
42. Credit A&H (d) (f)							0	XXX	XXX	XXX	0	
43. Disability income (d) (f)							0	XXX	XXX	XXX	0	
44. Long-term care (d) (f)							0	XXX	XXX	XXX	0	
45. Other health (d) (f)							0	XXX	XXX	XXX	0	
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	
47. Total	17,482 (c)	0	0	0	0	0	0	0	0	0	0	

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	30,559
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	1	350,000
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	949,165
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(100,000)	11	1,329,724
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
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	4,574	2	101,284
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	4,574	2	101,284
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(95,426)	13	1,431,008

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

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

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

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

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

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

24.1.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	36,661	0	0	0	0
2. Whole	12,462											36,661
3. Term	159,107		4	0	5	0	9	0	0	0	0	0
4. Indexed												0
5. Universal	54,424		0	0	0	0	0	0	0	10,799		10,799
6. Universal with secondary guarantees												0
7. Variable												0
8. Variable universal												0
9. Credit												0
10. Other												0
11. Total individual life	225,993	0	4	0	5	0	9	36,661	0	10,799	0	47,460
Group Life												
12. Whole												0
13. Term												0
14. Universal												0
15. Variable												0
16. Variable universal												0
17. Credit												0
18. Other												0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	240							0	0	220		220
21. Indexed								0	0	0		0
22. Variable with guarantees								0	0	0		0
23. Variable without guarantees								0	0	0		0
24. Life contingent payout	0							0	0	0		0
25. Other								0	0	0		0
26. Total individual annuities	240	0	0	0	0	0	0	0	0	220	0	220
Group Annuities												
27. Fixed								0	0	0		0
28. Indexed								0	0	0		0
29. Variable with guarantees								0	0	0		0
30. Variable without guarantees								0	0	0		0
31. Life contingent payout								0	0	0		0
32. Other								0	0	0		0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d) (f)							0	XXX	XXX	XXX	0
35. Comprehensive group	(d) (f)							0	XXX	XXX	XXX	0
36. Medicare supplement	(d) (f)							0	XXX	XXX	XXX	0
37. Vision only	(d) (f)							0	XXX	XXX	XXX	0
38. Dental only	(d) (f)							0	XXX	XXX	XXX	0
39. Federal employees health benefits plan	(d) (f)							0	XXX	XXX	XXX	0
40. Title XVIII Medicare	(d) (e, f)							0	XXX	XXX	XXX	0
41. Title XIX Medicaid	(d) (f)							0	XXX	XXX	XXX	0
42. Credit A&H	(f)							0	XXX	XXX	XXX	0
43. Disability income	(d) (f)	760						0	XXX	XXX	XXX	0
44. Long-term care	(d) (f)	0						0	XXX	XXX	XXX	0
45. Other health	(d) (f)	760						0	XXX	XXX	XXX	0
46. Total accident and health		760	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	226,993 (c)	0	4	0	5	0	9	36,661	0	11,019	0	47,680

24.VA

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	31,661	6	36,661	0	0	0	0	6	36,661	0	0	0	(5)	(32,337)	97	609,505	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(735,000)	57	8,078,500	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(122,852)	29	3,022,946	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	31,661	6	36,661	0	0	0	0	6	36,661	0	0	0	(10)	(890,189)	183	11,710,951	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0					0	0	0	0	0	0	9,039	10	225,536	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	1	1,707	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	9,039	11	227,243	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	31,661	6	36,661	0	0	0	0	6	36,661	0	0	0	(10)	(881,150)	194	11,938,194	

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

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

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

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

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

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

24.1.VA



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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	9,282		397	0	124	0	521	1,800	900	0		2,700
3. Term	73,972		75	0	14	0	89	0	0	0		0
4. Indexed							0					0
5. Universal	7,931		0	0	0	0	0	0	0	11,687		11,687
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	91,185	0	472	0	138	0	610	1,800	900	11,687	0	14,387
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	0		1,884		1,884
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	1,884	0	1,884
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	91,185 (c)	0	472	0	138	0	610	1,800	900	13,571	0	16,271

24-WA

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	2,200	4	2,700	0	0	0	0	0	2,700	200	0	0	(5)	(2,496)	122	872,696	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(10)	(890,000)	22	3,280,000	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(175,936)	14	1,008,195	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	2,200	4	2,700	0	0	0	0	0	2,700	200	0	0	(18)	(1,068,432)	158	5,160,891	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	4,538	6	172,291	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	4,538	6	172,291	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0						0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	2,200	4	2,700	0	0	0	0	0	2,700	200	0	0	(18)	(1,063,894)	164	5,333,182	

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

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

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

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

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

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

24.1.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	1,802		0	0	0	0	0	0	0	0	0	0
3. Term	36,915		0	0	0	0	0	0	0	0	0	0
4. Indexed												
5. Universal	2,632		0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	41,349	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	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0				0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H		(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	41,349 (c)	0	0	0	0	0	0	0	0	0	0	0

24.WV

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	8	88,355	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	10	1,230,000	
4. Indexed																
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2	450,000	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(2)	20	1,768,355	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit															(a)	
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(2)	20	1,768,355	

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

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

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

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

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

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

24.1.WV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	108	0	0	0	173,034	0	39,424		212,458
2. Whole .....33,804												
3. Term .....861,675			50	0	19	0	69	828,000	0	0		828,000
4. Indexed												
5. Universal .....175,224			0	0	0	0	0	405,287	0	371,358		776,645
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,070,703	0	50	108	19	0	177	1,406,321	0	410,782	0	1,817,103
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed .....18,604								545,855		162,589		708,444
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout .....0								17,059		0		17,059
25. Other												
26. Total individual annuities	18,604	0	0	0	0	0	0	562,914	0	162,589	0	725,503
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual .....(d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group .....(d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement .....(d) (f)							0	XXX	XXX	XXX		0
37. Vision only .....(d) (f)							0	XXX	XXX	XXX		0
38. Dental only .....(d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan .....(d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare .....(d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid .....(d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H .....(f)							0	XXX	XXX	XXX		0
43. Disability income .....(d) (f)	1,854						0	XXX	XXX	XXX		0
44. Long-term care .....(d) (f)	0						0	XXX	XXX	XXX		0
45. Other health .....(d) (f)	0						0	XXX	XXX	XXX		0
46. Total accident and health	1,854	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,091,161 (c)	0	50	108	19	0	177	1,969,235	0	573,371	0	2,542,606

24-W1

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	185,652	13	173,034	0	0	0	0	13	173,034	15,000	0	0	(23)	(200,687)	369	2,865,713	
3. Term	763,000	14	828,000	0	0	0	0	14	828,000	10,000	0	0	(69)	(6,093,000)	711	53,224,148	
4. Indexed																	
5. Universal	430,287	12	405,287	0	0	0	0	12	405,287	25,000	0	0	(39)	(2,034,921)	577	25,421,057	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	1,378,939	39	1,406,321	0	0	0	0	39	1,406,321	50,000	0	0	(131)	(8,328,608)	1,657	81,510,918	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	490,686	5	407,708					5	407,708	82,978	2	62,514	(14)	(494,063)	145	7,155,738	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0							0	0	0	0	0	6	17,058	
25. Other																	
26. Total individual annuities	490,686	5	407,708	0	0	0	0	5	407,708	82,978	2	62,514	(14)	(494,063)	151	7,172,796	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0							0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	1,869,625	44	1,814,029	0	0	0	0	44	1,814,029	132,978	2	62,514	(145)	(8,822,663)	1,808	88,686,747	

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

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

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

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

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

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

24.1.W1



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	238		0	0	0	0	0	0	0	0	0	0
3. Term	5,638		0	0	0	0	0	0	0	0	0	0
4. Indexed												
5. Universal	0		0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	5,876	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	0		45,225		45,225
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	45,225	0	45,225
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	5,876 (c)	0	0	0	0	0	0	0	0	45,225	0	45,225

24.WY

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	29,561	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(250,000)	7	345,000	
4. Indexed																	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	125,000	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(250,000)	14	499,561	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
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	(2)	(41,897)	1	43,950	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(41,897)	1	43,950	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(4)	(291,897)	15	543,511	

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

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

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

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

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

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

24.1.WY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2025

NAIC Company Code 67083

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

24.AS

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2025

NAIC Company Code 67083

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

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

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

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

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

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

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

24.1.AS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2025

NAIC Company Code 67083

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

24.GU

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF

Guam

DURING THE YEAR 2025

NAIC Company Code 67083

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

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

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

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

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

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

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

24.1.GU



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2025

NAIC Company Code 67083

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

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2025

NAIC Company Code 67083

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

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

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

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

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

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

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

24.1.PR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2025

NAIC Company Code 67083

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

24.VI

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF

U.S. Virgin Islands

DURING THE YEAR 2025

NAIC Company Code 67083

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

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

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

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

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

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

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

24.1.VI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2025

NAIC Company Code 67083

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

24.MP

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0435 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2025 NAIC Company Code 67083

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

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

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

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

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

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

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

24.1.MP



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2025

NAIC Company Code 67083

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

24.CN

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2025

NAIC Company Code 67083

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

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

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

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

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

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

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

24.1.CN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	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	2,192	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	2,192	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	4,296	0	0	0	4,296
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	4,296	0	0	0	4,296
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)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
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 (d)	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	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	2,192 (c)	0	0	0	0	0	0	4,296	0	0	0	4,296

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF

Other Aliens

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5,491
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(100,000)	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	7	958,588
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	(1)	(102,363)	9
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	3,123	4	83,230
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	3,123	4	83,230
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(99,240)	13

(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 business 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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0435

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	380,916	0	8,233	1,680	403	0	10,316	1,472,117	10,900	196,706	0	1,679,723
3. Term	6,777,107	0	26,916	75	639	0	27,630	6,925,525	0	8,237	0	6,933,762
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	2,238,818	0	0	0	0	0	0	7,008,957	0	1,506,037	0	8,514,994
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	9,396,841	0	35,149	1,755	1,042	0	37,946	15,406,599	10,900	1,710,980	0	17,128,479
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	62,463	0	0	0	0	0	0	1,482,146	0	738,117	0	2,220,263
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	180,650	0	0	0	180,650
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	62,463	0	0	0	0	0	0	1,662,796	0	738,117	0	2,400,913
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)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
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 (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	3,154 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	55,182 (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	58,336	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	9,517,640 (c)	0	35,149	1,755	1,042	0	37,946	17,069,395	10,900	2,449,097	0	19,529,392

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

NAIC Group Code 0435

BUSINESS IN THE STATE OF

Grand Total

DURING THE YEAR 2025

NAIC Company Code 67083

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits											Policy Exhibit								
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount				
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount											
Individual Life																				
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	1,464,076	191	1,504,142	0	0	0	0	0	191	1,504,142	167,407	0	(232)	(1,719,984)	3,907	28,560,552				
3. Term	7,339,400	74	6,904,400	0	0	0	0	0	74	6,904,400	545,000	0	(444)	(62,836,537)	3,257	350,662,144				
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	5,547,464	68	7,008,957	0	0	0	0	0	68	7,008,957	844,507	0	(199)	(19,227,782)	2,717	218,168,969				
6. Universal with secondary guarantees	0	0	0	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	0	0	0	
8. Variable universal	0	0	0	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	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	14,350,940	333	15,417,499	0	0	0	0	0	333	15,417,499	1,556,914	0	(875)	(83,784,303)	9,881	597,391,665				
Group Life																				
12. Whole	0	0	0	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	0	0	0	
14. Universal	0	0	0	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	0	0	0	
16. Variable universal	0	0	0	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	0	0	0 (a)	
18. Other	0	0	0	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	0	0	0	
Individual Annuities																				
20. Fixed	1,228,154	23	1,110,797	0	0	0	0	0	23	1,110,797	123,678	3	66,114	(56)	(838,461)	822	27,358,564			
21. Indexed	0	0	0	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	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	10,801	2	17,391	0	0	0	0	0	2	17,391	0	0	(4)	(6,442)	52	186,713				
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	1,238,955	25	1,128,188	0	0	0	0	0	25	1,128,188	123,678	3	66,114	(60)	(844,903)	874	27,545,277			
Group Annuities																				
27. Fixed	0	0	0	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	0	0	0	
29. Variable with guarantees	0	0	0	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	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5,066		
32. Other	0	0	0	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	1	5,066		
Accident and Health																				
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
43. Disability income (d)	(12,000)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	(667)	0	3,489	
44. Long-term care (d)	157,111	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(4)	(3,709)	117	52,422			
45. Other health (d)	50,000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(255)	0	0	0	0	
46. Total accident and health	195,111	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(5)	(4,631)	117	55,911			
47. Total	15,785,006	358	16,545,687	0	0	0	0	0	358	16,545,687	1,680,592	3	66,114	(940)	(84,633,837)	10,873	624,997,919			

(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 \$ 3,040 ; Long-term Care \$ 55,318 ; Other Health \$ 0

24.1.GT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	2,335,965
2. Current year's realized pre-tax capital gains/(losses) of \$ (19,909) transferred into the reserve net of taxes of \$ (4,181)	(15,728)
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)	2,320,237
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	318,177
6. Reserve as of December 31, current year (Line 4 minus Line 5)	2,002,061

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	320,297	(2,121)	0	318,177
2. 2026	308,216	(4,434)	0	303,782
3. 2027	287,068	(4,057)	0	283,011
4. 2028	254,710	(2,948)	0	251,762
5. 2029	220,244	(1,806)	0	218,437
6. 2030	183,630	(567)	0	183,063
7. 2031	153,124	63	0	153,186
8. 2032	121,841	51	0	121,892
9. 2033	100,685	38	0	100,723
10. 2034	79,798	25	0	79,823
11. 2035	62,749	9	0	62,758
12. 2036	47,733	2	0	47,736
13. 2037	34,454	2	0	34,456
14. 2038	22,825	2	0	22,827
15. 2039	16,244	3	0	16,247
16. 2040	16,968	3	0	16,971
17. 2041	17,341	3	0	17,344
18. 2042	18,471	2	0	18,473
19. 2043	18,876	1	0	18,877
20. 2044	17,826	1	0	17,827
21. 2045	14,220	0	0	14,220
22. 2046	10,228	0	0	10,228
23. 2047	6,219	0	0	6,219
24. 2048	2,199	0	0	2,199
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	0
32. Total (Lines 1 to 31)	2,335,965	(15,728)	0	2,320,237

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	856,652	0	856,652	0	0	0	856,652
2. Realized capital gains/(losses) net of taxes - General Account	(38,163)		(38,163)			0	(38,163)
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	268,218	0	268,218	0	0	0	268,218
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,086,707	0	1,086,707	0	0	0	1,086,707
9. Maximum reserve	1,204,113	0	1,204,113	0	0	0	1,204,113
10. Reserve objective	689,726	0	689,726	0	0	0	689,726
11. 20% of (Line 10 - Line 8)	(79,396)	0	(79,396)	0	0	0	(79,396)
12. Balance before transfers (Lines 8 + 11)	1,007,311	0	1,007,311	0	0	0	1,007,311
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)	1,007,311	0	1,007,311	0	0	0	1,007,311

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt obligations	1,928,653	XXX	XXX	1,928,653	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	1,200,518	XXX	XXX	1,200,518	0.0002	240	0.0007	840	0.0013	1,561
2.2	1	NAIC Designation Category 1.B	1,374,433	XXX	XXX	1,374,433	0.0004	550	0.0011	1,512	0.0023	3,161
2.3	1	NAIC Designation Category 1.C	3,298,141	XXX	XXX	3,298,141	0.0006	1,979	0.0018	5,937	0.0035	11,543
2.4	1	NAIC Designation Category 1.D	11,018,045	XXX	XXX	11,018,045	0.0007	7,713	0.0022	24,240	0.0044	48,479
2.5	1	NAIC Designation Category 1.E	9,328,003	XXX	XXX	9,328,003	0.0009	8,395	0.0027	25,186	0.0055	51,304
2.6	1	NAIC Designation Category 1.F	7,134,879	XXX	XXX	7,134,879	0.0011	7,848	0.0034	24,259	0.0068	48,517
2.7	1	NAIC Designation Category 1.G	17,261,178	XXX	XXX	17,261,178	0.0014	24,166	0.0042	72,497	0.0085	146,720
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	50,615,197	XXX	XXX	50,615,197	XXX	50,891	XXX	154,470	XXX	311,286
3.1	2	NAIC Designation Category 2.A	20,860,309	XXX	XXX	20,860,309	0.0021	43,807	0.0063	131,420	0.0105	219,033
3.2	2	NAIC Designation Category 2.B	22,012,634	XXX	XXX	22,012,634	0.0025	55,032	0.0076	167,296	0.0127	279,560
3.3	2	NAIC Designation Category 2.C	5,569,709	XXX	XXX	5,569,709	0.0036	20,051	0.0108	60,153	0.0180	100,255
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	48,442,653	XXX	XXX	48,442,653	XXX	118,889	XXX	358,869	XXX	598,848
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	1,484,741	XXX	XXX	1,484,741	0.0663	98,438	0.1188	176,387	0.1980	293,979
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)	1,484,741	XXX	XXX	1,484,741	XXX	98,438	XXX	176,387	XXX	293,979
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)	102,471,245	XXX	XXX	102,471,245	XXX	268,218	XXX	689,726	XXX	1,204,113
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		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total short-term bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	102,471,245	XXX	XXX	102,471,245	XXX	268,218	XXX	689,726	XXX	1,204,113

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
MORTGAGE LOANS												
In Good Standing:												
35.		Farm mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm mortgages - CM4 - low Medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential mortgages - all other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial mortgages - all other - CM1 - highest quality			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

NONE

Asset Valuation Reserve - Replications (Synthetic) Assets

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

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	2,274	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
2. Premiums earned	2,392	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
3. Incurred claims	38,000	1,588.8	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	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	38,000	1,588.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	(758)	(31.7)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	(14,491)	(605.9)	0	0.0	0	0.0	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	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	0	0.0	0	0.0	0	0.0
10. Total other expenses incurred	(14,491)	(605.9)	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	0	0.0
12. Gain from underwriting before dividends or refunds	(20,359)	(851.3)	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	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	(20,359)	(851.3)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS														
1101.														
1102.														
1103.														
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written	0	XXX	0	XXX	0	XXX	2,962	XXX	(771)	XXX	84	XXX
2. Premiums earned	0	XXX	0	XXX	0	XXX	3,040	XXX	(771)	XXX	123	XXX
3. Incurred claims	0	0.0	0	0.0	0	0.0	(12,000)	(394.7)	0	0.0	50,000	40,799.7
4. Cost containment expenses	0	0.0	0	0.0	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	(12,000)	(394.7)	0	0.0	50,000	40,799.7
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	(758)	(24.9)	0	0.0	0	0.0
7. Commissions (a)	0	0.0	0	0.0	0	0.0	27	0.9	(14,518)	1,883.0	0	0.0
8. Other general insurance expenses	0	0.0	0	0.0	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	0	0.0	0	0.0
10. Total other expenses incurred	0	0.0	0	0.0	0	0.0	27	0.9	(14,518)	1,883.0	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	15,771	518.8	13,747	(1,783.0)	(49,877)	(40,699.7)
13. Dividends or refunds	0	0.0	0	0.0	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	15,771	518.8	13,747	(1,783.0)	(49,877)	(40,699.7)
DETAILS OF WRITE-INS												
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	204	0	0	0	0	0	0	0	0	0	204	0	0
2. Advance premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year	204	0	0	0	0	0	0	0	0	0	204	0	0
5. Total premium reserves, prior year	321	0	0	0	0	0	0	0	0	0	282	0	39
6. Increase in total premium reserves	(117)	0	0	0	0	0	0	0	0	0	(78)	0	(39)
B. Contract Reserves:													
1. Additional reserves (a)	3,350	0	0	0	0	0	0	0	0	0	3,350	0	0
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	3,350	0	0	0	0	0	0	0	0	0	3,350	0	0
4. Total contract reserves, prior year	4,108	0	0	0	0	0	0	0	0	0	4,108	0	0
5. Increase in contract reserves	(758)	0	0	0	0	0	0	0	0	0	(758)	0	0
C. Claim Reserves and Liabilities:													
1. Total current year	24,000	0	0	0	0	0	0	0	0	0	24,000	0	0
2. Total prior year	36,000	0	0	0	0	0	0	0	0	0	36,000	0	0
3. Increase	(12,000)	0	0	0	0	0	0	0	0	0	(12,000)	0	0

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 On claims incurred during current year	50,000	0	0	0	0	0	0	0	0	0	0	0	50,000
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	24,000	0	0	0	0	0	0	0	0	0	24,000	0	0
2.2 On claims incurred during current year	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Test:													
3.1 Lines 1.1 and 2.1	24,000	0	0	0	0	0	0	0	0	0	24,000	0	0
3.2 Claim reserves and liabilities, December 31, prior year	36,000	0	0	0	0	0	0	0	0	0	36,000	0	0
3.3 Line 3.1 minus Line 3.2	(12,000)	0	0	0	0	0	0	0	0	0	(12,000)	0	0

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Reinsurance Ceded:													
1. Premiums written	55,954	0	0	0	0	0	0	0	0	0	0	55,954	0
2. Premiums earned	55,967	0	0	0	0	0	0	0	0	0	0	55,967	0
3. Incurred claims	157,111	0	0	0	0	0	0	0	0	0	0	157,111	0
4. Commissions	14,518	0	0	0	0	0	0	0	0	0	0	14,518	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

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										(12,000)	157,111	50,000	195,111
2. Beginning claim reserves and liabilities										36,000	247,848	0	283,848
3. Ending claim reserves and liabilities										24,000	369,407	0	393,407
4. Claims paid	0	0	0	0	0	0	0	0	0	0	35,552	50,000	85,552
B. Assumed Reinsurance:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities										0	0	0	0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	157,111	0	157,111
2. Beginning claim reserves and liabilities											247,848		247,848
3. Ending claim reserves and liabilities										0	369,407	0	369,407
4. Claims paid	0	0	0	0	0	0	0	0	0	0	35,552	0	35,552
D. Net:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	(12,000)	0	50,000	38,000
2. Beginning claim reserves and liabilities	0	0	0	0	0	0	0	0	0	36,000	0	0	36,000
3. Ending claim reserves and liabilities	0	0	0	0	0	0	0	0	0	24,000	0	0	24,000
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	50,000	50,000
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	0	0	0	0	0	0	0	(12,000)	0	50,000	38,000
2. Beginning reserves and liabilities										36,000			36,000
3. Ending reserves and liabilities										24,000	0	0	24,000
4. Paid claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	0	50,000	50,000

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total life and annuity - U.S. affiliates					0	0
0699999. Total life and annuity - non-U.S. affiliates					0	0
0799999. Total life and annuity - affiliates					0	0
66346	58-0828824	04/01/1991	Munich American Reassurance Company	GA	11,215	22,831
67105	41-0451140	04/01/1991	Reliastar Life Insurance Company	MN	11,215	22,831
82627	06-0839705	01/01/1981	Swiss Re Life & Health of America Inc	MO	5,000	20,000
86258	13-2572994	10/01/1972	General Re Life Corporation	CT	7,015	
68713	84-0499703	09/01/1986	Security Life of Denver Insurance Company	CO		91,480
82627	06-0839705	11/01/1981	Swiss Re Life & Health of America Inc	MO	148,440	
82627	06-0839705	03/01/1986	Swiss Re Life & Health of America Inc	MO	13,750	
93572	43-1235868	11/01/1985	RGA Reinsurance Company	MO	100,000	
82627	06-0839705	01/01/1983	Swiss Re Life & Health of America Inc	MO	4,131	
82627	06-0839705	01/01/1967	Swiss Re Life & Health of America Inc	MO	60,000	
0899999. Life and annuity - U.S. non-affiliates					360,766	157,142
1099999. Total life and annuity - non-affiliates					360,766	157,142
1199999. Total life and annuity					360,766	157,142
1499999. Total accident and health - U.S. affiliates					0	0
1799999. Total accident and health - non-U.S. affiliates					0	0
1899999. Total accident and health - affiliates					0	0
86258	13-2572994	01/01/1997	General Re Life Corporation	CT		99,020
1999999. Accident and health - U.S. non-affiliates					0	99,020
2199999. Total accident and health - non-affiliates					0	99,020
2299999. Total accident and health					0	99,020
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					360,766	256,162
2499999. Total non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					360,766	256,162

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year			
0399999. Total General Account - authorized U.S. affiliates								0	0	0	0	0	0	0	0
0699999. Total General Account - authorized non-U.S. affiliates								0	0	0	0	0	0	0	0
0799999. Total General Account - authorized affiliates								0	0	0	0	0	0	0	0
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	YRT/I	OL	175,000		311		597				
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	CO/I	OL	989,294	7,847	20,375		15,730				
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	YRT/I	OL	41,113	115	103		1,159				
68276	48-1024691	02/01/1996	Employers Reassurance Corporation	KS	CO/I	OL	2,739,500	31,433	51,410		38,630				
68276	48-1024691	01/01/1990	Employers Reassurance Corporation	KS	YRT/I	OL	220,000		1,441		3,077				
68276	48-1024691	07/01/1989	Employers Reassurance Corporation	KS	YRT/I	OL	319,581	5,496	5,099		11,388				
68276	48-1024691	02/01/1996	Employers Reassurance Corporation	KS	CO/I	OL	2,604,250	23,298	24,538		47,266				
68276	48-1024691	11/01/1979	Employers Reassurance Corporation	KS	CO/I	OL	1,321,829	2,250	3,018		54,669				
86258	13-2572994	10/01/1972	General Re Life Corporation	CT	YRT/I	OL	25,118	1,185	1,185		664				
88340	59-2859797	11/01/1996	Hannover Life Reassurance Company of America	FL	YRT/I	OL	41,112	115	103		1,225				
88340	59-2859797	11/01/1996	Hannover Life Reassurance Company of America	FL	YRT/I	OL	918,418	5,486	5,050		8,350				
88340	59-2859797	07/01/1995	Hannover Life Reassurance Company of America	FL	YRT/I	OL	2,011,524	19,364	23,885		21,105				
88340	59-2859797	07/01/1995	Hannover Life Reassurance Company of America	FL	YRT/I	OL	2,591,750	23,260	24,503		34,504				
88340	59-2859797	07/01/2019	Hannover Life Reassurance Company of America	FL	COFII/I	OL	223,475,718	44,168,219	46,067,306		3,550,858			43,731,041	
65676	35-0472300	06/01/1990	Lincoln National Life Insurance Company	IN	CO/I	OL	601,800	4,286	4,863		5,934				
65676	35-0472300	08/01/1979	Lincoln National Life Insurance Company	IN	YRT/I	OL	16,847	722	194		136				
65676	35-0472300	03/01/1993	Lincoln National Life Insurance Company	IN	YRT/I	OL	208,581	1,944	1,772		2,154				
65676	35-0472300	06/01/1991	Lincoln National Life Insurance Company	IN	YRT/I	OL	28,724	450	476		364				
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	YRT/I	OL	1,790,000	46,911	45,410		71,549				
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	YRT/I	OL	1,424,741				24,082				
65870	13-1004640	01/01/1979	Manhattan Life Insurance Company	NY	CO/I	OL									
66346	58-0828824	04/01/1991	Munich American Reassurance Company	GA	CO/I	OL	978,239	1,106,659	1,226,124						
88099	75-1608507	01/01/1969	Optimum Re Insurance Company	TX	YRT/I	OL	35,930	194	632		1,253				
88099	75-1608507	01/01/1981	Optimum Re Insurance Company	TX	CO/I	OL					294				
88099	75-1608507	03/01/1982	Optimum Re Insurance Company	TX	YRT/I	OL	9,943	6	44		261				
88099	75-1608507	04/01/1987	Optimum Re Insurance Company	TX	CO/I	OL	1,974,000	73,554	84,002		19,897				
88099	75-1608507	10/01/1991	Optimum Re Insurance Company	TX	CO/I	OL	8,734,000	110,667	117,501		123,336				
88099	75-1608507	07/04/1989	Optimum Re Insurance Company	TX	CO/I	OL	1,750,193	774	873		18,528				
88099	75-1608507	07/01/1989	Optimum Re Insurance Company	TX	YRT/I	OL	193,000	18,561	20,219		27,043				
67105	41-0451140	04/01/1991	Reliastar Life Insurance Company	MN	CO/I	OL	978,239	1,106,659	1,226,124						
93572	43-1235868	01/01/1992	RGA Reinsurance Company	MO	YRT/I	OL	8,148,000	95,062	84,280		75,783				
93572	43-1235868	11/01/1985	RGA Reinsurance Company	MO	CO/I	OL	2,845,038	20,563	20,615		57,322				
64688	75-6020048	01/01/1981	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	50,000	50,732	49,402		6,027				
64688	75-6020048	02/01/1988	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,200,000	1,884	1,884		41,251				
64688	75-6020048	11/01/1981	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	233,679	152	137		793				
64688	75-6020048	09/15/1992	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	5,079,000	51,265	59,336		44,557				
64688	75-6020048	09/01/1991	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	59,708	46	46		771				
68713	84-0499703	05/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	OL	41,112	115	103		1,600				
68713	84-0499703	11/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	OL	451,725	2,738	2,520		4,405				
68713	84-0499703	11/01/1993	Security Life of Denver Insurance Company	CO	YRT/I	OL	2,762,000	31,757	52,028		30,658				
68713	84-0499703	04/01/1988	Security Life of Denver Insurance Company	CO	YRT/I	OL	2,965,000	160,502	157,131		35,959				
68713	84-0499703	01/01/1992	Security Life of Denver Insurance Company	CO	YRT/I	OL	325,000	2,381	2,723		3,218				
68713	84-0499703	01/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	OL	4,902,750	40,848	40,961		64,465				
68713	84-0499703	09/01/1986	Security Life of Denver Insurance Company	CO	YRT/I	OL	4,578,669				155,767				
68713	84-0499703	09/01/1986	Security Life of Denver Insurance Company	CO	YRT/I	OL	96,735				3,822				
82627	06-0839705	01/01/1981	Swiss Re Life & Health of America Inc	MO	CO/I	OL	1,213,580	21,216	32,027		32,646				
82627	06-0839705	05/14/1990	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	1,175,000		19,330						
82627	06-0839705	04/01/1990	Swiss Re Life & Health of America Inc	MO	CO/I	OL	884,100	7,511	37,155		39,910				
82627	06-0839705	01/01/1996	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	41,112	115	103		1,509				
82627	06-0839705	11/01/1993	Swiss Re Life & Health of America Inc	MO	CO/I	OL	2,398,500	27,894	37,516		36,899				
82627	06-0839705	01/01/1996	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	2,604,250	23,298	24,538		36,319				
82627	06-0839705	07/01/1989	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	1,075,000	4,709	5,147		31,383				
82627	06-0839705	10/01/1981	Swiss Re Life & Health of America Inc	MO	CO/I	OL	2,070,000	1,123,740	1,084,544		34,440				

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
..82627	..06-0839705	..07/01/1983	Swiss Re Life & Health of America Inc	MO	..CO/I	..OL	200,000	120,625	117,454	3,657				
..82627	..06-0839705	..07/01/1989	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL	4,306,342	127,237	128,054	184,531				
..82627	..06-0839705	..03/01/1993	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL	208,581	1,944	1,772	2,498				
..82627	..06-0839705	..01/01/1981	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL	60,000	1,004	918	1,813				
..82627	..06-0839705	..07/01/1983	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL	34,642	50	45	269				
..82627	..06-0839705	..11/01/1981	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL	2,799,693	12,913	28,149	135,503				
..82627	..06-0839705	..03/01/1986	Swiss Re Life & Health of America Inc	MO	..CO/I	..OL	1,334,214	19,618	24,272	30,604				
..82627	..06-0839705	..01/01/1967	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL	81,686	657	340	129				
..82627	..06-0839705	..01/01/1983	Swiss Re Life & Health of America Inc	MO	..CO/I	..OL	1,693,356	1,326	1,467	33,423				
..82627	..06-0839705	..08/01/1981	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL		340	657	(58)				
..82627	..06-0839705	..01/01/1967	Swiss Re Life & Health of America Inc	MO	..YRT/I	..OL	10,548,946	236,299	196,082	151,213				
..82627	..06-0839705	..02/01/1987	Swiss Re Life & Health of America Inc	MO	..CO/I	..OL	1,588,816	475	552	11,599				
0899999. General Account - authorized U.S. non-affiliates							324,254,678	48,967,801	51,148,519	5,378,738	0	0	0	43,731,041
1099999. Total General Account - authorized non-affiliates							324,254,678	48,967,801	51,148,519	5,378,738	0	0	0	43,731,041
1199999. Total General Account authorized							324,254,678	48,967,801	51,148,519	5,378,738	0	0	0	43,731,041
1499999. Total General Account - unauthorized U.S. affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - unauthorized affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - unauthorized non-affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - certified U.S. affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - certified non-U.S. affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - certified affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - certified non-affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account certified							0	0	0	0	0	0	0	0
3699999. Total General Account - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account reciprocal jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account authorized, unauthorized, reciprocal jurisdiction and certified							324,254,678	48,967,801	51,148,519	5,378,738	0	0	0	43,731,041
4899999. Total Separate Accounts - authorized U.S. affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - authorized non-U.S. affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - authorized affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - authorized non-affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - unauthorized U.S. affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - unauthorized affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - unauthorized non-affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - certified U.S. affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - certified non-U.S. affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - certified affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - certified non-affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts reciprocal jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified							0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						324,254,678	48,967,801	51,148,519	5,378,738	0	0	0	43,731,041
9299999	Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0	0
9999999	- Totals						324,254,678	48,967,801	51,148,519	5,378,738	0	0	0	43,731,041

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - authorized U.S. affiliates				0	0	0	0	0	0	0
0699999			Total General Account - authorized non-U.S. affiliates				0	0	0	0	0	0	0
0799999			Total General Account - authorized affiliates				0	0	0	0	0	0	0
86258	13-2572994	01/01/1997	General Re Life Corporation	CT	QA/I	LTC	55,954	137	2,681,823				
0899999			General Account - authorized U.S. non-affiliates				55,954	137	2,681,823	0	0	0	0
1099999			Total General Account - authorized non-affiliates				55,954	137	2,681,823	0	0	0	0
1199999			Total General Account authorized				55,954	137	2,681,823	0	0	0	0
1499999			Total General Account - unauthorized U.S. affiliates				0	0	0	0	0	0	0
1799999			Total General Account - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
1899999			Total General Account - unauthorized affiliates				0	0	0	0	0	0	0
2199999			Total General Account - unauthorized non-affiliates				0	0	0	0	0	0	0
2299999			Total General Account unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - certified U.S. affiliates				0	0	0	0	0	0	0
2899999			Total General Account - certified non-U.S. affiliates				0	0	0	0	0	0	0
2999999			Total General Account - certified affiliates				0	0	0	0	0	0	0
3299999			Total General Account - certified non-affiliates				0	0	0	0	0	0	0
3399999			Total General Account certified				0	0	0	0	0	0	0
3699999			Total General Account - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
3999999			Total General Account - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
4099999			Total General Account - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
4399999			Total General Account - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
4499999			Total General Account reciprocal jurisdiction				0	0	0	0	0	0	0
4599999			Total General Account authorized, unauthorized, reciprocal jurisdiction and certified				55,954	137	2,681,823	0	0	0	0
4899999			Total Separate Accounts - authorized U.S. affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - authorized non-U.S. affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - authorized affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - authorized non-affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts authorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - unauthorized U.S. affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - unauthorized affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - unauthorized non-affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts unauthorized				0	0	0	0	0	0	0
7099999			Total Separate Accounts - certified U.S. affiliates				0	0	0	0	0	0	0
7399999			Total Separate Accounts - certified non-U.S. affiliates				0	0	0	0	0	0	0
7499999			Total Separate Accounts - certified affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - certified non-affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts reciprocal jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified				0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				55,954	137	2,681,823	0	0	0	0
9299999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0
9999999			Totals				55,954	137	2,681,823	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	5,435	6,048	6,375	6,830	7,134
2. Commissions and reinsurance expense allowances	392	449	441	535	516
3. Contract claims	8,862	9,616	8,883	10,370	9,790
4. Surrender benefits and withdrawals for life contracts	1,214	1,468	1,397	2,136	1,170
5. Dividends to policyholders and refunds to members	18	14	17	19	18
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts	2,175	3,301	2,745	3,501	1,853
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts	51,650	53,825	57,126	59,872	63,373
10. Liability for deposit-type contracts					
11. Contract claims unpaid	256	1,517	748	469	961
12. Amounts recoverable on reinsurance	361	367	586	335	564
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with certified reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 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)	117,609,290		117,609,290
2. Reinsurance (Line 16)	360,766	(360,766)	0
3. Premiums and considerations (Line 15)	2,810,355		2,810,355
4. Net credit for ceded reinsurance	XXX	8,217,595	8,217,595
5. All other admitted assets (balance)	1,297,177		1,297,177
6. Total assets excluding Separate Accounts (Line 26)	122,077,588	7,856,829	129,934,417
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	122,077,588	7,856,829	129,934,417
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	51,764,352	51,649,761	103,414,113
10. Liability for deposit-type contracts (Line 3)	2,278,264		2,278,264
11. Claim reserves (Line 4)	2,715,222	256,162	2,971,384
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	8,000		8,000
13. Premium & annuity considerations received in advance (Line 8)	43,378		43,378
14. Other contract liabilities (Line 9)	2,014,599		2,014,599
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with certified reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	47,323,520	(44,049,094)	3,274,426
20. Total liabilities excluding Separate Accounts (Line 26)	106,147,335	7,856,829	114,004,164
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	106,147,335	7,856,829	114,004,164
23. Capital & surplus (Line 38)	15,930,253	XXX	15,930,253
24. Total liabilities, capital & surplus (Line 39)	122,077,588	7,856,829	129,934,417
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	51,649,761		
26. Claim reserves	256,162		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	360,766		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	52,266,689		
34. Premiums and considerations			
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with certified reinsurers			
38. Funds held under reinsurance treaties with certified reinsurers			
39. Other ceded reinsurance payables/offsets	44,049,094		
40. Total ceded reinsurance payable/offsets	44,049,094		
41. Total net credit for ceded reinsurance	8,217,595		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

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
LONG-TERM BONDS												
1. Exempt obligations	272,432				272,432	0					0	0
2.1 NAIC Designation Category 1.A	602,189				602,189	0					0	0
2.2 NAIC Designation Category 1.B					0	0					0	0
2.3 NAIC Designation Category 1.C	998,420				998,420	0					0	0
2.4 NAIC Designation Category 1.D	5,192,135				5,192,135	0					0	0
2.5 NAIC Designation Category 1.E	3,094,155				3,094,155	0					0	0
2.6 NAIC Designation Category 1.F	6,134,879				6,134,879	0					0	0
2.7 NAIC Designation Category 1.G	10,043,448				10,043,448	0					0	0
2.8 Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	26,065,226	0	0	0	26,065,226	0	0	0	0	0	0	0
3.1 NAIC Designation Category 2.A	12,702,338				12,702,338	0					0	0
3.2 NAIC Designation Category 2.B	7,960,760				7,960,760	0					0	0
3.3 NAIC Designation Category 2.C	1,576,813				1,576,813	0					0	0
3.4 Subtotal NAIC 2 (3.1+3.2+3.3)	22,239,911	0	0	0	22,239,911	0	0	0	0	0	0	0
4.1 NAIC Designation Category 3.A					0	0					0	0
4.2 NAIC Designation Category 3.B					0	0					0	0
4.3 NAIC Designation Category 3.C					0	0					0	0
4.4 Subtotal NAIC 3 (4.1+4.2+4.3)	0	0	0	0	0	0	0	0	0	0	0	0
5.1 NAIC Designation Category 4.A					0	0					0	0
5.2 NAIC Designation Category 4.B					0	0					0	0
5.3 NAIC Designation Category 4.C					0	0					0	0
5.4 Subtotal NAIC 4 (5.1+5.2+5.3)	0	0	0	0	0	0	0	0	0	0	0	0
6.1 NAIC Designation Category 5.A					0	0					0	0
6.2 NAIC Designation Category 5.B					0	0					0	0
6.3 NAIC Designation Category 5.C					0	0					0	0
6.4 Subtotal NAIC 5 (6.1+6.2+6.3)	0	0	0	0	0	0	0	0	0	0	0	0
7. NAIC 6					0	0					0	0
8. Total long-term bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7)	48,577,569	0	0	0	48,577,569	0	0	0	0	0	0	0
PREFERRED STOCKS												
9. Highest quality					0	0					0	0
10. High quality					0	0					0	0
11. Medium quality					0	0					0	0
12. Low quality					0	0					0	0
13. Lower quality					0	0					0	0
14. In or near default					0	0					0	0
15. Affiliated life with AVR					0	0					0	0
16. Total preferred stocks (Sum of Lines 9 through 15)	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 8

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

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
SHORT-TERM BONDS												
17. Exempt obligations					0	0					0	0
18.1 NAIC Designation Category 1.A					0	0					0	0
18.2 NAIC Designation Category 1.B					0	0					0	0
18.3 NAIC Designation Category 1.C					0	0					0	0
18.4 NAIC Designation Category 1.D					0	0					0	0
18.5 NAIC Designation Category 1.E					0	0					0	0
18.6 NAIC Designation Category 1.F					0	0					0	0
18.7 NAIC Designation Category 1.G					0	0					0	0
18.8 Subtotal NAIC 1 (18.1+18.2+18.3+18.4+18.5+18.6+18.7)	0	0	0	0	0	0	0	0	0	0	0	0
19.1 NAIC Designation Category 2.A					0	0					0	0
19.2 NAIC Designation Category 2.B					0	0					0	0
19.3 NAIC Designation Category 2.C					0	0					0	0
19.4 Subtotal NAIC 2 (19.1+19.2+19.3)	0	0	0	0	0	0	0	0	0	0	0	0
20.1 NAIC Designation Category 3.A					0	0					0	0
20.2 NAIC Designation Category 3.B					0	0					0	0
20.3 NAIC Designation Category 3.C					0	0					0	0
20.4 Subtotal NAIC 3 (20.1+20.2+20.3)	0	0	0	0	0	0	0	0	0	0	0	0
21.1 NAIC Designation Category 4.A					0	0					0	0
21.2 NAIC Designation Category 4.B					0	0					0	0
21.3 NAIC Designation Category 4.C					0	0					0	0
21.4 Subtotal NAIC 4 (21.1+21.2+21.3)	0	0	0	0	0	0	0	0	0	0	0	0
22.1 NAIC Designation Category 5.A					0	0					0	0
22.2 NAIC Designation Category 5.B					0	0					0	0
22.3 NAIC Designation Category 5.C					0	0					0	0
22.4 Subtotal NAIC 5 (22.1+22.2+22.3)	0	0	0	0	0	0	0	0	0	0	0	0
23. NAIC 6					0	0					0	0
24. Total short-term bonds (17+18.8+19.4+20.4+21.4+22.4+23)	0	0	0	0	0	0	0	0	0	0	0	0
DERIVATIVE INSTRUMENTS												
25. Exchange traded					0	0					0	0
26. Highest quality					0	0					0	0
27. High quality					0	0					0	0
28. Medium quality					0	0					0	0
29. Low quality					0	0					0	0
30. Lower quality					0	0					0	0
31. In or near default					0	0					0	0
32. Total derivative instruments	0	0	0	0	0	0	0	0	0	0	0	0
33. Total (Lines 8+16+24+32)	48,577,569	0	0	0	48,577,569	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

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.					0	0					0	0
35.					0	0					0	0
36.					0	0					0	0
37.					0	0					0	0
38.					0	0					0	0
39.					0	0					0	0
40.					0	0					0	0
41.					0	0					0	0
42.					0	0					0	0
43.					0	0					0	0
44.					0	0					0	0
45.					0	0					0	0
46.					0	0					0	0
Overdue, Not in Process:												
47.					0	0					0	0
48.					0	0					0	0
49.					0	0					0	0
50.					0	0					0	0
51.					0	0					0	0
In Process of Foreclosure:												
52.					0	0					0	0
53.					0	0					0	0
54.					0	0					0	0
55.					0	0					0	0
56.					0	0					0	0
57.					0	0					0	0
COMMON STOCK												
58.					0	0					0	0
59.					0	0					0	0
60.					0	0					0	0
61.					0	0					0	0
Affiliated Investment Subsidiary:												
62.					0	0					0	0
63.					0	0					0	0
64.					0	0					0	0
65.					0	0					0	0
66.					0	0					0	0
67.					0	0					0	0
68.					0	0					0	0
69.					0	0					0	0
70.					0	0					0	0
71.					0	0					0	0
72.					0	0					0	0
73.					0	0					0	0
74.					0	0					0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 8

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

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
REAL ESTATE												
75. Home office property (General Account only)					0	0					0	0
76. Investment properties					0	0					0	0
77. Properties acquired in satisfaction of debt.....					0	0					0	0
78. Total real estate (Sum of Lines 75 through 77)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
79. Exempt obligations					0	0					0	0
80. Highest quality					0	0					0	0
81. High quality					0	0					0	0
82. Medium quality					0	0					0	0
83. Low quality					0	0					0	0
84. Lower quality					0	0					0	0
85. In or near default					0	0					0	0
86. Total with bond characteristics (Sum of Lines 79 through 85)	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
87. Highest quality					0	0					0	0
88. High quality.....					0	0					0	0
89. Medium quality					0	0					0	0
90. Low quality					0	0					0	0
91. Lower quality					0	0					0	0
92. In or near default					0	0					0	0
93. Affiliated life with AVR					0	0					0	0
94. Total with preferred stock characteristics (Sum of Lines 87 through 93)	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 8

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

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
95.					0	0					0	0
96.					0	0					0	0
97.					0	0					0	0
98.					0	0					0	0
99.					0	0					0	0
100.					0	0					0	0
101.					0	0					0	0
102.					0	0					0	0
Overdue, Not in Process Affiliated:												
103.					0	0					0	0
104.					0	0					0	0
105.					0	0					0	0
106.					0	0					0	0
107.					0	0					0	0
In Process of Foreclosure Affiliated:												
108.					0	0					0	0
109.					0	0					0	0
110.					0	0					0	0
111.					0	0					0	0
112.					0	0					0	0
113.	0	0	0	0	0	0	0	0	0	0	0	0
114.					0	0					0	0
115.					0	0					0	0
116.					0	0					0	0
117.					0	0					0	0
118.					0	0					0	0
119.					0	0					0	0
120.	0	0	0	0	0	0	0	0	0	0	0	0
121.	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
122.					0	0					0	0
123.					0	0					0	0
124.					0	0					0	0
125.					0	0					0	0
126.					0	0					0	0
127.	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 8

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

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
128. Home office property (General Account only).....					0	0					0	0
129. Investment properties					0	0					0	0
130. Properties acquired in satisfaction of debt					0	0					0	0
131. Total with real estate characteristics (Sum of Lines 128 through 130)	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS IN TAX CREDIT STRUCTURES												
132. Yield guaranteed state tax credit investments					0	0					0	0
133. Qualifying federal tax credit investments					0	0					0	0
134. Qualifying state tax credit investments					0	0					0	0
135. Other tax credit investments					0	0					0	0
136. Total tax credit investments (Sum of Lines 132 through 135)	0	0	0	0	0	0	0	0	0	0	0	0
RESIDUAL TRanches OR INTERESTS												
137. Bonds - unaffiliated					0	0					0	0
138. Bonds - affiliated					0	0					0	0
139. Common stock - unaffiliated					0	0					0	0
140. Common stock - affiliated					0	0					0	0
141. Preferred stock - unaffiliated					0	0					0	0
142. Preferred stock - affiliated					0	0					0	0
143. Real estate - unaffiliated					0	0					0	0
144. Real estate - affiliated					0	0					0	0
145. Mortgage loans - unaffiliated.....					0	0					0	0
146. Mortgage loans - affiliated					0	0					0	0
147. Other - unaffiliated					0	0					0	0
148. Other - affiliated					0	0					0	0
149. Total residual tranches or interests (Sum of Lines 137 through 148)	0	0	0	0	0	0	0	0	0	0	0	0
SURPLUS NOTES AND CAPITAL NOTES												
150. Highest quality					0	0					0	0
151. High quality					0	0					0	0
152. Medium quality.....					0	0					0	0
153. Low quality					0	0					0	0
154. Lower quality					0	0					0	0
155. In or near default					0	0					0	0
156. Total with bond characteristics (Sum of Lines 150 through 155)	0	0	0	0	0	0	0	0	0	0	0	0
ALL OTHER INVESTMENTS												
157. NAIC 1 working capital finance investments.....					0	0					0	0
158. NAIC 2 working capital finance investments					0	0					0	0
159. Other invested assets - Schedule BA.....					0	0					0	0
160. Other short-term invested assets - Schedule DA					0	0					0	0
161. Cash and Cash Equivalents	8,553,171				8,553,171	0					0	0
162. Total all other (Sum of Lines 157 through 161)	8,553,171	0	0	0	8,553,171	0	0	0	0	0	0	0
163. Total assets excluding non-guaranteed Separate Account assets (Sum of Lines 33, 57, 74, 78, 86, 94, 121, 127, 131, 136, 149, 156 and 162)	57,130,740	0	0	0	57,130,740	0	0	0	0	0	0	0
164. Total non-guaranteed Separate Account assets	XXX	XXX	XXX	XXX			XXX	XXX	XXX	XXX		
165. Total assets including non-guaranteed Separate Account assets (Sum of 163 and 164)	XXX	XXX	XXX	XXX	57,130,740	0	XXX	XXX	XXX	XXX	0	0

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

Allocated by States and Territories

		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
States, Etc.							
1. Alabama	AL	29,382					29,382
2. Alaska	AK	6,447					6,447
3. Arizona	AZ	72,689					72,689
4. Arkansas	AR	66,404					66,404
5. California	CA	1,085,942	1,200				1,087,142
6. Colorado	CO	123,449	200				123,649
7. Connecticut	CT	81,088					81,088
8. Delaware	DE	53,218					53,218
9. District of Columbia	DC	3,148					3,148
10. Florida	FL	518,097	200	84	51,354		569,735
11. Georgia	GA	282,206	2,500		814		285,520
12. Hawaii	HI	32,180					32,180
13. Idaho	ID	26,329					26,329
14. Illinois	IL	250,852	15,212				266,064
15. Indiana	IN	317,086	1,340	456			318,882
16. Iowa	IA	126,844			336		127,180
17. Kansas	KS	129,653	5,171				134,824
18. Kentucky	KY	96,057					96,057
19. Louisiana	LA	101,348					101,348
20. Maine	ME	63,087					63,087
21. Maryland	MD	294,586					294,586
22. Massachusetts	MA	266,857					266,857
23. Michigan	MI	401,945	4,576				406,521
24. Minnesota	MN	509,559	10,000				519,559
25. Mississippi	MS	112,154	80				112,234
26. Missouri	MO	275,686					275,686
27. Montana	MT	15,719					15,719
28. Nebraska	NE	16,523					16,523
29. Nevada	NV	81,922					81,922
30. New Hampshire	NH	47,381					47,381
31. New Jersey	NJ	297,819					297,819
32. New Mexico	NM	15,629			1,012		16,641
33. New York	NY	46,200					46,200
34. North Carolina	NC	224,720	600				225,320
35. North Dakota	ND	80,322	200				80,522
36. Ohio	OH	291,845	180		259		292,284
37. Oklahoma	OK	77,939					77,939
38. Oregon	OR	36,956					36,956
39. Pennsylvania	PA	280,694			438		281,132
40. Rhode Island	RI	24,475					24,475
41. South Carolina	SC	161,764	1,560				163,324
42. South Dakota	SD	17,551					17,551
43. Tennessee	TN	203,074			700		203,774
44. Texas	TX	649,987	600		269		650,856
45. Utah	UT	45,248					45,248
46. Vermont	VT	17,482					17,482
47. Virginia	VA	225,993	240	760			226,993
48. Washington	WA	91,185					91,185
49. West Virginia	WV	41,349					41,349
50. Wisconsin	WI	1,070,703	18,604	1,854			1,091,161
51. Wyoming	WY	5,876					5,876
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	2,192					2,192
59. Total		9,396,841	62,463	3,154	55,182		9,517,640

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0435	Massachusetts Mut Life Ins Co	65935	04-1590850	3848388			Massachusetts Mutual Life Insurance Company (MMLIC)	MA	UIP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0435	Massachusetts Mut Life Ins Co	93432	06-1041383				C.M. Life Insurance Company	CT	IA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0435	Massachusetts Mut Life Ins Co	70416	43-0581430				MML Bay State Life Insurance Company	CT	IA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
.0000							CML Special Situations Investor LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
.0000							CM Life Mortgage Lending LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
.0000							CML Global Capabilities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MassMutual Global Business Services India LLP	IND	NIA	MM Global Capabilities I LLC	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities (Netherlands) B.V.	NLD	NIA	MM Global Capabilities I LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Global Business Services Romania S.R.L.	ROU	NIA	MM Global Capabilities (Netherlands) B.V.	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM/Barings Multifamily TEBS 2020 LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				Berkshire Way LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MML Special Situations Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	Company	Ownership	100.000	MMLIC		
.0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	C.M. Life Insurance Company	Influence	0.000	MMLIC		
.0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	Wood Creek Capital Management LLC	Management	0.000	MMLIC		
.0000							Lyme Adirondack Forest Company, LLC	DE	NIA	Timberland Forest Holding LLC	Ownership	100.000	MMLIC		
.0000							Lyme Adirondack Timberlands I, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
.0000							Lyme Adirondack Timberlands II, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
.0000							Lyme Adirondack Timber Sales, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				Insurance Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Trad Private Equity LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Intellectual Property LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
.0000							Trad Investments I LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
.0000							EM Opportunities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MassMutual MCAM Insurance Company, Inc.	VT	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures US IV GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
.0000							MassMutual Ventures US IV GP, LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	1.000	MMLIC		
.0000							MassMutual Ventures US IV, L.P.	DE	NIA	MassMutual Ventures US IV GP, LLC	Management	0.000	MMLIC		
.0000							MassMutual Ventures US IV LLC	DE	NIA	MassMutual Ventures US IV, L.P.	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures Europe/APAC I GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
.0000							MassMutual Ventures Europe/APAC I GP, L.P.	CVM	NIA	MassMutual Ventures Europe/APAC I GP, LLC	Management	0.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000							MassMutual Ventures Europe/APAC I L.P. ....	..CYM.....	..NIA.....	MassMutual Ventures Europe/APAC I GP, L.P.	Management.....	0.000	MMLIC		
.0000							MassMutual Ventures Southeast Asia III LLC ..	..DE.....	..NIA.....	MassMutual Ventures Europe/APAC I L.P.	Ownership.....	100.000	MMLIC		
.0000							MassMutual Ventures Southeast Asia III LLC ..	..CYM.....	..NIA.....	MassMutual Ventures Southeast Asia III LLC	Ownership.....	100.000	MMLIC		
.0000							MMV Digital I LLC .....	..CYM.....	..NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	80.250	MMLIC		
.0000							Counterpointe Sustainable Advisors LLC .....	..DE.....	..NIA.....	Counterpointe Sustainable Advisors LLC	Ownership.....	100.000	MMLIC		
.0000							CSA Intermediate Holdco LLC .....	..DE.....	..NIA.....	Counterpointe Sustainable Advisors LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Trust Services LLC .....	..DE.....	..NIA.....	CSA Intermediate Holdco LLC	Ownership.....	100.000	MMLIC		
.0000							CP PACE LLC .....	..DE.....	..NIA.....	CSA Intermediate Holdco LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Titling Trust .....	..DE.....	..NIA.....	CP PACE LLC	Ownership.....	100.000	MMLIC		
.0000							CSA Employee Services Company LLC .....	..DE.....	..NIA.....	CSA Intermediate Holdco LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Sustainable Real Estate II LLC ..	..DE.....	..NIA.....	CSA Intermediate Holdco LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Energy Solutions II LLC .....	..DE.....	..NIA.....	CSA Intermediate Holdco LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Energy Solutions (CA) II LLC ..	..DE.....	..NIA.....	Counterpointe Energy Solutions II LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Energy Solutions (FL) II LLC ..	..DE.....	..NIA.....	Counterpointe Energy Solutions II LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Energy Solutions (IL) LLC .....	..DE.....	..NIA.....	Counterpointe Energy Solutions II LLC	Ownership.....	100.000	MMLIC		
.0000							Loop-Counterpointe PACE LLC .....	..DE.....	..NIA.....	Counterpointe Energy Solutions (IL) LLC ..	Ownership.....	50.000	MMLIC		
.0000							Counterpointe Energy Services LLC .....	..DE.....	..NIA.....	CSA Intermediate Holdco LLC	Ownership.....	100.000	MMLIC		
.0000							Counterpointe Investment Management LLC .....	..DE.....	..NIA.....	CSA Intermediate Holdco LLC	Ownership.....	100.000	MMLIC		
.0000							CSA Incentive Holdco LLC .....	..DE.....	..NIA.....	Counterpointe Sustainable Advisors LLC ..	Ownership.....	100.000	MMLIC		
.0000			27-0105644				Jefferies Finance LLC .....	..DE.....	..NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	50.000	MMLIC		1
.0000							JFIN GP Adviser LLC .....	..DE.....	..NIA.....	Jefferies Finance LLC	Ownership.....	100.000	MMLIC		
.0000							Jefferies MM Lending LLC .....	..DE.....	..NIA.....	Jefferies Finance LLC	Ownership.....	100.000	MMLIC		
.0000							Jefferies Credit Partners LLC .....	..DE.....	..NIA.....	Jefferies Finance LLC	Ownership.....	100.000	MMLIC		
.0000							Apex Credit Partners LLC .....	..DE.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							Green SPE LLC .....	..DE.....	..NIA.....	Apex Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							Green SPE 2025 LLC .....	..DE.....	..NIA.....	Apex Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							Apex GP I LLC .....	..DE.....	..NIA.....	Apex Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							Apex Securitized Income Fund LP .....	..DE.....	..NIA.....	Apex GP I LLC	Ownership.....	100.000	MMLIC		
.0000							Jefferies Credit Management LLC .....	..DE.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							JCM GP I LLC .....	..DE.....	..NIA.....	Jefferies Credit Management LLC	Ownership.....	100.000	MMLIC		
.0000							JCM H-2 Credit Fund GP LLC .....	..DE.....	..NIA.....	Jefferies Credit Management LLC	Ownership.....	100.000	MMLIC		
.0000							JCP Direct Lending CLO 2022 LLC .....	..DE.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	9.900	MMLIC		
.0000							Jefferies Direct Lending Europe SCSp SICAV-RAIF .....	..LUX.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	9.900	MMLIC		
.0000							Jefferies Credit Management Holdings LLC .....	..DE.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	9.900	MMLIC		
.0000							JDLF GP (Europe) S.a.r.l .....	..LUX.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							JFAM GP LLC .....	..DE.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							JFAM GP LP .....	..DE.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							Jefferies Direct Lending Fund C LP .....	..DE.....	..NIA.....	Jefferies Credit Partners LLC	Ownership.....	100.000	MMLIC		
.0000							Jefferies DLF C Holdings LLC .....	..DE.....	..NIA.....	JFAM GP LP	Ownership.....	100.000	MMLIC		
.0000							Jefferies Direct Lending Fund C SPE LLC .....	..DE.....	..NIA.....	Jefferies Direct Lending Fund C LLC	Ownership.....	100.000	MMLIC		
.0000							JDLF II GP LLC .....	..DE.....	..NIA.....	Jefferies DLF C Holdings LLC	Ownership.....	100.000	MMLIC		
.0000							JDLF II GP LP .....	..DE.....	..NIA.....	Jefferies Direct Lending Fund C SPE LLC ..	Ownership.....	100.000	MMLIC		
.0000							Jefferies Direct Lending Fund II C LP .....	..DE.....	..NIA.....	JDLF II GP LP	Ownership.....	100.000	MMLIC		
.0000							Jefferies DLF 2 C Holdings LLC .....	..DE.....	..NIA.....	JDLF II GP LP	Ownership.....	100.000	MMLIC		
.0000							Jefferies Direct Lending Fund II C SPE LLC ..	..DE.....	..NIA.....	Jefferies Direct Lending Fund II C LP	Ownership.....	100.000	MMLIC		
.0000							Jefferies Direct Lending Fund II C SPE LLCDE.....	..NIA.....	Jefferies DLF 2 C Holdings LLC	Ownership.....	100.000	MMLIC		

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000							Jefferies DLF2 C Holdings-2 LLC Jefferies Direct Lending Fund II C SPE-2 LLC	.DE	NIA	Jefferies Direct Lending Fund II C LP	Ownership	100.000	MMLIC		
.0000							JDLF III GP LLC	.DE	NIA	Jefferies DLF2 C Holdings-2 LLC	Ownership	100.000	MMLIC		
.0000							JDLF III GP LP	.DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							Jefferies Direct Lending Fund III C LP	.DE	NIA	JDLF III GP LP	Ownership	100.000	MMLIC		
.0000							Jefferies DLF3 C Holdings LLC	.DE	NIA	JDLF III GP LP	Ownership	100.000	MMLIC		
.0000							Jefferies Direct Lending Fund III C SPE LLC	.DE	NIA	Jefferies Direct Lending Fund III C LP	Ownership	100.000	MMLIC		
.0000							JCP Direct Lending CLO 2023-1 LLC	.DE	NIA	Jefferies DLF3 C Holdings LLC	Ownership	100.000	MMLIC		
.0000							JCP Direct Lending CLO 2023 Ltd.	.JEY	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							JCP GP I LLC	.DE	NIA	JCP Direct Lending CLO 2023 Ltd.	Ownership	100.000	MMLIC		
.0000							Jefferies M Super Private Credit Fund GP LLC	.DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							Jefferies Credit Partners Europe Limited	.GBR	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							Jefferies European Direct Lending Fund GP S.à.r.l	.LUX	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							JCP Congaree Credit Fund GP LLC	.DE	NIA	Jefferies Credit Partners Europe Limited	Ownership	100.000	MMLIC		
.0000							JCP Solaris Credit Fund GP LLC	.DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							Jefferies Credit Partners Structured Solutions Fund GP LLC	.DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							Jefferies Private Credit BDC Inc.	.MD	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
.0000							JCP Funding 2024 LLC	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver Holdings II LLC	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Co-Issuer Corporation	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Europe GP, S.a.r.l.	.LUX	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							Jefferies Finance Europe, S.L.P.	.LUX	NIA	JFIN Europe GP, S.a.r.l.	Ownership	100.000	MMLIC		
.0000							Jefferies Finance Europe, SCSp	.LUX	NIA	JFIN Europe GP, S.a.r.l.	Ownership	100.000	MMLIC		
.0000							Jefferies Finance Business Credit LLC	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Business Credit Fund I LLC	.DE	NIA	Jefferies Finance Business Credit LLC	Ownership	100.000	MMLIC		
.0000							JFIN Funding 2021 LLC	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JSPCS MM LLC	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN LC Fund LLC	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2017 Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2017-III Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2018 Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2019 Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2019-II Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2020 Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2021-II Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2021-V Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2022-II Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2022-III Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2022-IV Ltd.	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2024-I Ltd.	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2025-I Ltd.	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver CLO 2022-IV LLC	.CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver Fund, L.P.	.DE	NIA	Jefferies Finance LLC	Ownership	57.950	MMLIC		
.0000							JFIN Revolver Funding 2021 Ltd.	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
.0000							JFIN Revolver Funding 2021 III Ltd.	.DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000							JFIN Revolver Funding 2021 IV Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver Funding 2022-I Ltd.	BMJ	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver SPE1 2022 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver SPE3 2022 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver SPE4 2022 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver SPE4 2022 Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JCP Private Loan Management GP LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JCP Private Loan Management LP	DE	NIA	JCP Private Loan Management GP LLC	Ownership	100.000	MLLIC		
.0000							JF CEI Holdings 1 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JF CEI Holdings 2 LLC	DE	NIA	JF CEI Holdings 1 LLC	Ownership	100.000	MLLIC		
.0000							Apex Credit CLO 2024-I Ltd.	NY	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							Apex Credit Holdings LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							Custom Ecology Holdco, LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							Massachusetts Mutual Life Insurance Company			Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Glidepath Holdings Inc.	DE	UIP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0435	Massachusetts Mut Life Ins Co	63312	86-2294635 13-1935920				MassMutual Ascend Life Insurance Company	DE	UIP	Glidepath Holdings Inc.	Ownership	100.000	MLLIC		
.0435	Massachusetts Mut Life Ins Co	93661	31-1021738 31-1395344				Annuity Investors Life Insurance Company	OH	IA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MM Ascend Life Investor Services, LLC	OH	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MM Ascend Mortgage Lending LLC	DE	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MM Vine Street LLC	DE	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Counterpointe Ascend Mortgage Lending LLC	DE	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Manhattan National Holding, LLC	OH	UDP	MassMutual Ascend Life Insurance Company	Ownership	100.000	MLLIC		
.0435	Massachusetts Mut Life Ins Co	67083	26-3260520 45-0252531				Manhattan National Life Insurance Company	OH	RE	Manhattan National Holding LLC	Ownership	100.000	MLLIC		
.0000							MassMutual Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MM Copper Hill Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MMV CTF I GP LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MassMutual Ventures Climate Technology Fund I LP	DE	NIA	MMV CTF I GP LLC	Management	0.000	MLLIC		
.0000							MM Direct Private Investments Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							DPI-ACRES Capital LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							DPI-ARES Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MM Investment Holding	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MMIH Bond Holdings LLC	DE	NIA	MM Investment Holding	Ownership	99.610	MLLIC		
.0000							MassMutual Asset Finance LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.400	MLLIC		
.0000							MassMutual Asset Finance LLC	DE	NIA	MM Investment Holding	Ownership	99.600	MLLIC		
.0000							MMAF Equipment Finance LLC 2019-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		
.0000							MMAF Equipment Finance LLC 2020-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		
.0000							MMAF Equipment Finance LLC 2021-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		
.0000							MMAF Equipment Finance LLC 2022-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		
.0000							MMAF Equipment Finance LLC 2023-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		
.0000							MMAF Equipment Finance LLC 2024-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		
.0000							Barings Equipment Finance LLC 2025-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		
.0000							Barings Equipment Finance LLC 2025-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MLLIC		

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000			04-2443240				MML Management Corporation	MA	NIA	MM Investment Holding	Ownership	100.000	MMLIC	YES	
.0000			04-3548444				MassMutual International Holding MSC, Inc.	MA	NIA	MML Management Corporation	Ownership	100.000	MMLIC		
.0000			04-3341767				MassMutual Holding MSC, Inc.	MA	NIA	MML Management Corporation	Ownership	100.000	MMLIC		
.0000							Massachusetts Mutual Life Insurance Company	DE	NIA	Company	Ownership	100.000	MMLIC		
.0000							MML CM LLC	DE	NIA	Company	Ownership	100.000	MMLIC		
.0000							Flourish Holding Company LLC	DE	NIA	MML CM LLC	Ownership	100.000	MMLIC		
.0000							Flourish Insurance Agency LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
.0000							Flourish Digital Assets LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
.0000							SoraFinance, Inc.	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
.0000							Flourish Financial LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
.0000							Flourish Technologies LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
.0000			04-3356880				MML Distributors LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
.0000			04-3356880				MML Distributors LLC	MA	NIA	MassMutual Holding LLC	Ownership	1.000	MMLIC		
.0000							Massachusetts Mutual Life Insurance Company	DE	NIA	Company	Ownership	100.000	MMLIC		
.0000			46-3238013				MML Strategic Distributors, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			06-1563535	2881445			MassMutual Private Wealth & Trust, FSB	CT	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC	YES	
.0000			04-1590850				MML Private Placement Investment Company I, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Baring Asset Management Limited	Management	0.000	MMLIC		
.0000			04-1590850				MM Private Equity Intercontinental LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			45-2738137				Pioneers Gate LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-2854319	2392316			MassMutual Holding LLC	DE	NIA	Company	Ownership	100.000	MMLIC	YES	
.0000			37-1732913				Fern Street LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							Low Carbon Energy Holding	GBR	NIA	MassMutual Holding LLC	Ownership	32.200	MMLIC		
.0000							Sleeper Street LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			82-2932156				GASL Holdings LLC	DE	NIA	MassMutual Holding LLC	Ownership	73.030	MMLIC		
.0000			82-2932156				GASL Holdings LLC	DE	NIA	Barings LLC	Board	0.000	MMLIC		
.0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	11.230	MMLIC		
.0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	C.M. Life Insurance Company	Ownership/Influence	1.110	MMLIC		
.0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Perpetual European Direct Lending Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	69.000	MMLIC		
.0000							Barings Perpetual European Direct Lending Fund	LUX	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			88-0916548				Barings Emerging Generation Fund II	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	30.522	MMLIC		
.0000			88-0916548				Barings Emerging Generation Fund II	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	MassMutual Holding LLC	Ownership/Influence	24.276	MMLIC		
.0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	C.M. Life Insurance Company	Ownership	1.594	MMLIC		
.0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	Barings LLC	Management	0.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	36.013	MMLIC		
.0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	C.M. Life Insurance Company	Ownership	7.040	MMLIC		
.0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Global Special Situations Credit Fund 3	LUX	NIA	MassMutual Holding LLC	Ownership/Influence	15.752	MMLIC		
.0000							Barings Global Special Situations Credit Fund 3	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			06-1597528				MassMutual Assignment Company	NC	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Capital Partners LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			46-4255307				Marco Hotel LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			45-3623262				HB Naples Golf Owner LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							Intermodal Holding II LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures Holding LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							Crane Venture Partners LLP	GBR	NIA	MassMutual Ventures Holding LLC	Ownership	16.660	MMLIC		
.0000							MassMutual Ventures Management LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures SEA Management Private Limited	DE	NIA	MassMutual Ventures Management LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures SEA Management Private Limited	GBR	NIA	MassMutual Ventures SEA Management Private Limited	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures SEA Management Private Limited	IND	NIA	MassMutual Ventures SEA Management Private Limited	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures Southeast Asia I LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures Southeast Asia II LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures UK LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000			47-1296410				MassMutual Ventures US I LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures US II LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures US III LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							Crane APAC I LP	GBR	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MM Catalyst Fund LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							MM Catalyst Fund II LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MM Rothesay Holdco US LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							Rothesay Limited	GBR	NIA	MM Rothesay Holdco US LLC	Ownership	47.600	MMLIC		
.0000							Riverton Home Finance Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Life Plc	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay MA No.1 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay MA No.3 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay MA No.4 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							LT Mortgage Financing Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay Property Partnership 1 LLP	GBR	NIA	Rothesay Life PLC	Ownership	99.900	MMLIC		
.0000							Rothesay Property Partnership 1 LLP	GBR	NIA	Rothesay MA No.4 Limited	Ownership	0.100	MMLIC		
.0000							Rothesay Property Company 1 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay Foundation	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Pensions Management Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Asset Management UK Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Asset Management Australia Pty Ltd	AUS	NIA	Rothesay Asset Management UK Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Asset Management North America LLC	DE	NIA	Rothesay Asset Management UK Limited	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Investors Services, LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Insurance Agency, LLC	MA	NIA	MML Investors Services, LLC	Ownership	100.000	MMLIC		
.0000			47-1466022				LifeScore Labs, LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			45-4000072				MM Asset Management Holding LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

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PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			51-0504477				Barings LLC	..MA.....	..NIA.....	MassMutual Holding LLC	Ownership.....	100.000	MLLIC		
.0000			98-0524271				Baring Asset Management (Asia) Holdings Limited	..HKG.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000			98-0457463				Baring Asset Management (Asia) Limited	..HKG.....	..NIA.....	Baring Asset Management (Asia) Holdings Limited	Ownership.....	100.000	MLLIC		
.0000							Baring Asset Management Korea Limited	..KOR.....	..NIA.....	Baring Asset Management (Asia) Limited	Ownership.....	100.000	MLLIC		
.0000							Baring Investment Management (Shanghai) Limited	..HKG.....	..NIA.....	Baring Asset Management (Asia) Limited	Ownership.....	100.000	MLLIC		
.0000							Baring Overseas Investment Fund Management (Shanghai) Limited	..HKG.....	..NIA.....	Baring Investment Management (Shanghai) Limited	Ownership.....	100.000	MLLIC		
.0000			98-0457707				Baring SICE (Taiwan) Limited	..TWN.....	..NIA.....	Baring Asset Management (Asia) Holdings Limited	Ownership.....	100.000	MLLIC		
.0000							Barings Singapore Pte. Ltd.	..SGP.....	..NIA.....	Baring Asset Management (Asia) Holdings Limited	Ownership.....	100.000	MLLIC		
.0000			98-0236449				Barings Japan Limited	..JPN.....	..NIA.....	Baring Asset Management (Asia) Holdings Limited	Ownership.....	100.000	MLLIC		
.0000							Barings Real Estate Investment Japan Limited	..JPN.....	..NIA.....	Barings Japan Limited	Ownership.....	100.000	MLLIC		
.0000							Barings Australia Holding Company Pty Ltd	..AUS.....	..NIA.....	Baring Asset Management (Asia) Holdings Limited	Ownership.....	100.000	MLLIC		
.0000							Barings Australia Pty Ltd	..AUS.....	..NIA.....	Barings Australia Holding Company Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Barings Australia Real Estate Holdings Pty Ltd	..AUS.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000			14-0045656				Barings Australia Real Estate Pty Ltd	..AUS.....	..NIA.....	Barings Australia Real Estate Holdings Pty Ltd	Ownership.....	100.000	MLLIC		
.0000			98-0457456				Barings Australia Property Holdings Pty Ltd	..AUS.....	..NIA.....	Barings Australia Real Estate Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Barings Australia Asset Management Pty Ltd	..AUS.....	..NIA.....	Barings Australia Property Holdings Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Barings Australia Property Pty Ltd	..AUS.....	..NIA.....	Barings Australia Property Holdings Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Barings Australia Structured Finance Holdings Pty Ltd	..AUS.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000							Barings Australia Structured Finance Pty Ltd	..AUS.....	..NIA.....	Barings Australia Structured Finance Holdings Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Gryphon Capital Partners Pty Ltd	..AUS.....	..NIA.....	Barings Australia Structured Finance Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Gryphon Capital Management Pty Ltd	..AUS.....	..NIA.....	Gryphon Capital Partners Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Gryphon Capital Investments Pty Ltd	..AUS.....	..NIA.....	Gryphon Capital Partners Pty Ltd	Ownership.....	100.000	MLLIC		
.0000							Barings Real Estate Holdings LLC	..DE.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000							Artemis Real Estate Partners, LLC	..DE.....	..NIA.....	Barings Real Estate Holdings LLC	Ownership.....	100.000	MLLIC		
.0000							Artemis Real Estate Advisors, LLC	..DE.....	..NIA.....	Artemis Real Estate Partners, LLC	Ownership.....	100.000	MLLIC		
.0000							Artemis Real Estate Partners Acquisitions I, LLC	..DE.....	..NIA.....	Artemis Real Estate Partners, LLC	Ownership.....	100.000	MLLIC		
.0000			80-0875475				Barings Finance LLC	..DE.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000							BCF Europe Funding Limited	..IRL.....	..NIA.....	Barings Finance LLC	Ownership.....	100.000	MLLIC		
.0000							BCF Senior Funding I LLC	..DE.....	..NIA.....	Barings Finance LLC	Ownership.....	100.000	MLLIC		
.0000							BCF Senior Funding I Designated Activity Company	..IRL.....	..NIA.....	Barings Finance LLC	Ownership.....	100.000	MLLIC		
.0000							Barings Real Estate Acquisitions LLC	..DE.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000			04-3238351				Barings Securities LLC	..DE.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000			98-0437588				Barings Guernsey Limited	..GGY.....	..NIA.....	Barings LLC	Ownership.....	100.000	MLLIC		
.0000							Barings Europe Limited	..GBR.....	..NIA.....	Barings Guernsey Limited	Ownership.....	100.000	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000							Barings Asset Management Spain SL	.ESP	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Baring France SAS	.FRA	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Baring International Fund Managers (Ireland) Limited	.IRL	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Barings GmbH	.DEU	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Barings Italy S.r.l.	.ITA	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Barings Sweden AB	.SWE	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Barings Netherlands B.V.	.NLD	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000			98-0432153				Barings (U.K.) Limited	.GBR	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Barings Switzerland Sarl	.CHE	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000			98-0241935				Baring Asset Management Limited	.GBR	NIA	Barings Europe Limited	Ownership	100.000	MLLIC		
.0000							Barings European Direct Lending 1 GP LLP	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000			98-0457328				Baring International Investment Limited	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000			98-0457586				Baring Fund Managers Limited	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							BCGSS 2 GP LLP	.GBR	NIA	Baring Fund Managers Limited	Ownership	100.000	MLLIC		
.0000			98-0457578				Baring Investment Services Limited	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							Barings Core Fund Feeder I GP S.à.r.l.	.LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							Barings Investment Fund (LUX) GP S.à.r.l.	.LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							Barings BME GP S.à.r.l.	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							Barings GPC GP S.à.r.l.	.LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							Barings European Core Property Fund GP Sarl	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							Barings Umbrella Fund (LUX) GP S.à.r.l.	.LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							GPLF4(S) GP S.à.r.l.	.LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							PREIF Holdings Limited Partnership	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MLLIC		
.0000							BMC Holdings DE LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			04-3238351	3456895			Barings Real Estate Advisers Inc.	.CA	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			81-4065378				Remington L & W Holdings LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	64.370	MLLIC		
.0000			81-4065378				Remington L & W Holdings LLC	.DE	NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Aland Royalty GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Alaska Future Fund GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							BAI Funds SLP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							BAI GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Baring Asset-Based Income Fund (US) GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings Infiniti Fund Management LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings Infrastructure CLO Equity Partnership GP LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings NAPLF IV Rated Feeder, L.P.	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings New Jersey Emerging Manager Program GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings Hotel Opportunity Venture I GP, LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Baring Investment Series LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings Emerging Generation Fund GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings Emerging Generation Fund GP II, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings ERS PE Emerging Manager III GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings FC III LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings Global Investment Funds (U.S.) Management LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			04-1590850				Barings CLO Investment Partners GP, LLC	.DE	NIA	Barings LLC	Ownership	100.000	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000							Barings Core Property Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Direct Lending GP Ltd.	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Direct Investments LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Diversified Residential Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Global Energy Infrastructure Advisors, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Centre Street CLO Equity Partnership GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			88-3792609				Barings Centre Street CLO Equity Partnership LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	24.500	MMLIC		
.0000			88-3792609				Barings Centre Street CLO Equity Partnership LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Global Real Assets Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings GPSF LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings North American Private Loan Fund Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings North American Private Loan Fund II Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings North American Private Loan Fund III Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings North American Private Loan Fund IV (Cayman)-A, L.P.	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings North American Private Loan Fund IV Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Portfolio Finance IG Issuer I, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Real Asset Special Servicer LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Global Special Situations Credit Fund 4 GP (Delaware) LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings - MM Revolver Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Real Estate European Value Add Fund II Feeder LLC	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings SBIC II GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings SEM GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BMT RE Debt Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			84-5063008				Barings Small Business Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	30.650	MMLIC		
.0000			84-5063008				Barings Small Business Fund LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings TYIDF2 Rated Feeder GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings TYIDF2 Rated Feeder, L.P.	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Active Passive Equity Direct EAFE LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BCLF GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BDAE Private Fund GP	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BDAE Private Fund, LP	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			98-0536233				Benton Street Advisors, Inc.	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BHOVI Incentive LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BIG Real Estate Incentive I LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BIG Real Estate Incentive II LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BRECS VII GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BREDIF GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							CPF Springing Member, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000							CREA-MA Reorganization Trust	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							CREF X GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			04-1590850				Great Lakes III GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Lake Jackson LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Martello Re GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings Emerging Markets Blended Fund I GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Barings EPLF4 Rated Feeder GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			41-2280126				Mezzco III LLC	DE	NIA	Barings LLC	Ownership	99.300	MLLIC		
.0000			80-0920285				Mezzco IV LLC	DE	NIA	Barings LLC	Ownership	99.300	MLLIC		
.0000							Mezzco Australia II LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							RECSA-NY GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Terrapin Middle Market Infrastructure Fund, L.P.	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			98-1624360				Barings CLO 2022-I	CYM	NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings CLO 2022-II	CYM	NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Amherst Long Term Holdings, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	24.500	MLLIC		
.0000							Enroll Confidently, Inc.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	22.400	MLLIC		
.0000							Imbiba Growth LLP	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership	20.000	MLLIC		
.0000							Yunfeng Financial Group Limited	HKG	NIA	Massachusetts Mutual Life Insurance Company	Ownership	23.650	MLLIC		
.0000			27-3576835				MassMutual External Benefits Group LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Stillings Street LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Eclipse Business Capital LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	7.000	MLLIC		
.0000							Port 51 Lending Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.200	MLLIC		
.0000							Port 51 Lending LLC	DE	NIA	Port 51 Lending Holdings LLC	Ownership	100.000	MLLIC		
.0000							Port 51 Commercial LLC	DE	NIA	Port 51 Lending Holdings LLC	Ownership	100.000	MLLIC		
.0000							Counterpoint MM Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							LNL MM, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	71.250	MLLIC		
.0000							CapSec LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							LNL MM 2, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	85.500	MLLIC		
.0000			04-1590850				100 w. 3rd Street LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			82-2432216				300 South Tryon Hotel LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			04-1590850				300 South Tryon LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Almack Mezzanine Fund II Unleveraged LP	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	72.900	MLLIC		

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000							Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.666	MMLIC		
.0000							Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Capital Solutions Perpetual Fund (CA), L.P.	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership	39.020	MMLIC		
.0000							Barings Construction Lending Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	53.720	MMLIC		
.0000							Barings Construction Lending Fund LP	DE	NIA	Massachusetts Mutual Ascend	Management	0.000	MMLIC		
.0000							12-18 West 55th Street Predevelopment, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.200	MMLIC		
.0000							21 West 86th LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	96.240	MMLIC		
.0000							Barings Diversified Residential Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							Barings Emerging Generation Fund II LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	39.380	MMLIC		
.0000							Barings Emerging Generation Fund III GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			84-3784245				Barings Emerging Generation Fund, LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	31.155	MMLIC		
.0000			84-3784245				Barings Emerging Generation Fund, LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
.0000							Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Barings LLC	Ownership	58.052	MMLIC		
.0000							Barings Hotel Opportunity Venture I LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	65.000	MMLIC		
.0000							Barings Hotel Opportunity Venture I LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Miller Investment Trust	AUS	NIA	MassMutual Ascend Life Insurance Company	Influence	0.000	MMLIC		
.0000							Barings Miller Investment Trust	AUS	NIA	Massachusetts Mutual Life Insurance Company	Ownership	70.661	MMLIC		
.0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	30.563	MMLIC		
.0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	C.M. Life Insurance Company	Influence	0.000	MMLIC		
.0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	44.031	MMLIC		
.0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	C.M. Life Insurance Company	Ownership	4.892	MMLIC		
.0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Real Estate European Value Add Fund 3 SCSp	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	97.678	MMLIC		
.0000			04-1590850												

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			04-1590850				Barings Real Estate European Value Add Fund 3 SCSp	.LUX	NIA	C.M. Life Insurance Company	Influence	0.000	MMLIC		
.0000			04-1590850				Barings Real Estate European Value Add Fund 3 SCSp	.LUX	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Small Business Fund, L.P.	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	33.600	MMLIC		
.0000			04-1590850				Barings Storage Operations Trust	.AUS	NIA	Massachusetts Mutual Life Insurance Company	Ownership	87.760	MMLIC		
.0000			04-1590850				Barings Storage Operations Trust	.AUS	NIA	Massachusetts Mutual Ascend	Ownership	7.740	MMLIC		
.0000							Barings U.S. Core Bond Fund	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							Barings U.S. High Yield Fund	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	30.090	MMLIC		
.0000							Barings-MM Revolver Fund LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	86.000	MMLIC		
.0000							Barings-MM Revolver Fund LP	.DE	NIA	MM Ascend	Ownership/Influence	14.000	MMLIC		
.0000			04-1590850				Barings Australia Storage Trust	.AUS	NIA	Massachusetts Mutual Life Insurance Company	Ownership	87.760	MMLIC		
.0000			04-1590850				Barings Australia Storage Trust	.AUS	NIA	Massachusetts Mutual Ascend	Ownership	7.740	MMLIC		
.0000							Beauty Brands Acquisition LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	32.630	MMLIC		
.0000							Beauty Brands Acquisition Intermediate LLC	.DE	NIA	Beauty Brands Acquisition LLC	Ownership	100.000	MMLIC		
.0000							Forma Brands, LLC	.DE	NIA	Beauty Brands Acquisition Intermediate LLC	Ownership	100.000	MMLIC		
.0000			45-2632610				Cornerstone Permanent Mortgage Fund LLC	.MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			45-2632610				Cornerstone Permanent Mortgage Fund LLC	.MA	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							CREA Ridge Apartments, LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							Euro Real Estate Holdings Herleshhausen LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	47.500	MMLIC		
.0000							London Office JV Holdings LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MALIC Australia BS0T LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							Riverwalk MM Member, LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			83-0560183				Aland Royalty Holdings LP	.DE	NIA	MassMutual Holding LLC	Ownership/Influence	26.856	MMLIC		
.0000			83-0560183				Aland Royalty Holdings LP	.DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			81-2244465				Chassis Acquisition Holding LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	46.460	MMLIC		
.0000			81-4258759				CRA Aircraft Holding LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	14.803	MMLIC		
.0000			81-4258759				CRA Aircraft Holding LLC	.DE	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							EIP Holdings I, LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	29.000	MMLIC		
.0000			46-0687392				Validus Holding Company LLC	.DE	NIA	Barings LLC	Ownership	40.440	MMLIC		
.0000							SBNP SIA III LLC	.DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							MM Speedway El Paso Member LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	86.950	MMLIC		
.0000							MM Speedway El Paso Member LLC	.DE	NIA	Massachusetts Mutual Ascend	Ownership	13.050	MMLIC		

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000			04-1590850				MM Speedway El Paso Member II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	78.250	MMLIC		
.0000			04-1590850				MM Speedway El Paso Member II LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	11.740	MMLIC		
.0000							Barings European Real Estate Debt Income Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	39.137	MMLIC		
.0000							Barings European Real Estate Debt Income Fund	LUX	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	58.306	MMLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	C.M. Life Insurance Company	Ownership	2.794	MMLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings US High Yield Bond Fund	IRL	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings US High Yield Fund	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	19.030	MMLIC		
.0000							Barings US High Yield Fund	DE	NIA	C.M. Life Insurance Company	Ownership	2.810	MMLIC		
.0000							Barings US High Yield Fund	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Babson CLO Ltd. 2015-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		2
.0000			98-1473665				Barings CLO 2019-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2019-III	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2019-IV	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2020-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2020-III	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2020-IV	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2021-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2021-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2021-III	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2021-III	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2024-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Babson Euro CLO 2015-I BV	NLD	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			36-037260H				Barings Euro CLO 2019-I BV	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Euro CLO 2019-II BV	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Euro CLO 2020-I DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			37-15576VH				Barings Euro CLO 2021-I DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Euro CLO 2021-II DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Euro CLO 2021-III DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Euro CLO 2023-II DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Euro CLO 2024-II	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings CLO 2025 - IV	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			98-1332384				Barings Global Energy Infrastructure Fund I LP	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	92.624	MMLIC		
.0000							Barings Joondalup Trust	AUS	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	49.734	MMLIC		
.0000							Barings Joondalup Trust	AUS	NIA	Massachusetts Mutual Ascend	Ownership/Influence	9.500	MMLIC		
.0000							Barings Joondalup Trust	AUS	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			93-4219244				Barings Construction Lending Fund	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000			93-4219244				Barings Construction Lending Fund	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Liquidity Investment Strategy	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	14.210	MMLIC		
.0000							Barings Liquidity Investment Strategy	DE	NIA	Barings LLC	Influence	0.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			82-4059427				Artemis Real Estate Income and Growth Fund II LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	18.971	MMLIC		
.0000			82-4059427				Artemis Real Estate Income and Growth Fund II LP	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			99-1828090				Artemis EM Strategy Sponsor Investor, LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	61.613	MMLIC		
.0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	C.M. Life Insurance Company	Ownership	3.243	MMLIC		
.0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	12.867	MMLIC		
.0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	C.M. Life Insurance Company	Ownership	0.812	MMLIC		
.0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Europe Select Fund	IRL	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	51.347	MMLIC		
.0000			87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Innovations & Growth Real Estate Fund	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	29.037	MMLIC		
.0000			86-3661023				Barings Innovations & Growth Real Estate Fund	DE	NIA	C.M. Life Insurance Company	Ownership	0.419	MMLIC		
.0000							Barings Middle Market CLO 2017-I Ltd & LLC	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			98-1612604				Barings Middle Market CLO Ltd 2021-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Middle Market CLO Ltd 2023-I	BMU	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Middle Market CLO Ltd 2023-II	BMU	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Euro Middle Market CLO 2024-1 DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Middle Market Loan Partners 1	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Middle Market Loan Partners 2	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Loan Partners 5	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Loan Partners 4	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			98-1332384				Barings RE Credit Strategies VII LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	23.890	MMLIC		
.0000			98-1332384				Barings RE Credit Strategies VII LP	DE	NIA	Baring Asset Management Limited	Management	0.000	MMLIC		
.0000							Barings Target Yield Infrastructure Debt Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	16.979	MMLIC		
.0000			98-1567942				Barings Target Yield Infrastructure Debt Fund	LUX	NIA	Baring Asset Management Limited	Management	0.000	MMLIC		
.0000							Barings CLO Investment Partners LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000			81-0841854				Barings CLO Investment Partners LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	24.208	MMLIC		
.0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	C.M. Life Insurance Company	Ownership	2.105	MMLIC		
.0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			87-1262754				Barings Transportation Fund LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	13.539	MMLIC		
.0000			87-1262754				Barings Transportation Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	8.268	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000							Braemar Energy Ventures I, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	98.520	MMLIC		
.0000							Braemar Energy Ventures I, L.P.	DE	NIA	C.M. Life Insurance Company	Ownership	1.480	MMLIC		
.0000							Braemar Energy Ventures I, L.P.	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			13-1935920				BRAVA 5 MALIC Investor LLC	AUS	NIA	Massachusetts Mutual Ascend	Ownership	2.270	MMLIC		
.0000			04-1590850				BRAVA 5 MM Investor LLC	AUS	NIA	Massachusetts Mutual Life Insurance Company	Ownership	54.470	MMLIC		
.0000							Barings European Core Property Fund SCSp	LUX	NIA	MassMutual Holding LLC	Ownership/Influence	12.550	MMLIC		
.0000							Barings European Core Property Fund SCSp	LUX	NIA	C.M. Life Insurance Company	Ownership	0.802	MMLIC		
.0000							Barings European Core Property Fund SCSp	LUX	NIA	Barings Real Estate Advisers LLC	Management	0.000	MMLIC		
.0000			46-5001122				Barings European Private Loan Fund III A	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	45.238	MMLIC		
.0000			38-4059932				Benchmark 2018-B2 Mortgage Trust	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Benchmark 2018-B4	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			38-4096530				Benchmark 2018-B8	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			20-5578089				Barings Core Property Fund LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	32.264	MMLIC		
.0000			20-5578089				Barings Core Property Fund LP	DE	NIA	Barings Real Estate Advisers LLC	Management	0.000	MMLIC		
.0000			04-1590850				DPI Acres Capital SPV LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				DPI-ARES Mortgage Lending SPV, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							E2E Affordable Housing Debt Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000			98-1607033				GIA EU Holdings - Emerson JV Sarl	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000			98-1607033				GIA EU Holdings - Emerson JV Sarl	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			38-4041011				JPMCC Commercial Mortgage Securities Trust 2017-JP7	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000			38-4032059				JPMDB Commercial Mortgage Securities Trust 2017-C5	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Martello Re Feeder LP	DE	NIA	MassMutual Holding LLC	Ownership	58.050	MMLIC		
.0000							Martello Re LP	DE	NIA	Martello Re Feeder LP	Ownership	25.800	MMLIC		
.0000							Martello Re Holding Limited LLC	DE	NIA	Martello Re LP	Ownership	100.000	MMLIC		
.0000							Martello Re Limited	BMJ	NIA	Martello Re Holding Limited LLC	Ownership	100.000	MMLIC		
.0000							Martello Re Services Company	DE	NIA	Martello Re Holding Limited LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				Miami Douglas Three MM, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
.0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	26.985	MMLIC		
.0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.835	MMLIC		
.0000			04-1590850				MM Direct Private Investment Holding	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM CM Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			81-3000420				MM Debt Participations LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000			81-3000420				MM Debt Participations LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			92-3857084				Barings Capital Solutions Perpetual Fund (DE) LP	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Capital Solutions Perpetual Fund (LUX)	LUX	NIA	Barings LLC	Influence	0.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000							Barings Income Navigator Fund	.IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Capital Solutions Perpetual Fund (CA), LP	.CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
.0000							Barings Emerging Market Debt Blended Total Return Fund	.IRL	NIA	Barings LLC	Ownership	72.430	MMLIC		
.0000			04-1590850				40 Exchange MM Member LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	88.350	MMLIC		
.0000			04-1590850				40 Exchange MM Member LLC	.DE	NIA	Massachusetts Mutual Ascend	Ownership	6.650	MMLIC		
.0000							Barings Global Investment Grade Credit Fund	.IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership	41.925	MMLIC		
.0000							Barings Global Investment Grade Credit Fund	.IRL	NIA	Barings LLC	Management	0.000	MMLIC		
.0000			04-1590850				MM MD2 Station Member LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	47.000	MMLIC		
.0000			04-1590850				MM MD2 Station Member LLC	.DE	NIA	C.M. Life Insurance Company	Ownership	3.100	MMLIC		
.0000			04-1590850				MM National IOS Program Member LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	72.000	MMLIC		
.0000			04-1590850				MM National IOS Program Member LLC	.DE	NIA	Massachusetts Mutual Ascend	Ownership	18.000	MMLIC		
.0000							MM National Self-Storage Program Member II LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MMV Climate Technology Fund GP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
.0000			04-1590850				MMV Climate Technology Fund GP	.DE	NIA	Massachusetts Mutual Ascend	Ownership	1.000	MMLIC		
.0000							MM REED District Landco Member LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	76.800	MMLIC		
.0000							MM REED District Landco Member LLC	.DE	NIA	C.M. Life Insurance Company	Ownership	3.200	MMLIC		
.0000			04-1590850				MM Sedona Vortex Investor LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	76.290	MMLIC		
.0000			04-1590850				MM Sedona Vortex Investor LLC	.DE	NIA	Massachusetts Mutual Ascend	Ownership	18.710	MMLIC		
.0000			04-1590850				MM SL Willistown LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	89.670	MMLIC		
.0000			04-1590850				MM SL Willistown LLC	.DE	NIA	C.M. Life Insurance Company	Ownership	10.330	MMLIC		
.0000			04-1590850				MM Subline Borrower LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM The Gilman Member LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	45.000	MMLIC		
.0000			39-2502808				MM Tokyo BTR1 LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	70.000	MMLIC		
.0000			39-2502808				MM Tokyo BTR1 LLC	.DE	NIA	Massachusetts Mutual Ascend	Ownership	30.000	MMLIC		
.0000			39-2502808				MM Tokyo BTR1 LLC Project Zeus	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	70.000	MMLIC		
.0000			39-2502808				MM Tokyo BTR1 LLC Project Zeus	.DE	NIA	Massachusetts Mutual Ascend	Ownership	30.000	MMLIC		
.0000							MMLIC Australia BAST LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MMLIC Australia BSOT LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							SBNP SIA IV LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
.0000			04-1590850				Washington Pine LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			33-5063019				PDX SW Third Hotel Owner LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				Trailside MM Member LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	59.590	MMLIC		

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			04-1590850				Trailside MM Member LLC	.DE	.NIA	C.M. Life Insurance Company	Ownership	7.370	MLLIC		
.0000			83-1325764				Washington Gateway Two LLC	.DE	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	66.810	MLLIC		
.0000			83-1325764				Washington Gateway Two LLC	.DE	.NIA	C.M. Life Insurance Company	Ownership	28.190	MLLIC		
.0000			32-0574045				Washington Gateway Three LLC	.DE	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	83.781	MLLIC		
.0000							MALIC Debt Participations LLC	.DE	.NIA	Company	Ownership	100.000	MLLIC		
.0000							Invesco Ltd	.BMU	.NIA	MM Asset Management Holding LLC	Ownership	18.200	MLLIC		
.0000							Barings US Loan Fund Series	.DE	.NIA	Barings LLC	Ownership	0.028	MLLIC		
.0000							Barings Global Private Loan Fund	.LUX	.NIA	Barings LLC	Ownership	13.475	MLLIC		
.0000							KKR MM Project Vector LP	.DE	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MLLIC		
.0000							Mass360 Commerical Real Estate Debt Partners LLC	.CA	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	81.000	MLLIC		
.0000							Mass360 Commerical Real Estate Debt Partners LLC	.CA	.NIA	C.M. Life Insurance Company	Ownership	9.000	MLLIC		
.0000			04-1590850				Barings Developed Europe Private Loan Fund 1 SCSp	.LUX	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Barings Developed Europe Real Estate Debt Fund	.NC	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	68.671	MLLIC		
.0000							Barings Developed Europe Real Estate Debt Fund	.NC	.NIA	MassMutual Ascend Life Insurance Company	Ownership	31.330	MLLIC		
.0000							Barings Umbrella Fund plc - Barings Global Investment Grade	.IRL	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	52.550	MLLIC		
.0000							Barings CLO LTD 2018-III	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Babson LP-II	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings Loan Partners CLO-III	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings CLO Ltd 2025-III	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings CLO Ltd 2025-VI	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings CLO Ltd 2025-VII	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings CLO Ltd 2025-VIII	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings CLO Romeo Warehouse	.CYM	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings Euro CLO 2014-II BV	.IRL	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Babson Capital Loan Strategies Master Fund LP	.CYM	.NIA	Barings LLC	Management	0.000	MLLIC		
.0000							Barings China Aggregate Bond Private Securities Investment Fund	.CHN	.NIA	Barings LLC	Management	0.000	MLLIC		
.0000			47-3790192				Barings Global High Yield Fund	.MA	.NIA	Barings LLC	Management	0.000	MLLIC		
.0000			71-1018134				Great Lakes II LLC	.DE	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.754	MLLIC		
.0000			71-1018134				Great Lakes II LLC	.DE	.NIA	C.M. Life Insurance Company	Ownership	0.319	MLLIC		
.0000			04-1590850				Wood Creek Venture Fund LLC	.DE	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	40.000	MLLIC		
.0000							Barings California Mortgage Fund IV	.CA	.NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MLLIC		
.0000							Barings California Mortgage Fund IV	.CA	.NIA	Barings LLC	Influence	0.000	MLLIC		
.0000							Barings Umbrella Fund LUX SCSp SICAV RAIF	.LUX	.NIA	Massachusetts Mutual Life Insurance Company	Ownership	22.972	MLLIC		
.0000							Barings Umbrella Fund LUX SCSp SICAV RAIF	.LUX	.NIA	C.M. Life Insurance Company	Ownership	1.997	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000			82-2285211				Calgary Railway Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MMLIC		
.0000			82-3307907				Cornbrook PRS Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	96.080	MMLIC		
.0000			95-4207717				Cornerstone California Mortgage Fund I LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			95-4207717				Cornerstone California Mortgage Fund II LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			95-4207717				Cornerstone California Mortgage Fund III LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	84.388	MMLIC		
.0000			56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.578	MMLIC		
.0000			61-1750537				Cornerstone Permanent Mortgage Fund II	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			61-1750537				Cornerstone Permanent Mortgage Fund II	MA	NIA	Barings LLC	Management	0.000	MMLIC		
.0000							Cornerstone Permanent Mortgage Fund III LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			61-1793735				Cornerstone Permanent Mortgage Fund IV	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			82-2783393				Danville Riverwalk Venture, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	93.860	MMLIC		
.0000			04-1590850				Euro Real Estate Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
.0000			20-3347091				Fan Pier Development LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	59.150	MMLIC		
.0000			20-3347091				Fan Pier Development LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.850	MMLIC		
.0000			04-1590850				GIA EU Holdings LLC - Avalon Spain	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				GIA EU Holdings LLC- GIA Italy SCSp	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				GIA EU Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
.0000			81-5360103				Landmark Manchester Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			13-1935920				MMLIC Debt Participations LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	100.000	MMLIC		
.0000			04-1590850				MM Brookhaven Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
.0000			04-1590850				MM Ascend Mtg. Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MM Kannapolis Industrial Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	87.080	MMLIC		
.0000			04-1590850				MM Kannapolis Industrial Member LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	12.920	MMLIC		
.0000			04-1590850				MM East South Crossing Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
.0000							MM Fremont Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MM Horizon Savannah Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	88.710	MMLIC		
.0000			04-1590850				MM Horizon Savannah Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	7.220	MMLIC		
.0000			04-1590850				MM Horizon Savannah Member II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	84.270	MMLIC		
.0000			04-1590850				MM Horizon Savannah Member II LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.690	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000			04-1590850				MM Horizon Savannah Member II LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	7.600	MLLIC		
.0000			04-1590850				MM Ironhead Commerce Center	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	75.210	MLLIC		
.0000			04-1590850				MM Ironhead Commerce Center	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	19.790	MLLIC		
.0000							BRAVA5 MM Investor LLC	DE	NIA	Massachusetts Mutual Ascend Company	Ownership	100.000	MLLIC		
.0000							BRAVA5 MALIC Investor LLC	DE	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MM Ironhead Commerce Center Member LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	100.000	MLLIC		
.0000							MM 425 Montgomery Member LLC	DE	NIA	Massachusetts Mutual Ascend Company	Ownership	78.355	MLLIC		
.0000							MM 425 Montgomery Member LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	21.645	MLLIC		
.0000							MM 550 Corporate Member LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	100.000	MLLIC		
.0000							MM Ascend DS Investor LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	100.000	MLLIC		
.0000							MM Century Square LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	100.000	MLLIC		
.0000							MM Horizon Savannah Member III LLC	DE	NIA	Company	Ownership	88.710	MLLIC		
.0000							MM Horizon Savannah Member III LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.690	MLLIC		
.0000							MM Horizon Savannah Member III LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	7.600	MLLIC		
.0000							MM Liberty Centre LLC	DE	NIA	Company	Ownership	100.000	MLLIC		
.0000			04-1590850				MM National Self-Storage Program Member LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance	Ownership	98.000	MLLIC		
.0000							MM Park City Investor LLC	NC	NIA	Company	Ownership	100.000	MLLIC		
.0000							MM Park City Investor LLC	NC	NIA	Massachusetts Mutual Ascend Company	Influence	0.000	MLLIC		
.0000			04-1590850				MM ReDiscover Member LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Influence	0.000	MLLIC		
.0000			04-1590850				MM ReDiscover Member LLC	DE	NIA	Company	Ownership	100.000	MLLIC		
.0000			04-1590850				MM Liberty Centre Member LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	82.000	MLLIC		
.0000			04-1590850				MM Century Square Member LLC	DE	NIA	Company	Ownership	68.560	MLLIC		
.0000			04-1590850				MM Century Square Member LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance	Ownership	3.120	MLLIC		
.0000			04-1590850				MM Stowe Investor LLC	NC	NIA	Company	Ownership	13.700	MLLIC		
.0000			04-1590850				MM Virginian Investor LLC	DE	NIA	Company	Ownership	100.000	MLLIC		
.0000			04-1590850				MM 340 Madison Member LLC	DE	NIA	Massachusetts Mutual Ascend Company	Ownership	96.721	MLLIC		
.0000			04-1590850				MM 340 Madison Member LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	3.279	MLLIC		
.0000			04-1590850				MM 1370 AVE OF AM LLC	DE	NIA	Company	Ownership	90.000	MLLIC		
.0000			04-1590850				MM 1370 AVE OF AM LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance	Ownership	3.330	MLLIC		
.0000			04-1590850				MM 1400 E 4th Street Member LLC	DE	NIA	Company	Ownership	94.000	MLLIC		
.0000			04-1590850				Miami Douglas Four MM LLC	DE	NIA	Massachusetts Mutual Ascend Company Massachusetts Mutual Life Insurance	Ownership	100.000	MLLIC		
.0000			04-1590850				MM Five50West Member LLC	DE	NIA	Company	Ownership	88.750	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			04-1590850				MM Five50West Member LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	11.250	MMLIC		
.0000			04-1590850				MM Breton Village Member LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	81.130	MMLIC		
.0000			04-1590850				MM Breton Village Member LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	16.980	MMLIC		
.0000			80-0948028				One Harbor Shore LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	86.440	MMLIC		
.0000			80-0948028				One Harbor Shore LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	8.550	MMLIC		
.0000			04-1590850				Paco France Logistics LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
.0000							Salomon Brothers Commercial Mortgage Trust 2001-MM	DE	NIA	Barings Real Estate Advisers LLC Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
.0000			04-1590850				Traillside MM Member II LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	47.120	MMLIC		
.0000			82-3250684				Unna, Dortmund Holding LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
.0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	91.000	MMLIC		
.0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	4.800	MMLIC		
.0000			88-3861481				West 37th Street Hotel LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	93.800	MMLIC		
.0000			88-3861481				West 37th Street Hotel LLC	DE	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	6.200	MMLIC		
.0000			02-0769954		0000916053	OQ	MassMutual Select Small Capital Value Equity Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
.0000			47-3529636				MML Series II Dynamic Bond Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
.0000			45-1618222		0000916053	OQ	MML SER INVT FD II ISHAPES 80/20 ALLOCATION FD	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	21.387	MMLIC		
.0000			45-1618046		0000916053	OQ	MassMutual ishares 60/40 Allocation Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	43.767	MMLIC		
.0000			04-3556992		0000916053	OQ	MassMutual Blue Chip Growth Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	67.722	MMLIC		
.0000			04-3277549		0000916053	OQ	MassMutual Core Bond Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership/Influence	2.481	MMLIC		
.0000			01-0821120		0000916053	OQ	MassMutual Diversified Value Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			03-0532475		0000916053	OQ	MassMutual Inflation-Protected and Income Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	40.120	MMLIC		
.0000			04-3512596		0000916053	OQ	MassMutual Mid Cap Growth Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-3464165		0000916053	OQ	MassMutual Premier Diversified Bond Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-3557000		0000916053	OQ	MassMutual Select Overseas Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-3520009		0000916053	OQ	MassMutual High Yield Fund	MA	NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	20.318	MMLIC		

Asterisk	Explanation
1	Massachusetts Mutual Life Insurance Company owns 14.23% of the affiliated debt of Jefferies Finance LLC
2	Debt investors own .5% and includes only Great Lakes III, L.P.

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
65935	04-1590850	Massachusetts Mutual Life Insurance Company (MMLIC)	1,959,400,297	1,063,691,395	346,939,372	0	0	0		0	3,370,031,063	(100,688,782)
93432	06-1041383	C.M. Life Insurance Company	17,563,077	(23,130,256)	0	0	0	0		0	(5,567,179)	51,847,946
70416	43-0581430	MML Bay State Life Insurance Company	(21,000,000)	0	0	0	0	0		0	(21,000,000)	15,557,064
63312	13-1935920	MassMutual Ascend Life Insurance Company	83,164,332	(125,514,284)	0	0	0	0		0	(42,349,951)	0
93661	31-1021738	Annuity Investors Life Insurance Company	(250,000,000)	0	0	0	0	0		0	(250,000,000)	0
		MM Investment Holding	0	0	(346,939,372)	0	0	0		0	(346,939,372)	0
		Rothesay Life Plc	0	0	0	0	0	0		0	0	33,283,772
	04-2854319	MassMutual Holding LLC	(1,503,807,154)	88,260,730	0	0	0	0		0	(1,415,546,424)	0
	04-1590850	Insurance Road LLC	(90,000,000)	39,950,434	0	0	0	0		0	(50,049,566)	0
		MML Investment Advisers, LLC	(35,127,662)	0	0	0	0	0		0	(35,127,662)	0
	85-3449260	Barings Real Estate Debt Income Fund LP	(25,093,939)	(70,281,228)	0	0	0	0		0	(95,375,168)	0
		KKR MM Project Vector LP	(12,808,636)	0	0	0	0	0		0	(12,808,636)	0
	06-1563535	MassMutual Private Wealth & Trust, FSB	(8,000,000)	0	0	0	0	0		0	(8,000,000)	0
		Barings European Real Estate Debt Income Fund	(7,630,325)	(1,767,197)	0	0	0	0		0	(9,397,522)	0
	98-1567942	Barings Target Yield Infrastructure Debt Fund	(6,193,327)	(10,027,153)	0	0	0	0		0	(16,220,480)	0
	04-1590850	MML Private Equity Fund Investor LLC	(6,134,706)	(10,216,264)	0	0	0	0		0	(16,350,970)	0
	45-1618222	MML SER INVT FD II ISHARES 80/20 ALLOCATION FD	(6,019,417)	0	0	0	0	0		0	(6,019,417)	0
	85-3036663	Barings Affordable Housing Mortgage Fund III LLC	(5,683,671)	14,564,161	0	0	0	0		0	8,880,491	0
		LNL MM, LLC	(5,203,166)	137,991,192	0	0	0	0		0	132,788,026	0
	46-5001122	Barings European Private Loan Fund III A	(5,146,236)	(5,810,292)	0	0	0	0		0	(10,956,528)	0
		Barings Global Special Situations Credit 4 Delaware	(4,804,913)	(14,161,217)	0	0	0	0		0	(18,966,130)	0
	84-3784245	Barings Emerging Generation Fund, LP	(4,001,385)	(2,754,493)	0	0	0	0		0	(6,755,878)	0
	93-4168848	MassMutual Clinton Municipal Credit Opportunities Fund	(3,715,338)	0	0	0	0	0		0	(3,715,338)	0
	61-1793735	Cornerstone Permanent Mortgage Fund IV	(3,603,018)	(2,204,982)	0	0	0	0		0	(5,808,000)	0
	95-4207717	Cornerstone California Mortgage Fund III LLC	(3,455,761)	(1,677,827)	0	0	0	0		0	(5,133,589)	0
		Barings California Mortgage Fund IV	(3,429,757)	50,966,314	0	0	0	0		0	47,536,557	0
	61-1902329	Barings Affordable Housing Mortgage Fund II LLC	(3,420,181)	(2,165,819)	0	0	0	0		0	(5,586,000)	0
	95-4207717	Cornerstone California Mortgage Fund I LLC	(3,284,084)	(1,714,493)	0	0	0	0		0	(4,998,577)	0
	04-3520009	MassMutual High Yield Fund	(3,269,705)	0	0	0	0	0		0	(3,269,705)	0
	45-2632610	Cornerstone Permanent Mortgage Fund LLC	(3,235,801)	(2,426,199)	0	0	0	0		0	(5,662,000)	0
		Cornerstone Permanent Mortgage Fund III LLC	(3,147,202)	(2,256,798)	0	0	0	0		0	(5,404,000)	0
	98-1332384	Barings Global Energy Infrastructure Fund I LP	(3,028,688)	(4,639,401)	0	0	0	0		0	(7,668,089)	0
		Barings Emerging Generation Fund II LP	(2,984,100)	4,213,022	0	0	0	0		0	1,228,922	0

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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		Eclipse Business Capital LLC	(2,779,994)	(3,222,754)	0	0	0	0		0	(6,002,747)	0
	87-1262754	Barings Transportation Fund LP	(2,729,821)	0	0	0	0	0		0	(2,729,821)	0
	61-1750537	Cornerstone Permanent Mortgage Fund II	(2,720,076)	(2,246,924)	0	0	0	0		0	(4,967,000)	0
		Barings Global Special Situations Credit 4 LUX	(2,703,227)	(6,163,975)	0	0	0	0		0	(8,867,201)	0
		Barings Affordable Housing Mortgage Fund I LLC	(2,686,947)	(2,110,053)	0	0	0	0		0	(4,797,000)	0
	95-4207717	Cornerstone California Mortgage Fund II LLC	(2,530,621)	(906,823)	0	0	0	0		0	(3,437,444)	0
		Barings Perpetual European Direct Lending Fund	(2,231,766)	(26,595,176)	0	0	0	0		0	(28,826,942)	0
	82-3250684	Unna, Dortmund Holding LLC	(2,120,890)	72,634	0	0	0	0		0	(2,048,256)	0
	04-1590850	MM Subline Borrower LLC	(1,990,592)	94	0	0	0	0		0	(1,990,498)	0
	04-1590850	Washington Pine LLC	(1,637,609)	(56,800,000)	0	0	0	0		0	(58,437,609)	0
	81-0841854	Barings CLO Investment Partners LP	(1,442,097)	(5,588,839)	0	0	0	0		0	(7,030,936)	0
		Mass360 Commercial Real Estate Debt Partners LLC	(1,196,586)	(16,498,087)	0	0	0	0		0	(17,694,673)	0
		Barings Construction Lending Fund LP	(1,167,557)	25,613,455	0	0	0	0		0	24,445,897	0
	81-4258759	CRA Aircraft Holding LLC	(742,851)	(4,456,694)	0	0	0	0		0	(5,199,545)	0
		Barings European Core Property Fund SCSp	(639,074)	(347,354)	0	0	0	0		0	(986,427)	0
	20-3347091	Fan Pier Development LLC	(519,506)	(3,315,494)	0	0	0	0		0	(3,835,000)	0
		Barings Participation Investors	(499,097)	0	0	0	0	0		0	(499,097)	0
		Barings Small Business Fund, L.P.	(336,276)	3,125,000	0	0	0	0		0	2,788,724	0
	04-1590850	PACO France Logistics LLC	(250,904)	(4,390,123)	0	0	0	0		0	(4,641,026)	0
	92-1441036	MassMutual RetireSMART by JPMorgan 2065 Fund	(179,883)	0	0	0	0	0		0	(179,883)	0
	92-1427882	MassMutual Select T Rowe Price Retirement 2065 Fund	(127,057)	0	0	0	0	0		0	(127,057)	0
		JFIN Revolver Fund, L.P.	(100,101)	380,798	0	0	0	0		0	280,697	0
	04-1590850	Barings Developed Europe Private Loan Fund 1 SCSp	(87,850)	6,218,262	0	0	0	0		0	6,130,412	0
	47-5326235	MassMutual RetireSMART 2060 Fund	(74,815)	0	0	0	0	0		0	(74,815)	0
	04-3584140	MassMutual Select Small Company Value Fund	(52,187)	0	0	0	0	0		0	(52,187)	0
	01-0821120	MassMutual Diversified Value Fund	(47,148)	0	0	0	0	0		0	(47,148)	0
	04-3512590	MassMutual Equity Opportunities Fund	(47,042)	0	0	0	0	0		0	(47,042)	0
	04-3212054	MassMutual Balanced Fund	(37,262)	0	0	0	0	0		0	(37,262)	0
	04-3556992	MassMutual Blue Chip Growth Fund	(31,553)	0	0	0	0	0		0	(31,553)	0
	04-3539083	MassMutual Disciplined Value Fund	(20,780)	0	0	0	0	0		0	(20,780)	0
	04-3557000	MassMutual Select Overseas Fund	(18,992)	0	0	0	0	0		0	(18,992)	0
	04-3512596	MassMutual Mid Cap Growth Fund	(18,057)	0	0	0	0	0		0	(18,057)	0
	46-4257056	IML Series International Equity Fund	(17,582)	0	0	0	0	0		0	(17,582)	0
	45-1618155	MassMutual 20/80 Allocation Fund	(15,573)	0	0	0	0	0		0	(15,573)	0
	04-3277549	MassMutual Core Bond Fund	(14,394)	0	0	0	0	0		0	(14,394)	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	45-1618222	MassMutual Select 80/20 Allocation Fund ..	(13,844)	.0	.0	.0	.0	.0		.0	(13,844)	.0
	02-0769954	MassMutual Small Cap Value Equity Fund ...	(10,709)	.0	.0	.0	.0	.0		.0	(10,709)	.0
	42-1710935	MassMutual Select Mid-Cap Value Fund	(10,006)	.0	.0	.0	.0	.0		.0	(10,006)	.0
	04-3464165	MassMutual Premier Diversified Bond Fund ..	(8,612)	.0	.0	.0	.0	.0		.0	(8,612)	.0
	04-1590850	Miami Douglas Three MM, LLC	(7,951)	11,890,781	.0	.0	.0	.0		.0	11,882,829	.0
	03-0532475	MassMutual Inflation-Protected and Income Fund	(7,704)	.0	.0	.0	.0	.0		.0	(7,704)	.0
	45-1618262	MassMutual 40/60 Allocation Fund	(7,584)	.0	.0	.0	.0	.0		.0	(7,584)	.0
	04-3539084	MassMutual Disciplined Growth Fund	(6,808)	.0	.0	.0	.0	.0		.0	(6,808)	.0
		Barings US Loan Fund Series	(6,306)	.0	.0	.0	.0	.0		.0	(6,306)	.0
	45-1618046	MassMutual 60/40 Allocation Fund	(4,576)	.0	.0	.0	.0	.0		.0	(4,576)	.0
		MassMutual Strategic Bond Fund	(2,762)	.0	.0	.0	.0	.0		.0	(2,762)	.0
	03-0532464	MassMutual RetireSMART In Retirement Fund ..	(1,740)	.0	.0	.0	.0	.0		.0	(1,740)	.0
	46-3289207	MassMutual RetireSMART 2055 Fund	(1,130)	.0	.0	.0	.0	.0		.0	(1,130)	.0
	27-1933389	MassMutual RetireSMART 2035 Fund	(771)	.0	.0	.0	.0	.0		.0	(771)	.0
	04-3424705	MassMutual Small Cap Opportunities Fund ..	(722)	.0	.0	.0	.0	.0		.0	(722)	.0
		MassMutual RetireSMART by JPMorgan 2045 Fund	(679)	.0	.0	.0	.0	.0		.0	(679)	.0
	36-4868350	Barings Asset-Based Income Fund (US) LP ..	7,077	(7,077)	.0	.0	.0	.0		.0	.0	.0
		Barings Miller Investment Trust	34,290	(561,301)	.0	.0	.0	.0		.0	(527,012)	.0
		CML Special Situations Investor LLC	57,399	(57,399)	.0	.0	.0	.0		.0	.0	.0
		Great Lakes III LP	219,048	(219,048)	.0	.0	.0	.0		.0	.0	.0
	88-3861481	West 37th Street Hotel LLC	612,824	(404,455)	.0	.0	.0	.0		.0	208,369	.0
	82-3867745	Barings Global Real Assets Fund LP	4,077,501	(5,743,952)	.0	.0	.0	.0		.0	(1,666,451)	.0
		Sleeper Street LLC .....	.0	(1,998,812,616)	.0	.0	.0	.0		.0	(1,998,812,616)	.0
	04-3313782	MassMutual International LLC .....	.0	(300,704,123)	.0	.0	.0	.0		.0	(300,704,123)	.0
	04-1590850	DPI-APES Mortgage Lending SPV, LLC .....	.0	(300,000,000)	.0	.0	.0	.0		.0	(300,000,000)	.0
	04-1590850	DPI Acres Capital SPV LLC .....	.0	(107,811,706)	.0	.0	.0	.0		.0	(107,811,706)	.0
		MassMutual Mortgage Lending LLC .....	.0	(94,626,750)	.0	.0	.0	.0		.0	(94,626,750)	.0
	04-1590850	MM Horizon Savannah Member LLC .....	.0	(47,788,007)	.0	.0	.0	.0		.0	(47,788,007)	.0
	04-1590850	Berkshire Way LLC .....	.0	(32,649,731)	.0	.0	.0	.0		.0	(32,649,731)	.0
	04-1590850	MM Private Equity Intercontinental LLC ..	.0	(8,853,796)	.0	.0	.0	.0		.0	(8,853,796)	.0
	04-1590850	MM Direct Private Investment Holding .....	.0	(5,658,587)	.0	.0	.0	.0		.0	(5,658,587)	.0
	98-1332384	Barings RE Credit Strategies VII LP .....	.0	(2,676,848)	.0	.0	.0	.0		.0	(2,676,848)	.0
		MM CM Holding LLC .....	.0	(2,170,815)	.0	.0	.0	.0		.0	(2,170,815)	.0
	98-1612604	Barings Middle Market CLO Ltd 2021-I .....	.0	(2,002,040)	.0	.0	.0	.0		.0	(2,002,040)	.0
		Barings Real Estate European Value Add I SCSp .....	.0	(1,597,688)	.0	.0	.0	.0		.0	(1,597,688)	.0
		E2E Affordable Housing Debt Fund LLC .....	.0	(1,215,567)	.0	.0	.0	.0		.0	(1,215,567)	.0
	04-1590850	Trailside MM Member II LLC .....	.0	(1,169,319)	.0	.0	.0	.0		.0	(1,169,319)	.0
	56-2630592	Cornerstone Fort Pierce Development LLC ..	.0	(998,635)	.0	.0	.0	.0		.0	(998,635)	.0
	04-1590850	Trailside MM Member LLC .....	.0	(655,666)	.0	.0	.0	.0		.0	(655,666)	.0
	04-1590850	MM MD1 Station Member LLC0	(600,000)	.0	.0	.0	.0		.0	(600,000)	.0
		Barings Euro CLO 2021-II DAC0	(589,834)	.0	.0	.0	.0		.0	(589,834)	.0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	04-1590850	New Haven Holdco LLC	0	(468,756)	0	0	0	0		0	(468,756)	0
	47-5322979	Timberland Forest Holding LLC	0	(296,000)	0	0	0	0		0	(296,000)	0
		Barings CLO LTD 2018-III	0	(3,272)	0	0	0	0		0	(3,272)	0
		Barings Euro CLO 2014-II BV	0	(2,619)	0	0	0	0		0	(2,619)	0
		Barings CLO 2020-IV	0	(10)	0	0	0	0		0	(10)	0
	04-1590850	MM 340 Madison Member LLC	0	258,902,678	0	0	0	0		0	258,902,678	0
		Barings Developed Europe Real Estate Debt Fund	0	187,573,421	0	0	0	0		0	187,573,421	0
		Counterpointe MM Mortgage Lending LLC	0	118,399,468	0	0	0	0		0	118,399,468	0
	04-1590850	GIA EU Holdings LLC	0	114,226,184	0	0	0	0		0	114,226,184	0
		Barings US High Yield Fund	0	86,934,128	0	0	0	0		0	86,934,128	0
	80-0948028	One Harbor Shore LLC	0	68,917,692	0	0	0	0		0	68,917,692	0
	04-1590850	MM Rediscover Member LLC	0	67,123,075	0	0	0	0		0	67,123,075	0
	04-1590850	Barings Australia Storage Trust	0	64,482,986	0	0	0	0		0	64,482,986	0
	04-1590850	MMV Climate Technology Fund GP	0	45,566,151	0	0	0	0		0	45,566,151	0
	04-1590850	MM Horizon Savannah Member II LLC	0	38,901,417	0	0	0	0		0	38,901,417	0
	87-0977058	Barings Hotel Opportunity Venture	0	35,150,000	0	0	0	0		0	35,150,000	0
		MassMutual Ventures Europe/APAC I L.P.	0	33,598,657	0	0	0	0		0	33,598,657	0
	04-1590850	BRAVA 5 MM Investor LLC	0	33,181,830	0	0	0	0		0	33,181,830	0
	86-3661023	Barings Innovations & Growth Real Estate Fund	0	32,358,597	0	0	0	0		0	32,358,597	0
		Barings Diversified Residential Fund LP	0	30,106,738	0	0	0	0		0	30,106,738	0
		MM Horizon Savannah Member III LLC	0	28,807,742	0	0	0	0		0	28,807,742	0
		MassMutual Ventures US IV, L.P.	0	27,694,433	0	0	0	0		0	27,694,433	0
		Counterpointe Ascend Mortgage Lending LLC	0	26,471,157	0	0	0	0		0	26,471,157	0
		LNL MM 2, LLC	0	26,336,378	0	0	0	0		0	26,336,378	0
		MM Speedway El Paso Member LLC	0	25,843,166	0	0	0	0		0	25,843,166	0
		Barings CLO Ltd 2025-VII	0	24,797,600	0	0	0	0		0	24,797,600	0
		Barings CLO Ltd 2025-III	0	24,648,300	0	0	0	0		0	24,648,300	0
	04-1590850	MM Ironhead Commerce Center	0	24,584,705	0	0	0	0		0	24,584,705	0
	04-1590850	MM Breton Village Member LLC	0	24,079,238	0	0	0	0		0	24,079,238	0
	04-1590850	MM Five50West Member LLC	0	23,883,208	0	0	0	0		0	23,883,208	0
	82-4059427	Artemis Real Estate Income and Growth Fund II LP	0	23,696,090	0	0	0	0		0	23,696,090	0
	04-1590850	40 Exchange MM Member LLC	0	23,665,329	0	0	0	0		0	23,665,329	0
	04-1590850	MM National Self-Storage Program Member LLC	0	23,064,979	0	0	0	0		0	23,064,979	0
	04-1590850	Barings Real Estate European Value Add Fund 3 SCSp	0	21,646,000	0	0	0	0		0	21,646,000	0
		Barings CLO Ltd 2025-VI	0	21,050,500	0	0	0	0		0	21,050,500	0
	39-2502808	MM Tokyo BTR1 LLC	0	19,648,987	0	0	0	0		0	19,648,987	0
		Benchmark 2018-B4	0	19,374,038	0	0	0	0		0	19,374,038	0
		Babson LP-II	0	18,804,630	0	0	0	0		0	18,804,630	0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	04-1590850	MM National IOS Program Member LLC	0	18,134,615	0	0	0	0		0	18,134,615	0
	38-4096530	Benchmark 2018-B8	0	17,977,191	0	0	0	0		0	17,977,191	0
		MM Park City Investor LLC	0	17,562,780	0	0	0	0		0	17,562,780	0
	04-1590850	MM SL Willistown LLC	0	17,428,534	0	0	0	0		0	17,428,534	0
		Barings Loan Partners CLO-III	0	16,106,736	0	0	0	0		0	16,106,736	0
	04-1590850	GIA EU Holdings LLC- GIA Italy SCSp	0	15,894,840	0	0	0	0		0	15,894,840	0
		MM The Gilman Member LLC	0	14,762,111	0	0	0	0		0	14,762,111	0
		Barings Joondalup Trust	0	13,077,195	0	0	0	0		0	13,077,195	0
		MM 425 Montgomery Member LLC	0	13,001,357	0	0	0	0		0	13,001,357	0
	04-1590850	Miami Douglas Four MM LLC	0	11,317,099	0	0	0	0		0	11,317,099	0
		Barings Umbrella Fund LUX SCSp SICAV RAIF	0	8,457,039	0	0	0	0		0	8,457,039	0
		Barings CLO 2025 - IV	0	8,250,000	0	0	0	0		0	8,250,000	0
		Barings Middle Market CLO Ltd 2023-II	0	8,118,000	0	0	0	0		0	8,118,000	0
		Counterpointe Sustainable Advisors LLC	0	7,500,000	0	0	0	0		0	7,500,000	0
		Euro Real Estate Holdings Herleshhausen LLC	0	5,661,026	0	0	0	0		0	5,661,026	0
		Barings CLO Romeo Warehouse	0	5,000,000	0	0	0	0		0	5,000,000	0
		Barings CLO 2021-I	0	4,519,440	0	0	0	0		0	4,519,440	0
	04-1590850	Barings Storage Operations Trust	0	4,494,094	0	0	0	0		0	4,494,094	0
		Barings Euro CLO 2020-I DAC	0	4,009,949	0	0	0	0		0	4,009,949	0
	04-1590850	MM Kannapolis Industrial Member LLC	0	3,488,629	0	0	0	0		0	3,488,629	0
	37-15576VH	Barings Euro CLO 2021-I DAC	0	3,163,094	0	0	0	0		0	3,163,094	0
	04-1590850	MM Virginian Investor LLC	0	3,014,220	0	0	0	0		0	3,014,220	0
	04-1590850	MM Speedway El Paso Member II LLC	0	2,705,108	0	0	0	0		0	2,705,108	0
	88-3792609	Barings Centre Street CLO Equity Partnership LP	0	2,265,861	0	0	0	0		0	2,265,861	0
	04-1590850	MM Stowe Investor LLC	0	2,029,019	0	0	0	0		0	2,029,019	0
	04-1590850	MM Rothesay Holdco US LLC	0	1,845,666	0	0	0	0		0	1,845,666	0
	04-1590850	MM Sedona Vortex Investor LLC	0	1,831,550	0	0	0	0		0	1,831,550	0
	32-0574045	Washington Gateway Three LLC	0	1,802,485	0	0	0	0		0	1,802,485	0
	04-1590850	Euro Real Estate Holdings LLC	0	1,564,499	0	0	0	0		0	1,564,499	0
	81-5360103	Landmark Manchester Holdings LLC	0	1,391,494	0	0	0	0		0	1,391,494	0
	04-1590850	MM Copper Hill Road LLC	0	1,329,796	0	0	0	0		0	1,329,796	0
	45-5401109	Washington Gateway Apartments Venture LLC	0	1,261,303	0	0	0	0		0	1,261,303	0
	31-1395344	MM Ascend Life Investor Services, LLC	0	1,000,000	0	0	0	0		0	1,000,000	0
	83-1325764	Washington Gateway Two LLC	0	558,325	0	0	0	0		0	558,325	0
	82-3307907	Cornbrook PRS Holdings LLC	0	357,638	0	0	0	0		0	357,638	0
	13-1935920	BRAVA 5 MALIC Investor LLC	0	234,720	0	0	0	0		0	234,720	0
	81-3000420	MM Debt Participations LLC	0	68,000	0	0	0	0		0	68,000	0
		MALIC Debt Participations LLC	0	53,920	0	0	0	0		0	53,920	0
	04-1590850	MM East South Crossing Member LLC	0	31,981	0	0	0	0		0	31,981	0
		Barings Global Private Loan Fund	0	8,726	0	0	0	0		0	8,726	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
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?	NO
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13. Will the Actuarial Opinion on Participating and Non-participating Policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14. Will the Actuarial Opinion on Non-guaranteed Elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15. Will the Actuarial Opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Actuarial Opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 26. Will the Actuarial Opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) NO
- 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? YES
- 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? NO
- 31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? NO
- 32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? NO
- 33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? NO
- 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? NO
- 35. Will the Health Supplement be filed with the state of domicile and the NAIC by March 1? YES
- 36. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1? YES

APRIL FILING

- 37. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? YES
- 38. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? YES
- 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? YES

Explanations:

- 10. The data for this supplement is not required to be filed.
- 11. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 15. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 19. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.
- 21. The data for this supplement is not required to be filed.
- 22. The data for this supplement is not required to be filed.
- 23. The data for this supplement is not required to be filed.
- 24. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.
- 27. The data for this supplement is not required to be filed.
- 28. The data for this supplement is not required to be filed.
- 30. The data for this supplement is not required to be filed.
- 31. The data for this supplement is not required to be filed.
- 32. The data for this supplement is not required to be filed.
- 33. The data for this supplement is not required to be filed.
- 34. The data for this supplement is not required to be filed.
- 39. The data for this supplement is not required to be filed.
- 41. The data for this supplement is not required to be filed.
- 42. The data for this supplement is not required to be filed.
- 43. The data for this supplement is not required to be filed.
- 44. The data for this supplement is not required to be filed.
- 45. The data for this supplement is not required to be filed.
- 46. The data for this supplement is not required to be filed.
- 47. The data for this supplement is not required to be filed.

Bar Codes:

- 10. SIS Stockholder Information Supplement [Document Identifier 420]



- 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



- 12. Trusteed Surplus Statement [Document Identifier 490]



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



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



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



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
























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



- 20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448] 
6 7 0 8 3 2 0 2 5 4 4 8 0 0 0 0 0
- 22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449] 
6 7 0 8 3 2 0 2 5 4 4 9 0 0 0 0 0
- 23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450] 
6 7 0 8 3 2 0 2 5 4 5 0 0 0 0 0 0
- 24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451] 
6 7 0 8 3 2 0 2 5 4 5 1 0 0 0 0 0
- 25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452] 
6 7 0 8 3 2 0 2 5 4 5 2 0 0 0 0 0
- 26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453] 
6 7 0 8 3 2 0 2 5 4 5 3 0 0 0 0 0
- 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] 
6 7 0 8 3 2 0 2 5 4 5 4 0 0 0 0 0
- 28. Workers' Compensation Carve-Out Supplement [Document Identifier 495] 
6 7 0 8 3 2 0 2 5 4 9 5 0 0 0 0 0
- 30. Medicare Part D Coverage Supplement [Document Identifier 365] 
6 7 0 8 3 2 0 2 5 3 6 5 0 0 0 0 0
- 31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] 
6 7 0 8 3 2 0 2 5 2 2 4 0 0 0 0 0
- 32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225] 
6 7 0 8 3 2 0 2 5 2 2 5 0 0 0 0 0
- 33. Relief from the Requirements for Audit Committees [Document Identifier 226] 
6 7 0 8 3 2 0 2 5 2 2 6 0 0 0 0 0
- 34. VM-20 Reserves Supplement [Document Identifier 456] 
6 7 0 8 3 2 0 2 5 4 5 6 0 0 0 0 0
- 39. Credit Insurance Experience Exhibit [Document Identifier 230] 
6 7 0 8 3 2 0 2 5 2 3 0 0 0 0 0 0
- 41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216] 
6 7 0 8 3 2 0 2 5 2 1 6 0 0 0 0 0
- 42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435] 
6 7 0 8 3 2 0 2 5 4 3 5 0 0 0 0 0
- 43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345] 
6 7 0 8 3 2 0 2 5 3 4 5 0 0 0 0 0
- 44. Variable Annuities Supplement [Document Identifier 286] 
6 7 0 8 3 2 0 2 5 2 8 6 0 0 0 0 0
- 45. Executive Summary of the PBR Actuarial Report [Document Identifier 457] 
6 7 0 8 3 2 0 2 5 4 5 7 0 0 0 0 0
- 46. Life Summary of the PBR Actuarial Report [Document Identifier 458] 
6 7 0 8 3 2 0 2 5 4 5 8 0 0 0 0 0
- 47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459] 
6 7 0 8 3 2 0 2 5 4 5 9 0 0 0 0 0

NONE



SUPPLEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

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

Of The MANHATTAN NATIONAL LIFE INSURANCE COMPANY ADDRESS (City, State and Zip Code) Cincinnati, OH 45202 NAIC Group Code 0435 NAIC Company Code 67083 Employer's Identification Number (FEIN) 45-0252531

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 Omitted)

Section A - Group Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2021, 2 2022, 3 2023, 4 2024, 5 2025(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2021, 2 2022, 3 2023, 4 2024, 5 2025(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2021, 2 2022, 3 2023, 4 2024, 5 2025(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2021, 2 2022, 3 2023, 4 2024, 5 2025(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2021, 2 2022, 3 2023, 4 2024, 5 2025(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2021, 2 2022, 3 2023, 4 2024, 5 2025(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2021, 2 2022, 3 2023, 4 2024, 5 2025(a). Rows 1-6 showing cumulative net amounts paid policyholders.

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

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

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

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

Section A - Group Accident and Health

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

Section B - Other 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	

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	

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	

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	

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	

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	

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

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

Section A - Group Accident and Health

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

Section B - Other Accident and Health

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

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	

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Standard Factor	2,500
3. Individual Annuity	Standard Factor	215
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	Standard Factor .....	.24
11. Total		2,739



SUPPLEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

HEALTH SUPPLEMENTS

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

Of The MANHATTAN NATIONAL LIFE INSURANCE COMPANY

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

NAIC Group Code 0435 NAIC Company Code 67083 Employer's ID Number 45-0252531

SUPPLEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	4,143,620										3,070	(880)	84	4,141,346
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	14,518	0	0	0	0	0	0	0	0	0	14,510	0	8	XXX
6. Aggregate write-ins for other non-health care related revenues	(641,982)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(641,982)
7. Total revenues (Lines 1 to 6)	3,516,156	0	0	0	0	0	0	0	0	0	17,580	(880)	92	3,499,364
8. Hospital/medical benefits	85,552											35,552	50,000	XXX
9. Other professional services	0													XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	0													XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	85,552	0	0	0	0	0	0	0	0	0	0	35,552	50,000	XXX
16. Net reinsurance recoveries	35,552											35,552		XXX
17. Total medical and hospital (Lines 15 minus 16)	50,000	0	0	0	0	0	0	0	0	0	0	0	50,000	XXX
18. Non-health claims (net)	8,558,876	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,558,876
19. Claims adjustment expenses including \$ cost containment expenses	173,385										27			173,358
20. General administrative expenses	1,579,270													1,579,270
21. Increase in reserves for accident and health contracts	(12,875)										(12,836)		(39)	XXX
22. Increase in reserves for life contracts	(2,437,874)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,437,874)
23. Total underwriting deductions (Lines 17 to 22)	7,910,782	0	0	0	0	0	0	0	0	0	(12,809)	0	49,961	7,873,630
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(4,394,626)	0	0	0	0	0	0	0	0	0	30,389	(880)	(49,869)	(4,374,266)
DETAILS OF WRITE-INS														
0501. Commissions & Expense Allowance on Reinsurance Ceded	14,518										14,510		8	XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	14,518	0	0	0	0	0	0	0	0	0	14,510	0	8	XXX
0601. Commissions & Expense Allowance on Reinsurance Ceded	377,265	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	377,265
0602. Reinsurance administration agreement expense	(1,019,247)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,019,247)
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	(641,982)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(641,982)
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

475-2

SUPPLEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate pharmaceutical rebate receivables not individually listed						
0199999. Total pharmaceutical rebate receivables	0	0	0	0	0	0
0299998. Aggregate claim overpayment receivables not individually listed						
0299999. Total claim overpayment receivables	0	0	0	0	0	0
0399998. Aggregate loans and advances to providers not individually listed						
0399999. Total loans and advances to providers	0	0	0	0	0	0
0499998. Aggregate capitation arrangement receivables not individually listed						
0499999. Total capitation arrangement receivables	0	0	0	0	0	0
0599998. Aggregate risk sharing receivables not individually listed						
0599999. Total risk sharing receivables	0	0	0	0	0	0
0699998. Aggregate other health care receivables not individually listed						
0699999. Total other health care receivables	0	0	0	0	0	0
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	0	0	0	0	0	0

475-3

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

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

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



**SUPPLEMENT FOR THE YEAR 2025 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Alabama

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Alaska

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Arizona

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Arkansas

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: California

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Colorado

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Connecticut

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Delaware

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: District of Columbia

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
 MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Florida

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
6. Lender-placed home and auto	NO
7. Long-term care	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Georgia

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
6. Lender-placed home and auto	NO
7. Long-term care	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Hawaii

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Idaho

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Illinois

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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



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

FOR THE STATE OF: Indiana

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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



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 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 0435

NAIC Company Code 67083

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	YES
6. Lender-placed home and auto	NO
7. Long-term care	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Kansas

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
 MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Kentucky

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Louisiana

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Maine

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Maryland

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Massachusetts

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Michigan

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Minnesota

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Mississippi

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Missouri

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Montana

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Nebraska

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Nevada

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: New Hampshire

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: New Jersey

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: New Mexico

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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



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(To Be Filed by March 1)

FOR THE STATE OF: New York

NAIC Group Code 0435

NAIC Company Code 67083

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



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(To Be Filed by March 1)

FOR THE STATE OF: North Carolina

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: North Dakota

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Ohio

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
6. Lender-placed home and auto	NO
7. Long-term care	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Oklahoma

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Oregon

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Pennsylvania

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
6. Lender-placed home and auto	NO
7. Long-term care	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Rhode Island

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: South Carolina

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: South Dakota

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Tennessee

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
6. Lender-placed home and auto	NO
7. Long-term care	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Texas

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
6. Lender-placed home and auto	NO
7. Long-term care	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Utah

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Vermont

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Virginia

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Washington

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
 MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: West Virginia

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Wisconsin

NAIC Group Code 0435

NAIC Company Code 67083

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	YES
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Wyoming

NAIC Group Code 0435

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

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

FOR THE STATE OF: Puerto Rico

NAIC Group Code 0435

NAIC Company Code 67083

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