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

Family Heritage Life Insurance Company of America

NAIC Group Code 0290 (Current) 0290 (Prior) NAIC Company Code 77968 Employer's ID Number 34-1626521

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 08/22/1989 Commenced Business 11/17/1989

Statutory Home Office 6001 East Royalton Road, Suite 200 (Street and Number), Cleveland, OH, US 44147-3529 (City or Town, State, Country and Zip Code)

Main Administrative Office 6001 East Royalton Road, Suite 200 (Street and Number)

Cleveland, OH, US 44147-3529 (City or Town, State, Country and Zip Code), 440-922-5200 (Area Code) (Telephone Number)

Mail Address P.O. Box 470608 (Street and Number or P.O. Box), Cleveland, OH, US 44147-3529 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7677 Henneman Way (Street and Number)

McKinney, TX, US 75070 (City or Town, State, Country and Zip Code), 469-617-4407 (Area Code) (Telephone Number)

Internet Website Address https://home.globelifeinsurance.com/familyheritage

Statutory Statement Contact Brett Turner (Name), 469-617-4407 (Area Code) (Telephone Number)

bxturner@globe.life (E-mail Address), 972-569-3734 (FAX Number)

OFFICERS

President Thomas Peter Kalmbach

Secretary Joel Patrick Scarborough

Treasurer Michael Shane Henrie

Appointed Actuary Hongwei "David" Zhao

OTHER

Seamus Fitzpatrick, Division President

Robert Edward Hensley, Divisional Senior Vice President

Jon Andrew Adams, Divisional Senior Vice President

DIRECTORS OR TRUSTEES

Thomas Peter Kalmbach

Joel Patrick Scarborough

Stafford Leroy Thompson Jr.

Maria Rose Burnett

Jon Andrew Adams

Rebecca Evans Zorn

State of Texas
County of Collin SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Thomas Peter Kalmbach	Michael Shane Henrie	Joel Patrick Scarborough
President	Treasurer	Secretary

Subscribed and sworn to before me this 25th day of February, 2026

Michelle Batiste
Notary Public
January 12, 2028

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

b. If no,
1. State the amendment number.....
2. Date filed .....
3. Number of pages attached.....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	56,115						0	25,000		6,598		31,598
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	56,115	0	0	0	0	0	0	25,000	0	6,598	0	31,598
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	4,232,775 (f)						0	XXX	XXX	XXX	2,395,050	2,395,050
46. Total accident and health	4,232,775	0	0	0	0	0	0	XXX	XXX	XXX	2,395,050	2,395,050
47. Total	4,288,890 (c)	0	0	0	0	0	0	25,000	0	6,598	2,395,050	2,426,648

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	25,000	1	25,000					1	25,000		42	1,700,000	(10)	(435,000)	233	6,600,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	25,000	1	25,000	0	0	0	0	1	25,000	0	42	1,700,000	(10)	(435,000)	233	6,600,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	2,421,406	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,989	1,176,304	(958)	(579,462)	6,757	4,652,941
46. Total accident and health	2,421,406	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,989	1,176,304	(958)	(579,462)	6,757	4,652,941
47. Total	2,446,406	1	25,000	0	0	0	0	1	25,000	0	2,031	2,876,304	(968)	(1,014,462)	6,990	11,252,941

(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 $ 4,231,969

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,176						0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	1,176	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	222,992 (f)						0	XXX	XXX	XXX	13,982	13,982
46. Total accident and health	222,992	0	0	0	0	0	0	XXX	XXX	XXX	13,982	13,982
47. Total	224,168 (c)	0	0	0	0	0	0	0	0	0	13,982	13,982

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0						1	20,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	20,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	14,346	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	13,284	(50)	(44,465)	283	219,140
46. Total accident and health	14,346	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	13,284	(50)	(44,465)	283	219,140
47. Total	14,346	0	0	0	0	0	0	0	0	0	18	13,284	(50)	(44,465)	284	239,140

(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 $ 222,948

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	90,645						0	25,000		9,810		34,810
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	90,645	0	0	0	0	0	0	25,000	0	9,810	0	34,810
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	7,668,248 (f)						0	XXX	XXX	XXX	3,339,754	3,339,754
46. Total accident and health	7,668,248	0	0	0	0	0	0	XXX	XXX	XXX	3,339,754	3,339,754
47. Total	7,758,893 (c)	0	0	0	0	0	0	25,000	0	9,810	3,339,754	3,374,564

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	25,000	1	25,000					1	25,000		27	855,000	(7)	(200,000)	242	7,270,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	25,000	1	25,000	0	0	0	0	1	25,000	0	27	855,000	(7)	(200,000)	242	7,270,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	3,391,068	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,340	1,607,758	(1,778)	(1,246,103)	11,512	7,960,780
46. Total accident and health	3,391,068	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,340	1,607,758	(1,778)	(1,246,103)	11,512	7,960,780
47. Total	3,416,068	1	25,000	0	0	0	0	1	25,000	0	2,367	2,462,758	(1,785)	(1,446,103)	11,754	15,230,780

(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: $ 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 $ 7,666,790

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	505,952						0	70,000		28,314		98,314
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	505,952	0	0	0	0	0	0	70,000	0	28,314	0	98,314
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	11,376,455 (f)						0	XXX	XXX	XXX	3,578,738	3,578,738
46. Total accident and health	11,376,455	0	0	0	0	0	0	XXX	XXX	XXX	3,578,738	3,578,738
47. Total	11,882,407 (c)	0	0	0	0	0	0	70,000	0	28,314	3,578,738	3,677,052

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	70,000	3	70,000					3	70,000		342	10,705,000	(355)	(9,850,000)	1,741	41,605,000
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	70,000	3	70,000	0	0	0	0	3	70,000	0	342	10,705,000	(355)	(9,850,000)	1,741	41,605,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	3,732,041	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,298	1,971,468	(2,440)	(1,405,253)	17,613	11,807,107
46. Total accident and health	3,732,041	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,298	1,971,468	(2,440)	(1,405,253)	17,613	11,807,107
47. Total	3,802,041	3	70,000	0	0	0	0	3	70,000	0	3,640	12,676,468	(2,795)	(11,255,253)	19,354	53,412,107

(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 $ 11,374,298

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	99,213						0	75,000		17,473		92,473
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	99,213	0	0	0	0	0	0	75,000	0	17,473	0	92,473
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	9,881,595 (f)						0	XXX	XXX	XXX	2,408,880	2,408,880
46. Total accident and health	9,881,595	0	0	0	0	0	0	XXX	XXX	XXX	2,408,880	2,408,880
47. Total	9,980,808 (c)	0	0	0	0	0	0	75,000	0	17,473	2,408,880	2,501,353

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	75,000	1	75,000					1	75,000		70	3,090,000	(28)	(1,180,000)	242	8,840,000
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	75,000	1	75,000	0	0	0	0	1	75,000	0	70	3,090,000	(28)	(1,180,000)	242	8,840,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	2,511,404	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,818	2,217,498	(1,981)	(1,189,347)	15,905	10,534,832
46. Total accident and health	2,511,404	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,818	2,217,498	(1,981)	(1,189,347)	15,905	10,534,832
47. Total	2,586,404	1	75,000	0	0	0	0	1	75,000	0	3,888	5,307,498	(2,009)	(2,369,347)	16,147	19,374,832

(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 $ 9,879,717

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	87,716						0			15,738		15,738
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	87,716	0	0	0	0	0	0	0	0	15,738	0	15,738
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	14,247,951 (f)						0	XXX	XXX	XXX	5,757,809	5,757,809
46. Total accident and health	14,247,951	0	0	0	0	0	0	XXX	XXX	XXX	5,757,809	5,757,809
47. Total	14,335,667 (c)	0	0	0	0	0	0	0	0	15,738	5,757,809	5,773,547

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		66	1,810,000	(18)	(540,000)	308	8,435,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	66	1,810,000	(18)	(540,000)	308	8,435,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	5,830,164	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,967	4,247,562	(5,176)	(2,747,135)	27,526	15,112,874
46. Total accident and health	5,830,164	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,967	4,247,562	(5,176)	(2,747,135)	27,526	15,112,874
47. Total	5,830,164	0	0	0	0	0	0	0	0	0	8,033	6,057,562	(5,194)	(3,287,135)	27,834	23,547,874

(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 $ 14,245,242

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,586						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	2,586	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	37,220 (f)						0	XXX	XXX	XXX	9,727	9,727
46. Total accident and health	37,220	0	0	0	0	0	0	XXX	XXX	XXX	9,727	9,727
47. Total	39,806 (c)	0	0	0	0	0	0	0	0	0	9,727	9,727

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0						2	70,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	70,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	9,981	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			10	3,725	76	39,642
46. Total accident and health	9,981	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	10	3,725	76	39,642
47. Total	9,981	0	0	0	0	0	0	0	0	0	0	0	10	3,725	78	109,642

(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 $ 37,212

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,627						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	2,627	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	475,171 (f)						0	XXX	XXX	XXX	33,040	33,040
46. Total accident and health	475,171	0	0	0	0	0	0	XXX	XXX	XXX	33,040	33,040
47. Total	477,798 (c)	0	0	0	0	0	0	0	0	0	33,040	33,040

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		2	50,000	(1)	(20,000)	8	185,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	2	50,000	(1)	(20,000)	8	185,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	33,901	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	208	183,206	(229)	(195,518)	672	466,995
46. Total accident and health	33,901	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	208	183,206	(229)	(195,518)	672	466,995
47. Total	33,901	0	0	0	0	0	0	0	0	0	210	233,206	(230)	(215,518)	680	651,995

(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 $ 475,081

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	960						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	960	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	38,188 (f)						0	XXX	XXX	XXX	14,360	14,360
46. Total accident and health	38,188	0	0	0	0	0	0	XXX	XXX	XXX	14,360	14,360
47. Total	39,148 (c)	0	0	0	0	0	0	0	0	0	14,360	14,360

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0				3	60,000	8	180,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	3	60,000	8	180,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	14,734	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1,860	3	4,659	71	41,683
46. Total accident and health	14,734	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1,860	3	4,659	71	41,683
47. Total	14,734	0	0	0	0	0	0	0	0	0	3	1,860	6	64,659	79	221,683

(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 $ 38,181

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	149,409						0			4,123		4,123
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	149,409	0	0	0	0	0	0	0	0	4,123	0	4,123
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	13,308,940 (f)						0	XXX	XXX	XXX	4,152,360	4,152,360
46. Total accident and health	13,308,940	0	0	0	0	0	0	XXX	XXX	XXX	4,152,360	4,152,360
47. Total	13,458,349 (c)	0	0	0	0	0	0	0	0	4,123	4,152,360	4,156,483

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		121	4,385,000	(65)	(2,340,000)	465	13,190,699
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	121	4,385,000	(65)	(2,340,000)	465	13,190,699
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	4,333,449	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,797	5,168,446	(8,383)	(4,113,786)	29,156	14,434,883
46. Total accident and health	4,333,449	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,797	5,168,446	(8,383)	(4,113,786)	29,156	14,434,883
47. Total	4,333,449	0	0	0	0	0	0	0	0	0	10,918	9,553,446	(8,448)	(6,453,786)	29,621	27,625,582

(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 $ 13,306,380

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	307,401						0	50,000		15,016		65,016
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	307,401	0	0	0	0	0	0	50,000	0	15,016	0	65,016
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	16,134,782 (f)						0	XXX	XXX	XXX	4,556,116	4,556,116
46. Total accident and health	16,134,782	0	0	0	0	0	0	XXX	XXX	XXX	4,556,116	4,556,116
47. Total	16,442,183 (c)	0	0	0	0	0	0	50,000	0	15,016	4,556,116	4,621,132

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	50,000	2	50,000					2	50,000		203	7,695,000	(92)	(3,457,772)	958	26,863,202
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	50,000	2	50,000	0	0	0	0	2	50,000	0	203	7,695,000	(92)	(3,457,772)	958	26,863,202
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	4,670,388	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,285	4,474,322	(3,881)	(3,407,419)	22,078	17,164,434
46. Total accident and health	4,670,388	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,285	4,474,322	(3,881)	(3,407,419)	22,078	17,164,434
47. Total	4,720,388	2	50,000	0	0	0	0	2	50,000	0	5,488	12,169,322	(3,973)	(6,865,191)	23,036	44,027,636

(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 $ 16,131,720

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	416						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	416	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	147,659 (f)						0	XXX	XXX	XXX	53,490	53,490
46. Total accident and health	147,659	0	0	0	0	0	0	XXX	XXX	XXX	53,490	53,490
47. Total	148,075 (c)	0	0	0	0	0	0	0	0	0	53,490	53,490

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0				2	40,000	6	80,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	2	40,000	6	80,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	54,884	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2	(911)	199	146,071
46. Total accident and health	54,884	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2	(911)	199	146,071
47. Total	54,884	0	0	0	0	0	0	0	0	0	0	0	4	39,089	205	226,071

(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 $ 147,630

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,996						0			9,205		9,205
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	2,996	0	0	0	0	0	0	0	0	9,205	0	9,205
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	4,246,848 (f)						0	XXX	XXX	XXX	977,767	977,767
46. Total accident and health	4,246,848	0	0	0	0	0	0	XXX	XXX	XXX	977,767	977,767
47. Total	4,249,844 (c)	0	0	0	0	0	0	0	0	9,205	977,767	986,972

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		5	170,000	(4)	(95,000)	17	510,000
3. Term								0							
4. Indexed								0							
5. Universal								0							
6. Universal with secondary guarantees								0							
7. Variable								0							
8. Variable universal								0							
9. Credit								0							
10. Other								0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	5	170,000	(4)	(95,000)	17	510,000
Group Life															
12. Whole								0	0						
13. Term								0							
14. Universal								0							
15. Variable								0							
16. Variable universal								0							
17. Credit								0							(a)
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								0	0						
21. Indexed								0							
22. Variable with guarantees								0							
23. Variable without guarantees								0							
24. Life contingent payout								0							
25. Other								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							
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	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)	993,199	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,620	1,876,027	(1,284)	(873,852)	6,616	4,797,351
46. Total accident and health	993,199	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,620	1,876,027	(1,284)	(873,852)	6,616	4,797,351
47. Total	993,199	0	0	0	0	0	0	0	0	0	2,625	2,046,027	(1,288)	(968,852)	6,633	5,307,351

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

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

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

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ 4,246,043

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	138,390						0	25,000		22,725		47,725
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	138,390	0	0	0	0	0	0	25,000	0	22,725	0	47,725
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	14,689,534 (f)						0	XXX	XXX	XXX	5,955,860	5,955,860
46. Total accident and health	14,689,534	0	0	0	0	0	0	XXX	XXX	XXX	5,955,860	5,955,860
47. Total	14,827,924 (c)	0	0	0	0	0	0	25,000	0	22,725	5,955,860	6,003,585

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	25,000	1	25,000					1	25,000		103	3,950,000	(43)	(1,540,000)	404	12,915,000
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	25,000	1	25,000	0	0	0	0	1	25,000	0	103	3,950,000	(43)	(1,540,000)	404	12,915,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	6,134,125	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,733	2,403,853	(2,656)	(1,881,468)	21,649	15,272,219
46. Total accident and health	6,134,125	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,733	2,403,853	(2,656)	(1,881,468)	21,649	15,272,219
47. Total	6,159,125	1	25,000	0	0	0	0	1	25,000	0	3,836	6,353,853	(2,699)	(3,421,468)	22,053	28,187,219

(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 $ 14,681,322

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	52,213						0	20,000		8,962		28,962
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	52,213	0	0	0	0	0	0	20,000	0	8,962	0	28,962
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	14,127,031 (f)						0	XXX	XXX	XXX	6,965,370	6,965,370
46. Total accident and health	14,127,031	0	0	0	0	0	0	XXX	XXX	XXX	6,965,370	6,965,370
47. Total	14,179,244 (c)	0	0	0	0	0	0	20,000	0	8,962	6,965,370	6,994,332

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	20,000	1	20,000					1	20,000		43	1,860,000	(23)	(795,000)	144	4,755,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	20,000	1	20,000	0	0	0	0	1	20,000	0	43	1,860,000	(23)	(795,000)	144	4,755,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	6,987,592	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,104	3,050,482	(3,372)	(2,148,892)	22,408	14,669,607
46. Total accident and health	6,987,592	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,104	3,050,482	(3,372)	(2,148,892)	22,408	14,669,607
47. Total	7,007,592	1	20,000	0	0	0	0	1	20,000	0	5,147	4,910,482	(3,395)	(2,943,892)	22,552	19,424,607

(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 $ 14,124,311

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	133,869						0			13,739		13,739
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	133,869	0	0	0	0	0	0	0	0	13,739	0	13,739
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	16,662,655 (f)						0	XXX	XXX	XXX	2,235,161	2,235,161
46. Total accident and health	16,662,655	0	0	0	0	0	0	XXX	XXX	XXX	2,235,161	2,235,161
47. Total	16,796,524 (c)	0	0	0	0	0	0	0	0	13,739	2,235,161	2,248,900

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		123	4,325,000	(61)	(2,465,000)	476	13,205,000
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	123	4,325,000	(61)	(2,465,000)	476	13,205,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	2,428,752	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,132	4,145,285	(4,128)	(2,658,150)	25,919	17,423,177
46. Total accident and health	2,428,752	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,132	4,145,285	(4,128)	(2,658,150)	25,919	17,423,177
47. Total	2,428,752	0	0	0	0	0	0	0	0	0	6,255	8,470,285	(4,189)	(5,123,150)	26,395	30,628,177

(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 $ 16,651,442

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	289,002						0	50,000		10,182		60,182
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	289,002	0	0	0	0	0	0	50,000	0	10,182	0	60,182
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	13,741,743 (f)						0	XXX	XXX	XXX	3,606,655	3,606,655
46. Total accident and health	13,741,743	0	0	0	0	0	0	XXX	XXX	XXX	3,606,655	3,606,655
47. Total	14,030,745 (c)	0	0	0	0	0	0	50,000	0	10,182	3,606,655	3,666,837

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	50,000	1	50,000					1	50,000		145	3,855,000	(99)	(3,045,000)	957	25,325,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	50,000	1	50,000	0	0	0	0	1	50,000	0	145	3,855,000	(99)	(3,045,000)	957	25,325,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	3,722,535	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,722	2,476,926	(2,599)	(1,548,588)	22,706	14,322,660
46. Total accident and health	3,722,535	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,722	2,476,926	(2,599)	(1,548,588)	22,706	14,322,660
47. Total	3,772,535	1	50,000	0	0	0	0	1	50,000	0	3,867	6,331,926	(2,698)	(4,593,588)	23,663	39,647,660

(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 $ 13,739,136

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	316,279						0			32,498		32,498
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	316,279	0	0	0	0	0	0	0	0	32,498	0	32,498
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	11,561,303 (f)						0	XXX	XXX	XXX	5,204,356	5,204,356
46. Total accident and health	11,561,303	0	0	0	0	0	0	XXX	XXX	XXX	5,204,356	5,204,356
47. Total	11,877,582 (c)	0	0	0	0	0	0	0	0	32,498	5,204,356	5,236,854

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		215	5,365,000	(117)	(3,600,000)	1,236	28,892,287
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	215	5,365,000	(117)	(3,600,000)	1,236	28,892,287
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	5,341,046	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,616	3,146,582	(3,115)	(1,759,330)	21,475	12,359,779
46. Total accident and health	5,341,046	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,616	3,146,582	(3,115)	(1,759,330)	21,475	12,359,779
47. Total	5,341,046	0	0	0	0	0	0	0	0	0	5,831	8,511,582	(3,232)	(5,359,330)	22,711	41,252,066

(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 $ 11,559,106

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	211,009						0			3,737		3,737
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	211,009	0	0	0	0	0	0	0	0	3,737	0	3,737
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	11,044,792 (f)						0	XXX	XXX	XXX	1,938,135	1,938,135
46. Total accident and health	11,044,792	0	0	0	0	0	0	XXX	XXX	XXX	1,938,135	1,938,135
47. Total	11,255,801 (c)	0	0	0	0	0	0	0	0	3,737	1,938,135	1,941,872

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		351	10,505,000	(251)	(5,650,000)	696	20,055,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	351	10,505,000	(251)	(5,650,000)	696	20,055,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,965,430	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,191	2,163,217	(3,027)	(1,603,707)	19,032	11,461,746
46. Total accident and health	1,965,430	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,191	2,163,217	(3,027)	(1,603,707)	19,032	11,461,746
47. Total	1,965,430	0	0	0	0	0	0	0	0	0	4,542	12,668,217	(3,278)	(7,253,707)	19,728	31,516,746

(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 $ 11,042,701

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	4,626						0			2,745		2,745
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	4,626	0	0	0	0	0	0	0	0	2,745	0	2,745
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	819,621 (f)						0	XXX	XXX	XXX	163,485	163,485
46. Total accident and health	819,621	0	0	0	0	0	0	XXX	XXX	XXX	163,485	163,485
47. Total	824,247 (c)	0	0	0	0	0	0	0	0	2,745	163,485	166,230

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0				(3)	(200,000)	5	180,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(200,000)	5	180,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	223,857	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,022	641,537	(320)	(209,978)	1,552	1,056,440
46. Total accident and health	223,857	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,022	641,537	(320)	(209,978)	1,552	1,056,440
47. Total	223,857	0	0	0	0	0	0	0	0	0	1,022	641,537	(323)	(409,978)	1,557	1,236,440

(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 $ 819,463

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	69,972						0			3,192		3,192
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	69,972	0	0	0	0	0	0	0	0	3,192	0	3,192
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	1,843,616 (f)						0	XXX	XXX	XXX	553,036	553,036
46. Total accident and health	1,843,616	0	0	0	0	0	0	XXX	XXX	XXX	553,036	553,036
47. Total	1,913,588 (c)	0	0	0	0	0	0	0	0	3,192	553,036	556,228

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		59	2,960,000	(39)	(2,084,884)	153	5,866,853
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	59	2,960,000	(39)	(2,084,884)	153	5,866,853
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	592,681	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	452	351,721	(628)	(475,981)	2,602	1,810,329
46. Total accident and health	592,681	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	452	351,721	(628)	(475,981)	2,602	1,810,329
47. Total	592,681	0	0	0	0	0	0	0	0	0	511	3,311,721	(667)	(2,560,865)	2,755	7,677,182

(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: $ 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 $ 1,843,265

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,250						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	1,250	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	42,410 (f)						0	XXX	XXX	XXX	15,868	15,868
46. Total accident and health	42,410	0	0	0	0	0	0	XXX	XXX	XXX	15,868	15,868
47. Total	43,660 (c)	0	0	0	0	0	0	0	0	0	15,868	15,868

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0						2	70,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	70,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	16,282	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			26	14,412	91	48,712
46. Total accident and health	16,282	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	26	14,412	91	48,712
47. Total	16,282	0	0	0	0	0	0	0	0	0	0	0	26	14,412	93	118,712

(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 $ 42,401

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	60,139						0			1,981		1,981
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	60,139	0	0	0	0	0	0	0	0	1,981	0	1,981
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	5,770,185 (f)						0	XXX	XXX	XXX	1,875,342	1,875,342
46. Total accident and health	5,770,185	0	0	0	0	0	0	XXX	XXX	XXX	1,875,342	1,875,342
47. Total	5,830,324 (c)	0	0	0	0	0	0	0	0	1,981	1,875,342	1,877,323

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		42	1,985,000	(6)	(480,000)	119	3,630,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	42	1,985,000	(6)	(480,000)	119	3,630,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,898,474	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,668	1,719,666	(1,857)	(1,206,486)	9,638	6,066,947
46. Total accident and health	1,898,474	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,668	1,719,666	(1,857)	(1,206,486)	9,638	6,066,947
47. Total	1,898,474	0	0	0	0	0	0	0	0	0	2,710	3,704,666	(1,863)	(1,686,486)	9,757	9,696,947

(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 $ 5,769,089

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	94,299						0			13,699		13,699
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	94,299	0	0	0	0	0	0	0	0	13,699	0	13,699
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	23,596,123 (f)						0	XXX	XXX	XXX	7,139,119	7,139,119
46. Total accident and health	23,596,123	0	0	0	0	0	0	XXX	XXX	XXX	7,139,119	7,139,119
47. Total	23,690,422 (c)	0	0	0	0	0	0	0	0	13,699	7,139,119	7,152,818

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		86	3,380,000	(17)	(940,000)	303	9,925,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	86	3,380,000	(17)	(940,000)	303	9,925,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	7,157,980	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,834	4,002,925	(5,561)	(2,762,442)	48,978	24,365,695
46. Total accident and health	7,157,980	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,834	4,002,925	(5,561)	(2,762,442)	48,978	24,365,695
47. Total	7,157,980	0	0	0	0	0	0	0	0	0	7,920	7,382,925	(5,578)	(3,702,442)	49,281	34,290,695

(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 $ 23,591,636

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	79,864						0			6,475		6,475
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	79,864	0	0	0	0	0	0	0	0	6,475	0	6,475
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	2,266,509 (f)						0	XXX	XXX	XXX	742,293	742,293
46. Total accident and health	2,266,509	0	0	0	0	0	0	XXX	XXX	XXX	742,293	742,293
47. Total	2,346,373 (c)	0	0	0	0	0	0	0	0	6,475	742,293	748,768

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		156	4,510,000	(61)	(2,190,000)	226	5,745,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	156	4,510,000	(61)	(2,190,000)	226	5,745,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	755,333	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,168	686,542	(866)	(494,897)	3,833	2,374,050
46. Total accident and health	755,333	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,168	686,542	(866)	(494,897)	3,833	2,374,050
47. Total	755,333	0	0	0	0	0	0	0	0	0	1,324	5,196,542	(927)	(2,684,897)	4,059	8,119,050

(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 $ 2,266,078

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	172,266						0	75,000		8,890		83,890
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	172,266	0	0	0	0	0	0	75,000	0	8,890	0	83,890
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	13,632,034 (f)						0	XXX	XXX	XXX	3,221,337	3,221,337
46. Total accident and health	13,632,034	0	0	0	0	0	0	XXX	XXX	XXX	3,221,337	3,221,337
47. Total	13,804,300 (c)	0	0	0	0	0	0	75,000	0	8,890	3,221,337	3,305,227

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	75,000	1	75,000					1	75,000		86	2,530,000	(76)	(1,485,000)	554	16,235,000
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	75,000	1	75,000	0	0	0	0	1	75,000	0	86	2,530,000	(76)	(1,485,000)	554	16,235,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	3,313,390	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,639	2,997,450	(3,777)	(2,247,569)	22,635	14,223,171
46. Total accident and health	3,313,390	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,639	2,997,450	(3,777)	(2,247,569)	22,635	14,223,171
47. Total	3,388,390	1	75,000	0	0	0	0	1	75,000	0	4,725	5,527,450	(3,853)	(3,732,569)	23,189	30,458,171

(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 $ 13,629,408

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	21,897						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	21,897	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	6,487,567 (f)						0	XXX	XXX	XXX	1,262,311	1,262,311
46. Total accident and health	6,487,567	0	0	0	0	0	0	XXX	XXX	XXX	1,262,311	1,262,311
47. Total	6,509,464 (c)	0	0	0	0	0	0	0	0	0	1,262,311	1,262,311

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year: Totals Paid 14 Number of Pols/ Certs	Totals Paid 15 Amount	Reduction by Compromise 16 Number of Pols/ Certs	Reduction by Compromise 17 Amount	Amount Rejected 18 Number of Pols/ Certs	Amount Rejected 19 Amount	Total Settled During Current Year 20 Number of Pols/ Certs	Total Settled During Current Year 21 Amount	22 Unpaid December 31, Current Year	Policy Exhibit: Issued During Year 23 Number of Pols/ Certs	Issued During Year 24 Amount	Other Changes to In Force (Net) 25 Number of Pols/ Certs	Other Changes to In Force (Net) 26 Amount	In Force December 31, Current Year (b) 27 Number of Pols/ Certs	In Force December 31, Current Year (b) 28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		11	455,000	5	130,000	38	2,060,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	11	455,000	5	130,000	38	2,060,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,277,864	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,338	1,570,267	(1,714)	(1,071,885)	10,414	6,799,878
46. Total accident and health	1,277,864	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,338	1,570,267	(1,714)	(1,071,885)	10,414	6,799,878
47. Total	1,277,864	0	0	0	0	0	0	0	0	0	2,349	2,025,267	(1,709)	(941,885)	10,452	8,859,878

(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 $ 6,486,337

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	85,090						0			3		3
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	85,090	0	0	0	0	0	0	0	0	3	0	3
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	15,410,898 (f)						0	XXX	XXX	XXX	5,839,110	5,839,110
46. Total accident and health	15,410,898	0	0	0	0	0	0	XXX	XXX	XXX	5,839,110	5,839,110
47. Total	15,495,988 (c)	0	0	0	0	0	0	0	0	3	5,839,110	5,839,113

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		71	2,555,000	(11)	(295,000)	226	8,320,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	71	2,555,000	(11)	(295,000)	226	8,320,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	6,014,067	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,651	3,145,847	(2,669)	(1,717,853)	23,777	16,213,567
46. Total accident and health	6,014,067	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,651	3,145,847	(2,669)	(1,717,853)	23,777	16,213,567
47. Total	6,014,067	0	0	0	0	0	0	0	0	0	4,722	5,700,847	(2,680)	(2,012,853)	24,003	24,533,567

(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 $ 15,407,835

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	20,606						0			3,579		3,579
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	20,606	0	0	0	0	0	0	0	0	3,579	0	3,579
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	2,135,973 (f)						0	XXX	XXX	XXX	317,840	317,840
46. Total accident and health	2,135,973	0	0	0	0	0	0	XXX	XXX	XXX	317,840	317,840
47. Total	2,156,579 (c)	0	0	0	0	0	0	0	0	3,579	317,840	321,419

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		9	640,000	(3)	(165,000)	40	2,230,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	9	640,000	(3)	(165,000)	40	2,230,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	290,746	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,158	785,074	(603)	(405,088)	3,380	2,356,852
46. Total accident and health	290,746	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,158	785,074	(603)	(405,088)	3,380	2,356,852
47. Total	290,746	0	0	0	0	0	0	0	0	0	1,167	1,425,074	(606)	(570,088)	3,420	4,586,852

(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 $ 2,135,565

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,909						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	7,909	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	362,616 (f)						0	XXX	XXX	XXX	22,367	22,367
46. Total accident and health	362,616	0	0	0	0	0	0	XXX	XXX	XXX	22,367	22,367
47. Total	370,525 (c)	0	0	0	0	0	0	0	0	0	22,367	22,367

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0						10	360,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	360,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	11,582	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	9,498	(21)	(20,448)	496	367,095
46. Total accident and health	11,582	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	9,498	(21)	(20,448)	496	367,095
47. Total	11,582	0	0	0	0	0	0	0	0	0	12	9,498	(21)	(20,448)	506	727,095

(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 $ 362,400

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,418						0			1,616		1,616
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	1,418	0	0	0	0	0	0	0	0	1,616	0	1,616
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	314,199 (f)						0	XXX	XXX	XXX	48,849	48,849
46. Total accident and health	314,199	0	0	0	0	0	0	XXX	XXX	XXX	48,849	48,849
47. Total	315,617 (c)	0	0	0	0	0	0	0	0	1,616	48,849	50,465

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0				(1)	(210,000)	6	135,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(210,000)	6	135,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	50,122	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147	96,120	(157)	(112,741)	478	290,860
46. Total accident and health	50,122	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147	96,120	(157)	(112,741)	478	290,860
47. Total	50,122	0	0	0	0	0	0	0	0	0	147	96,120	(158)	(322,741)	484	425,860

(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 $ 314,139

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	49,559						0			1,736		1,736
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	49,559	0	0	0	0	0	0	0	0	1,736	0	1,736
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	2,285,455 (f)						0	XXX	XXX	XXX	697,879	697,879
46. Total accident and health	2,285,455	0	0	0	0	0	0	XXX	XXX	XXX	697,879	697,879
47. Total	2,335,014 (c)	0	0	0	0	0	0	0	0	1,736	697,879	699,615

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0			(6)	(240,000)	116	3,725,000
3. Term								0	0						
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(240,000)	116	3,725,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	671,695	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			467	278,546	3,347	2,443,285
46. Total accident and health	671,695	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	467	278,546	3,347	2,443,285
47. Total	671,695	0	0	0	0	0	0	0	0	0	0	0	461	38,546	3,463	6,168,285

(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 $ 2,285,020

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF New York DURING THE YEAR 2025 NAIC Company Code 77968

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

NONE

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF New York DURING THE YEAR 2025 NAIC Company Code 77968

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

NONE

24.1.NY

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

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

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

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

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	195,165						0	25,000		52,927		77,927
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	195,165	0	0	0	0	0	0	25,000	0	52,927	0	77,927
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	19,951,053 (f)						0	XXX	XXX	XXX	6,569,002	6,569,002
46. Total accident and health	19,951,053	0	0	0	0	0	0	XXX	XXX	XXX	6,569,002	6,569,002
47. Total	20,146,218 (c)	0	0	0	0	0	0	25,000	0	52,927	6,569,002	6,646,929

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	25,000	1	25,000					1	25,000		85	2,740,000	(68)	(2,330,000)	648	17,235,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	25,000	1	25,000	0	0	0	0	1	25,000	0	85	2,740,000	(68)	(2,330,000)	648	17,235,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	6,757,359	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,895	5,960,312	(7,589)	(3,903,570)	38,629	21,247,844
46. Total accident and health	6,757,359	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,895	5,960,312	(7,589)	(3,903,570)	38,629	21,247,844
47. Total	6,782,359	1	25,000	0	0	0	0	1	25,000	0	10,980	8,700,312	(7,657)	(6,233,570)	39,277	38,482,844

(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 $ 19,947,275

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	19,134						0			188		188
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	19,134	0	0	0	0	0	0	0	0	188	0	188
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	4,415,828 (f)						0	XXX	XXX	XXX	1,155,455	1,155,455
46. Total accident and health	4,415,828	0	0	0	0	0	0	XXX	XXX	XXX	1,155,455	1,155,455
47. Total	4,434,962 (c)	0	0	0	0	0	0	0	0	188	1,155,455	1,155,643

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		13	430,000	(4)	(280,000)	66	1,720,000
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	13	430,000	(4)	(280,000)	66	1,720,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,193,462	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,089	788,323	(972)	(564,160)	7,145	4,616,831
46. Total accident and health	1,193,462	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,089	788,323	(972)	(564,160)	7,145	4,616,831
47. Total	1,193,462	0	0	0	0	0	0	0	0	0	1,102	1,218,323	(976)	(844,160)	7,211	6,336,831

(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 $ 4,414,992

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	177,131						0			17,601		17,601
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	177,131	0	0	0	0	0	0	0	0	17,601	0	17,601
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	26,719,168 (f)						0	XXX	XXX	XXX	14,568,345	14,568,345
46. Total accident and health	26,719,168	0	0	0	0	0	0	XXX	XXX	XXX	14,568,345	14,568,345
47. Total	26,896,299 (c)	0	0	0	0	0	0	0	0	17,601	14,568,345	14,585,946

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		87	3,415,000	(45)	(1,005,000)	446	14,677,328
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	87	3,415,000	(45)	(1,005,000)	446	14,677,328
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	14,812,223	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,537	4,247,832	(4,418)	(2,538,736)	41,801	27,788,514
46. Total accident and health	14,812,223	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,537	4,247,832	(4,418)	(2,538,736)	41,801	27,788,514
47. Total	14,812,223	0	0	0	0	0	0	0	0	0	7,624	7,662,832	(4,463)	(3,543,736)	42,247	42,465,842

(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 $ 26,714,106

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	114,202						0			12,543		12,543
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	114,202	0	0	0	0	0	0	0	0	12,543	0	12,543
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	7,640,272 (f)						0	XXX	XXX	XXX	2,829,667	2,829,667
46. Total accident and health	7,640,272	0	0	0	0	0	0	XXX	XXX	XXX	2,829,667	2,829,667
47. Total	7,754,474 (c)	0	0	0	0	0	0	0	0	12,543	2,829,667	2,842,210

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		62	2,300,000	(48)	(1,425,000)	346	10,010,000
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	62	2,300,000	(48)	(1,425,000)	346	10,010,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	2,818,082	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,142	1,927,230	(2,486)	(1,528,107)	12,024	7,891,107
46. Total accident and health	2,818,082	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,142	1,927,230	(2,486)	(1,528,107)	12,024	7,891,107
47. Total	2,818,082	0	0	0	0	0	0	0	0	0	3,204	4,227,230	(2,534)	(2,953,107)	12,370	17,901,107

(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 $ 7,638,823

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	19,482						0			616		616
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	19,482	0	0	0	0	0	0	0	0	616	0	616
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	3,585,964 (f)						0	XXX	XXX	XXX	712,323	712,323
46. Total accident and health	3,585,964	0	0	0	0	0	0	XXX	XXX	XXX	712,323	712,323
47. Total	3,605,446 (c)	0	0	0	0	0	0	0	0	616	712,323	712,939

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		13	270,000	(1)	60,000	49	1,240,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	13	270,000	(1)	60,000	49	1,240,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	741,025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,969	1,207,584	(872)	(515,193)	6,507	3,972,457
46. Total accident and health	741,025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,969	1,207,584	(872)	(515,193)	6,507	3,972,457
47. Total	741,025	0	0	0	0	0	0	0	0	0	1,982	1,477,584	(873)	(455,193)	6,556	5,212,457

(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 $ 3,585,286

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	84,932						0			12,014		12,014
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	84,932	0	0	0	0	0	0	0	0	12,014	0	12,014
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	4,057,258 (f)						0	XXX	XXX	XXX	1,336,786	1,336,786
46. Total accident and health	4,057,258	0	0	0	0	0	0	XXX	XXX	XXX	1,336,786	1,336,786
47. Total	4,142,190 (c)	0	0	0	0	0	0	0	0	12,014	1,336,786	1,348,800

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		48	2,090,000	(27)	(825,000)	189	5,880,000
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	48	2,090,000	(27)	(825,000)	189	5,880,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,387,684	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,382	1,099,462	(795)	(552,553)	6,223	4,372,079
46. Total accident and health	1,387,684	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,382	1,099,462	(795)	(552,553)	6,223	4,372,079
47. Total	1,387,684	0	0	0	0	0	0	0	0	0	1,430	3,189,462	(822)	(1,377,553)	6,412	10,252,079

(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 $ 4,056,487

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0			0		0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	41,910 (f)						0	XXX	XXX	XXX	385	385
46. Total accident and health	41,910	0	0	0	0	0	0	XXX	XXX	XXX	385	385
47. Total	41,910 (c)	0	0	0	0	0	0	0	0	0	385	385

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	395	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	2,335	(11)	(2,887)	57	40,554
46. Total accident and health	395	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	2,335	(11)	(2,887)	57	40,554
47. Total	395	0	0	0	0	0	0	0	0	0	7	2,335	(11)	(2,887)	57	40,554

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 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 $ 41,902

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	136,818						0	25,000		13,696		38,696
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	136,818	0	0	0	0	0	0	25,000	0	13,696	0	38,696
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	7,088,116 (f)						0	XXX	XXX	XXX	1,293,016	1,293,016
46. Total accident and health	7,088,116	0	0	0	0	0	0	XXX	XXX	XXX	1,293,016	1,293,016
47. Total	7,224,934 (c)	0	0	0	0	0	0	25,000	0	13,696	1,293,016	1,331,712

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	25,000	1	25,000					1	25,000		59	2,070,000	(43)	(1,140,000)	398	10,795,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	25,000	1	25,000	0	0	0	0	1	25,000	0	59	2,070,000	(43)	(1,140,000)	398	10,795,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,286,702	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,558	2,539,627	(3,615)	(1,572,449)	15,677	7,731,847
46. Total accident and health	1,286,702	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,558	2,539,627	(3,615)	(1,572,449)	15,677	7,731,847
47. Total	1,311,702	1	25,000	0	0	0	0	1	25,000	0	5,617	4,609,627	(3,658)	(2,712,449)	16,075	18,526,847

(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 $ 7,086,770

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	33,803						0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	33,803	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	11,477,254 (f)						0	XXX	XXX	XXX	5,213,256	5,213,256
46. Total accident and health	11,477,254	0	0	0	0	0	0	XXX	XXX	XXX	5,213,256	5,213,256
47. Total	11,511,057 (c)	0	0	0	0	0	0	0	0	0	5,213,256	5,213,256

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		40	1,740,000	(6)	(250,000)	80	3,195,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	40	1,740,000	(6)	(250,000)	80	3,195,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	5,351,090	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,686	3,215,788	(2,366)	(1,515,375)	18,375	12,370,221
46. Total accident and health	5,351,090	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,686	3,215,788	(2,366)	(1,515,375)	18,375	12,370,221
47. Total	5,351,090	0	0	0	0	0	0	0	0	0	4,726	4,955,788	(2,372)	(1,765,375)	18,455	15,565,221

(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 $ 11,475,067

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	160,702						0			27,111		27,111
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	160,702	0	0	0	0	0	0	0	0	27,111	0	27,111
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	11,952,827 (f)						0	XXX	XXX	XXX	4,498,835	4,498,835
46. Total accident and health	11,952,827	0	0	0	0	0	0	XXX	XXX	XXX	4,498,835	4,498,835
47. Total	12,113,529 (c)	0	0	0	0	0	0	0	0	27,111	4,498,835	4,525,946

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		83	2,460,000	(30)	(930,000)	422	12,745,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	83	2,460,000	(30)	(930,000)	422	12,745,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	4,740,200	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,151	3,914,477	(3,712)	(2,157,723)	21,270	13,009,919
46. Total accident and health	4,740,200	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,151	3,914,477	(3,712)	(2,157,723)	21,270	13,009,919
47. Total	4,740,200	0	0	0	0	0	0	0	0	0	7,234	6,374,477	(3,742)	(3,087,723)	21,692	25,754,919

(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 $ 11,950,550

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,879,943						0	296,667		308,125		604,792
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	2,879,943	0	0	0	0	0	0	296,667	0	308,125	0	604,792
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	85,551,826 (f)						0	XXX	XXX	XXX	28,723,497	28,723,497
46. Total accident and health	85,551,826	0	0	0	0	0	0	XXX	XXX	XXX	28,723,497	28,723,497
47. Total	88,431,769 (c)	0	0	0	0	0	0	296,667	0	308,125	28,723,497	29,328,289

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	296,667	7	296,667					7	296,667		1,934	70,562,777	(1,407)	(47,915,634)	8,233	244,028,143
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	296,667	7	296,667	0	0	0	0	7	296,667	0	1,934	70,562,777	(1,407)	(47,915,634)	8,233	244,028,143
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	29,865,540	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,230	24,685,020	(26,523)	(17,143,306)	140,935	91,113,801
46. Total accident and health	29,865,540	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,230	24,685,020	(26,523)	(17,143,306)	140,935	91,113,801
47. Total	30,162,207	7	296,667	0	0	0	0	7	296,667	0	40,164	95,247,797	(27,930)	(65,058,940)	149,168	335,141,944

(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 $ 85,535,623

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	53,637						0			95		95
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	53,637	0	0	0	0	0	0	0	0	95	0	95
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	9,310,965 (f)						0	XXX	XXX	XXX	3,156,237	3,156,237
46. Total accident and health	9,310,965	0	0	0	0	0	0	XXX	XXX	XXX	3,156,237	3,156,237
47. Total	9,364,602 (c)	0	0	0	0	0	0	0	0	95	3,156,237	3,156,332

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		71	3,400,000	(27)	(1,145,000)	103	4,610,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	71	3,400,000	(27)	(1,145,000)	103	4,610,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	3,057,066	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,651	2,246,264	(2,777)	(1,637,766)	14,643	9,922,291
46. Total accident and health	3,057,066	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,651	2,246,264	(2,777)	(1,637,766)	14,643	9,922,291
47. Total	3,057,066	0	0	0	0	0	0	0	0	0	3,722	5,646,264	(2,804)	(2,782,766)	14,746	14,532,291

(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 $ 9,309,202

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	673						0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	673	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	37,713 (f)						0	XXX	XXX	XXX	6,410	6,410
46. Total accident and health	37,713	0	0	0	0	0	0	XXX	XXX	XXX	6,410	6,410
47. Total	38,386 (c)	0	0	0	0	0	0	0	0	0	6,410	6,410

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0				(1)	(20,000)	1	75,000
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(20,000)	1	75,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	6,577	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			5	2,072	59	38,832
46. Total accident and health	6,577	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	5	2,072	59	38,832
47. Total	6,577	0	0	0	0	0	0	0	0	0	0	0	4	(17,928)	60	113,832

(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 $ 37,705

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	136,580						0			12,633		12,633
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	136,580	0	0	0	0	0	0	0	0	12,633	0	12,633
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	7,652,002 (f)						0	XXX	XXX	XXX	3,265,747	3,265,747
46. Total accident and health	7,652,002	0	0	0	0	0	0	XXX	XXX	XXX	3,265,747	3,265,747
47. Total	7,788,582 (c)	0	0	0	0	0	0	0	0	12,633	3,265,747	3,278,380

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		40	1,445,000	(34)	(1,153,037)	414	9,871,679
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	40	1,445,000	(34)	(1,153,037)	414	9,871,679
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	3,382,129	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,740	1,760,218	(1,960)	(1,221,040)	13,109	8,229,172
46. Total accident and health	3,382,129	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,740	1,760,218	(1,960)	(1,221,040)	13,109	8,229,172
47. Total	3,382,129	0	0	0	0	0	0	0	0	0	2,780	3,205,218	(1,994)	(2,374,077)	13,523	18,100,851

(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 $ 7,650,550

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	116,509						0			13,492		13,492
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	116,509	0	0	0	0	0	0	0	0	13,492	0	13,492
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	6,519,743 (f)						0	XXX	XXX	XXX	1,406,811	1,406,811
46. Total accident and health	6,519,743	0	0	0	0	0	0	XXX	XXX	XXX	1,406,811	1,406,811
47. Total	6,636,252 (c)	0	0	0	0	0	0	0	0	13,492	1,406,811	1,420,303

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		32	1,505,000	(6)	(180,000)	195	9,000,000
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	32	1,505,000	(6)	(180,000)	195	9,000,000
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						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,477,297	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,779	2,280,588	(1,677)	(1,040,020)	11,561	7,178,535
46. Total accident and health	1,477,297	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,779	2,280,588	(1,677)	(1,040,020)	11,561	7,178,535
47. Total	1,477,297	0	0	0	0	0	0	0	0	0	3,811	3,785,588	(1,683)	(1,220,020)	11,756	16,178,535

(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 $ 6,518,506

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	223,969						0			8,426		8,426
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	223,969	0	0	0	0	0	0	0	0	8,426	0	8,426
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	5,509,141 (f)						0	XXX	XXX	XXX	1,494,946	1,494,946
46. Total accident and health	5,509,141	0	0	0	0	0	0	XXX	XXX	XXX	1,494,946	1,494,946
47. Total	5,733,110 (c)	0	0	0	0	0	0	0	0	8,426	1,494,946	1,503,372

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole								0	0		133	5,190,000	(76)	(2,810,000)	719	19,877,803
3. Term								0							
4. Indexed								0	0						
5. Universal								0	0						
6. Universal with secondary guarantees								0	0						
7. Variable								0	0						
8. Variable universal								0	0						
9. Credit								0	0						
10. Other								0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	133	5,190,000	(76)	(2,810,000)	719	19,877,803
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other								0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed								0	0						
21. Indexed								0	0						
22. Variable with guarantees								0	0						
23. Variable without guarantees								0	0						
24. Life contingent payout								0	0						
25. Other								0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other								0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,554,976	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,398	1,083,761	(1,020)	(722,932)	7,327	5,820,114
46. Total accident and health	1,554,976	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,398	1,083,761	(1,020)	(722,932)	7,327	5,820,114
47. Total	1,554,976	0	0	0	0	0	0	0	0	0	1,531	6,273,761	(1,096)	(3,532,932)	8,046	25,697,917

(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 $ 5,508,099

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	36,839						0			941		941
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	36,839	0	0	0	0	0	0	0	0	941	0	941
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(f)						0	XXX	XXX	XXX		0
37. Vision only (d)	(f)						0	XXX	XXX	XXX		0
38. Dental only (d)	(f)						0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d)	(f)						0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e,f)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)	(f)						0	XXX	XXX	XXX		0
42. Credit A&H	(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)	13,612,115 (f)						0	XXX	XXX	XXX	2,026,962	2,026,962
46. Total accident and health	13,612,115	0	0	0	0	0	0	XXX	XXX	XXX	2,026,962	2,026,962
47. Total	13,648,954 (c)	0	0	0	0	0	0	0	0	941	2,026,962	2,027,903

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		65	2,370,000	(11)	(475,000)	130	4,210,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	65	2,370,000	(11)	(475,000)	130	4,210,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	2,128,151	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,331	4,287,108	(3,785)	(2,443,471)	22,742	14,646,673
46. Total accident and health	2,128,151	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,331	4,287,108	(3,785)	(2,443,471)	22,742	14,646,673
47. Total	2,128,151	0	0	0	0	0	0	0	0	0	6,396	6,657,108	(3,796)	(2,918,471)	22,872	18,856,673

(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 $ 13,609,486

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	33,249						0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	33,249	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	4,195,007 (f)						0	XXX	XXX	XXX	982,374	982,374
46. Total accident and health	4,195,007	0	0	0	0	0	0	XXX	XXX	XXX	982,374	982,374
47. Total	4,228,256 (c)	0	0	0	0	0	0	0	0	0	982,374	982,374

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0		34	1,495,000	(9)	(925,000)	76	2,745,000
3. Term								0								
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	34	1,495,000	(9)	(925,000)	76	2,745,000
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							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,007,562	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,249	841,978	(868)	(506,502)	6,775	4,420,510
46. Total accident and health	1,007,562	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,249	841,978	(868)	(506,502)	6,775	4,420,510
47. Total	1,007,562	0	0	0	0	0	0	0	0	0	1,283	2,336,978	(877)	(1,431,502)	6,851	7,165,510

(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 $ 4,194,213

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	(f)						0	XXX	XXX	XXX		0
35. Comprehensive group (d)	(f)						0	XXX	XXX	XXX		0
36. Medicare supplement (d)	(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)	34,143 (f)						0	XXX	XXX	XXX	36,817	36,817
46. Total accident and health	34,143	0	0	0	0	0	0	XXX	XXX	XXX	36,817	36,817
47. Total	34,143 (c)	0	0	0	0	0	0	0	0	0	36,817	36,817

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole								0	0							
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	37,777	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(9)	(3,169)	83	33,424
46. Total accident and health	37,777	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(9)	(3,169)	83	33,424
47. Total	37,777	0	0	0	0	0	0	0	0	0	0	0	(9)	(3,169)	83	33,424

(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 $ 34,137

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0290 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	7,539,637	0	0	0	0	0	0	761,667	0	722,444	0	1,484,111
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	7,539,637	0	0	0	0	0	0	761,667	0	722,444	0	1,484,111
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	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	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)	468,165,393 (f)	0	0	0	0	0	0	XXX	XXX	XXX	154,372,317	154,372,317
46. Total accident and health	468,165,393	0	0	0	0	0	0	XXX	XXX	XXX	154,372,317	154,372,317
47. Total	475,705,030 (c)	0	0	0	0	0	0	761,667	0	722,444	154,372,317	155,856,428

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

NAIC Group Code 0290 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 77968

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	761,667	21	761,667	0	0	0	0	21	761,667	0	5,177	182,817,777	(3,230)	(106,021,327)	22,457	649,392,994
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	761,667	21	761,667	0	0	0	0	21	761,667	0	5,177	182,817,777	(3,230)	(106,021,327)	22,457	649,392,994
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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)	158,469,815	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193,724	118,418,634	(128,172)	(77,394,299)	787,816	495,749,527
46. Total accident and health	158,469,815	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193,724	118,418,634	(128,172)	(77,394,299)	787,816	495,749,527
47. Total	159,231,482	21	761,667	0	0	0	0	21	761,667	0	198,901	301,236,411	(131,402)	(183,415,626)	810,273	1,145,142,521

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

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

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

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ 0 ; Comprehensive Group $ 0 ; Medicare Supplement $ 0 ; Vision Only $ 0 ; Dental Only $ 0 ; Federal Employees Health Benefits Plan $ 0
Title XVIII Medicare $ 0 ; Title XIX Medicaid $ 0 ; Credit A&H $ 0 ; Disability Income $ 0 ; Long-term Care $ 0 ; Other Health $ 468,062,644

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, Prior Year	(7,465,370)
2.	Current year's realized pre-tax capital gains/(losses) of $ (3,653,237) transferred into the reserve net of taxes of $ (767,180)	(2,886,057)
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)	(10,351,427)
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(1,727,641)
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	(8,623,786)

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	(1,358,881)	(368,760)	0	(1,727,641)
2.	2026	(1,388,010)	(143,678)	0	(1,531,688)
3.	2027	(1,393,286)	(148,807)	0	(1,542,093)
4.	2028	(1,414,814)	(151,129)	0	(1,565,942)
5.	2029	(1,446,912)	(154,360)	0	(1,601,271)
6.	2030	(1,483,400)	(157,324)	0	(1,640,724)
7.	2031	(1,512,818)	(153,544)	0	(1,666,362)
8.	2032	(1,340,349)	(141,233)	0	(1,481,583)
9.	2033	(976,112)	(128,088)	0	(1,104,200)
10.	2034	(524,396)	(115,344)	0	(639,740)
11.	2035	(73,510)	(99,581)	0	(173,091)
12.	2036	375,992	(89,586)	0	286,406
13.	2037	633,994	(84,015)	0	549,979
14.	2038	706,969	(78,476)	0	628,493
15.	2039	738,227	(72,037)	0	666,189
16.	2040	806,641	(65,305)	0	741,335
17.	2041	833,442	(62,480)	0	770,962
18.	2042	769,654	(64,050)	0	705,604
19.	2043	549,656	(66,193)	0	483,463
20.	2044	365,201	(68,119)	0	297,082
21.	2045	176,748	(70,619)	0	106,129
22.	2046	(28,481)	(68,726)	0	(97,207)
23.	2047	(127,661)	(64,020)	0	(191,681)
24.	2048	(113,728)	(57,952)	0	(171,680)
25.	2049	(92,532)	(52,675)	0	(145,206)
26.	2050	(70,405)	(46,826)	0	(117,231)
27.	2051	(53,108)	(39,527)	0	(92,634)
28.	2052	(22,909)	(31,349)	0	(54,258)
29.	2053	(436)	(23,171)	0	(23,607)
30.	2054	(145)	(14,311)	0	(14,457)
31.	2055 and Later		(4,770)	0	(4,770)
32.	Total (Lines 1 to 31)	(7,465,369)	(2,886,057)	0	(10,351,426)

ASSET VALUATION RESERVE

	Default Component			Equity Component			
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	7 Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	9,986,696	625,995	10,612,690	9,941	3,903,555	3,913,495	14,526,186
2. Realized capital gains/(losses) net of taxes - General Account	(644,360)	(362,997)	(1,007,357)			0	(1,007,357)
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		1,429,606	1,429,606	1,429,606
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	2,875,819	334,717	3,210,536	0	435,565	435,565	3,646,101
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	12,218,155	597,715	12,815,870	9,941	5,768,726	5,778,667	18,594,536
9. Maximum reserve	15,073,816	1,138,353	16,212,168	44,806	8,565,134	8,609,941	24,822,109
10. Reserve objective	8,655,174	823,886	9,479,059	28,177	7,954,852	7,983,029	17,462,088
11. 20% of (Line 10 - Line 8)	(712,596)	45,234	(667,362)	3,647	437,225	440,872	(226,490)
12. Balance before transfers (Lines 8 + 11)	11,505,558	642,949	12,148,507	13,588	6,205,951	6,219,539	18,368,047
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)	11,505,558	642,949	12,148,507	13,588	6,205,951	6,219,539	18,368,047

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1.		Exempt obligations	2,208,447	XXX	XXX	2,208,447	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	273,933,208	XXX	XXX	273,933,208	0.0002	54,787	0.0007	191,753	0.0013	356,113
2.2	1	NAIC Designation Category 1.B	128,392,525	XXX	XXX	128,392,525	0.0004	51,357	0.0011	141,232	0.0023	295,303
2.3	1	NAIC Designation Category 1.C	169,067,556	XXX	XXX	169,067,556	0.0006	101,441	0.0018	304,322	0.0035	591,736
2.4	1	NAIC Designation Category 1.D	71,457,101	XXX	XXX	71,457,101	0.0007	50,020	0.0022	157,206	0.0044	314,411
2.5	1	NAIC Designation Category 1.E	80,417,027	XXX	XXX	80,417,027	0.0009	72,375	0.0027	217,126	0.0055	442,294
2.6	1	NAIC Designation Category 1.F	126,162,032	XXX	XXX	126,162,032	0.0011	138,778	0.0034	428,951	0.0068	857,902
2.7	1	NAIC Designation Category 1.G	285,907,695	XXX	XXX	285,907,695	0.0014	400,271	0.0042	1,200,812	0.0085	2,430,215
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	1,135,337,144	XXX	XXX	1,135,337,144	XXX	869,028	XXX	2,641,401	XXX	5,287,975
3.1	2	NAIC Designation Category 2.A	256,427,155	XXX	XXX	256,427,155	0.0021	538,497	0.0063	1,615,491	0.0105	2,692,485
3.2	2	NAIC Designation Category 2.B	348,258,878	XXX	XXX	348,258,878	0.0025	870,647	0.0076	2,646,767	0.0127	4,422,888
3.3	2	NAIC Designation Category 2.C	79,536,359	XXX	XXX	79,536,359	0.0036	286,331	0.0108	858,993	0.0180	1,431,654
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	684,222,392	XXX	XXX	684,222,392	XXX	1,695,475	XXX	5,121,251	XXX	8,547,027
4.1	3	NAIC Designation Category 3.A	19,497,383	XXX	XXX	19,497,383	0.0069	134,532	0.0183	356,802	0.0262	510,831
4.2	3	NAIC Designation Category 3.B	6,262,059	XXX	XXX	6,262,059	0.0099	61,994	0.0264	165,318	0.0377	236,080
4.3	3	NAIC Designation Category 3.C	1,605,600	XXX	XXX	1,605,600	0.0131	21,033	0.0350	56,196	0.0500	80,280
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	27,365,042	XXX	XXX	27,365,042	XXX	217,560	XXX	578,316	XXX	827,191
5.1	4	NAIC Designation Category 4.A	4,189,364	XXX	XXX	4,189,364	0.0184	77,084	0.0430	180,143	0.0615	257,646
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)	4,189,364	XXX	XXX	4,189,364	XXX	77,084	XXX	180,143	XXX	257,646
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	251,450	XXX	XXX	251,450	0.0663	16,671	0.1188	29,872	0.1980	49,787
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)	251,450	XXX	XXX	251,450	XXX	16,671	XXX	29,872	XXX	49,787
7.	6	NAIC 6	439,619	XXX	XXX	439,619	0.0000	0	0.2370	104,190	0.2370	104,190
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)	1,854,013,458	XXX	XXX	1,854,013,458	XXX	2,875,819	XXX	8,655,174	XXX	15,073,816
		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)	1,854,013,458	XXX	XXX	1,854,013,458	XXX	2,875,819	XXX	8,655,174	XXX	15,073,816

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	52,465,291		XXX	52,465,291	0.0040	209,861	0.0114	598,104	0.0149	781,733
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	2,601,167		XXX	2,601,167	0.0480	124,856	0.0868	225,781	0.1371	356,620
		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)	55,066,458	0	XXX	55,066,458	XXX	334,717	XXX	823,886	XXX	1,138,353

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1.		Unaffiliated - public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank	4,619,200	XXX	XXX	4,619,200	0.0000	0	0.0061	28,177	0.0097	44,806
4.		Affiliated - life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated - Investment Subsidiary:										
5.		Fixed income - exempt obligations				0	XXX		XXX		XXX	
6.		Fixed income - highest quality				0	XXX		XXX		XXX	
7.		Fixed income - high quality				0	XXX		XXX		XXX	
8.		Fixed income - medium quality				0	XXX		XXX		XXX	
9.		Fixed income - low quality				0	XXX		XXX		XXX	
10.		Fixed income - lower quality				0	XXX		XXX		XXX	
11.		Fixed income - in or near default				0	XXX		XXX		XXX	
12.		Unaffiliated common stock - public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated common stock - private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - certain other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total common stock (Sum of Lines 1 through 16)	4,619,200	0	0	4,619,200	XXX	0	XXX	28,177	XXX	44,806
		REAL ESTATE										
18.		Home office property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment properties				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties acquired in satisfaction of debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total real estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22.		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with bond characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with preferred stock characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - low medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - all other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46.		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential mortgages - all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial mortgages - all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
51.		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential mortgages - all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial mortgages - all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - in good standing with covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - in good standing defeased with government securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - in good standing primarily senior	42,069,224		XXX	42,069,224	0.0040	168,277	0.0114	479,589	0.0149	626,831
60.		Unaffiliated - in good standing all other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - overdue, not in process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - in process of foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total unaffiliated (Sum of Lines 57 through 62)	42,069,224	0	XXX	42,069,224	XXX	168,277	XXX	479,589	XXX	626,831
64.		Total with mortgage loan characteristics (Lines 56 + 63)	42,069,224	0	XXX	42,069,224	XXX	168,277	XXX	479,589	XXX	626,831

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated private	32,725,045	XXX	XXX	32,725,045	0.0000	0	0.1945	6,365,021	0.1945	6,365,021
67.		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated certain other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated other - all other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with common stock characteristics (Sum of Lines 65 through 69)	32,725,045	XXX	XXX	32,725,045	XXX	0	XXX	6,365,021	XXX	6,365,021
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home office property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment properties				0	0.0000	0	0.0912	0	0.0912	0
73		Properties acquired in satisfaction of debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with real estate characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS IN TAX CREDIT STRUCTURES										
75.		Yield guaranteed state tax credit investments	800,000			800,000	0.0003	240	0.0006	480	0.0010	800
76.		Qualifying federal tax credit investments	20,249,383			20,249,383	0.0063	127,571	0.0120	242,993	0.0190	384,738
77.		Qualifying state tax credit investments	3,765,682			3,765,682	0.0063	23,724	0.0120	45,188	0.0190	71,548
78.		Other tax credit investments	0			0	0.0273	0	0.0600	0	0.0975	0
79.		Total tax credit investments (Sum of Lines 75 through 78)	24,815,065	0	0	24,815,065	XXX	151,535	XXX	288,661	XXX	457,086
		RESIDUAL TRANCHES OR INTERESTS										
80.		Bonds - unaffiliated	2,923,669	XXX	XXX	2,923,669	0.0000	0	0.1580	461,940	0.1580	461,940
81.		Bonds - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Common stock - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common stock - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Preferred stock - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred stock - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Real estate - unaffiliated	0			0	0.0000	0	0.1580	0	0.1580	0
87.		Real estate - affiliated	0			0	0.0000	0	0.1580	0	0.1580	0
88.		Mortgage loans - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage loans - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Other - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Total residual tranches or interests (Sum of Lines 80 through 91)	2,923,669	0	0	2,923,669	XXX	0	XXX	461,940	XXX	461,940
		SURPLUS NOTES AND CAPITAL NOTES										
93.	1	Highest quality	90,154,248	XXX	XXX	90,154,248	0.0005	45,077	0.0016	144,247	0.0033	297,509
94.	2	High quality	33,655,342	XXX	XXX	33,655,342	0.0021	70,676	0.0064	215,394	0.0106	356,747
95.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
96.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
97.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
98.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
99.		Total surplus notes and capital notes (Sum of Lines 93 through 98)	123,809,590	XXX	XXX	123,809,590	XXX	115,753	XXX	359,641	XXX	654,256
		ALL OTHER INVESTMENTS										
100.		NAIC 1 working capital finance investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
101.		NAIC 2 working capital finance investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
102.		Other invested assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
103.		Other short-term invested assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
104.		Total all other (Sum of Lines 100 through 103)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
105.		Total other invested assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 79, 92, 99 and 104)	226,342,593	0	0	226,342,593	XXX	435,565	XXX	7,954,852	XXX	8,565,134

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

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

		Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1.	Premiums written	471,134,917	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned	468,062,644	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims	158,469,815	33.9	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
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	158,469,815	33.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves	143,808,584	30.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	110,795,002	23.7		0.0		0.0		0.0		0.0		0.0		0.0
8.	Other general insurance expenses	59,548,578	12.7		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees	10,173,637	2.2		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred	180,517,217	38.6	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	(14,732,972)	(3.1)	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
14.	Gain from underwriting after dividends or refunds	(14,732,972)	(3.1)	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		XXX		XXX		XXX		XXX		XXX	471,134,917	XXX
2.	Premiums earned		XXX		XXX		XXX		XXX		XXX	468,062,644	XXX
3.	Incurred claims	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	158,469,815	33.9
4.	Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	158,469,815	33.9
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	143,808,584	30.7
7.	Commissions (a)		0.0		0.0		0.0		0.0		0.0	110,795,002	23.7
8.	Other general insurance expenses		0.0		0.0		0.0		0.0		0.0	59,548,578	12.7
9.	Taxes, licenses and fees		0.0		0.0		0.0		0.0		0.0	10,173,637	2.2
10.	Total other expenses incurred	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	180,517,217	38.6
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(14,732,972)	(3.1)
13.	Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(14,732,972)	(3.1)
	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."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	24,122,723												24,122,723
2. Advance premiums	0												
3. Reserve for rate credits	0												
4. Total premium reserves, current year	24,122,723	0	0	0	0	0	0	0	0	0	0	0	24,122,723
5. Total premium reserves, prior year	22,535,212	0	0	0	0	0	0	0	0	0	0	0	22,535,212
6. Increase in total premium reserves	1,587,511	0	0	0	0	0	0	0	0	0	0	0	1,587,511
B. Contract Reserves:													
1. Additional reserves (a)	1,910,703,212												1,910,703,212
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	1,910,703,212	0	0	0	0	0	0	0	0	0	0	0	1,910,703,212
4. Total contract reserves, prior year.	1,766,894,628	0	0	0	0	0	0	0	0	0	0	0	1,766,894,628
5. Increase in contract reserves	143,808,584	0	0	0	0	0	0	0	0	0	0	0	143,808,584
C. Claim Reserves and Liabilities:													
1. Total current year	43,777,678	0	0	0	0	0	0	0	0	0	0	0	43,777,678
2. Total prior year	39,680,180	0	0	0	0	0	0	0	0	0	0	0	39,680,180
3. Increase	4,097,498	0	0	0	0	0	0	0	0	0	0	0	4,097,498

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

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	28,151,091												28,151,091
1.2 On claims incurred during current year	126,221,226												126,221,226
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	10,106,908												10,106,908
2.2 On claims incurred during current year	33,670,770												33,670,770
3. Test:													
3.1 Lines 1.1 and 2.1	38,257,999	0	0	0	0	0	0	0	0	0	0	0	38,257,999
3.2 Claim reserves and liabilities, December 31, prior year	39,680,180	0	0	0	0	0	0	0	0	0	0	0	39,680,180
3.3 Line 3.1 minus Line 3.2	(1,422,181)	0	0	0	0	0	0	0	0	0	0	0	(1,422,181)

PART 4. - REINSURANCE

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

NONE

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims												158,469,815	158,469,815
2. Beginning claim reserves and liabilities												39,680,180	39,680,180
3. Ending claim reserves and liabilities												43,777,678	43,777,678
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	154,372,317	154,372,317
B. Assumed Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Net:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	158,469,815	158,469,815
2. Beginning claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	0	39,680,180	39,680,180
3. Ending claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	0	43,777,678	43,777,678
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	154,372,317	154,372,317
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	0	158,469,815	158,469,815
2. Beginning reserves and liabilities												39,680,180	39,680,180
3. Ending reserves and liabilities												43,777,678	43,777,678
4. Paid claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	0	154,372,317	154,372,317

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total life and annuity - U.S. affiliates					0	0
0699999. Total life and annuity - non-U.S. affiliates					0	0
0799999. Total life and annuity - affiliates					0	0
88099	75-1608507	08/01/2007	Optimum Re Insurance Company	TX	39,585	0
0899999. Life and annuity - U.S. non-affiliates					39,585	0
1099999. Total life and annuity - non-affiliates					39,585	0
1199999. Total life and annuity					39,585	0
1499999. Total accident and health - U.S. affiliates					0	0
1799999. Total accident and health - non-U.S. affiliates					0	0
1899999. Total accident and health - affiliates					0	0
2199999. Total accident and health - non-affiliates					0	0
2299999. Total accident and health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					39,585	0
2499999. Total non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					39,585	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - authorized U.S. affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - authorized non-U.S. affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - authorized affiliates							0	0	0	0	0	0	0	0
88099	75-1608507	03/01/2007	Optimum Re Insurance Company	TX	CO/I	OL	15,000	5,684	5,329	642	0	0	0	0
88099	75-1608507	08/01/2007	Optimum Re Insurance Company	TX	YRT/I	OL	15,431,823	7,409	7,344	101,827	0	0	0	0
0899999. General Account - authorized U.S. non-affiliates							15,446,823	13,093	12,673	102,469	0	0	0	0
1099999. Total General Account - authorized non-affiliates							15,446,823	13,093	12,673	102,469	0	0	0	0
1199999. Total General Account authorized							15,446,823	13,093	12,673	102,469	0	0	0	0
1499999. Total General Account - unauthorized U.S. affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - unauthorized affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - unauthorized non-affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - certified U.S. affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - certified non-U.S. affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - certified affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - certified non-affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account certified							0	0	0	0	0	0	0	0
3699999. Total General Account - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account reciprocal jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account authorized, unauthorized, reciprocal jurisdiction and certified							15,446,823	13,093	12,673	102,469	0	0	0	0
4899999. Total Separate Accounts - authorized U.S. affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - authorized non-U.S. affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - authorized affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - authorized non-affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - unauthorized U.S. affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - unauthorized affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - unauthorized non-affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - certified U.S. affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - certified non-U.S. affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - certified affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - certified non-affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts reciprocal jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified							0	0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							15,446,823	13,093	12,673	102,469	0	0	0	0
9299999. Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0	0
9999999 - Totals							15,446,823	13,093	12,673	102,469	0	0	0	0

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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	102	(9,613)	2,567	2,890	3,052
2.	Commissions and reinsurance expense allowances	0	(454)	610	822	987
3.	Contract claims	118	288	326	359	382
4.	Surrender benefits and withdrawals for life contracts	0	0	0	0	0
5.	Dividends to policyholders and refunds to members	0	0	0	0	0
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserve for life and accident and health contracts	0	(10,638)	1,380	1,322	1,429
	B. BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	65	71	77
9.	Aggregate reserves for life and accident and health contracts	13	13	10,651	9,271	7,948
10.	Liability for deposit-type contracts	0	0	0	0	0
11.	Contract claims unpaid	0	0	231	365	365
12.	Amounts recoverable on reinsurance	40	28	15	0	20
13.	Experience rating refunds due or unpaid	0	0	0	0	0
14.	Policyholders' dividends and refunds to members (not included in Line 10)	0	0	0	0	0
15.	Commissions and reinsurance expense allowances due	0	0	0	0	0
16.	Unauthorized reinsurance offset	0	0	0	0	0
17.	Offset for reinsurance with certified reinsurers	0	0	0	0	0
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F)	0	0	0	0	0
19.	Letters of credit (L)	0	0	0	0	0
20.	Trust agreements (T)	0	0	0	0	0
21.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust	0	0	0	0	0
23.	Funds deposited by and withheld from (F)	0	0	0	0	0
24.	Letters of credit (L)	0	0	0	0	0
25.	Trust agreements (T)	0	0	0	0	0
26.	Other (O)	0	0	0	0	0

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)	2,167,575,364		2,167,575,364
2.	Reinsurance (Line 16)	39,585	(39,585)	0
3.	Premiums and considerations (Line 15)	15,876,964	283	15,877,247
4.	Net credit for ceded reinsurance	XXX	52,395	52,395
5.	All other admitted assets (balance)	80,602,650		80,602,650
6.	Total assets excluding Separate Accounts (Line 26)	2,264,094,563	13,093	2,264,107,656
7.	Separate Account assets (Line 27)	0		0
8.	Total assets (Line 28)	2,264,094,563	13,093	2,264,107,656
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	1,965,124,569	13,093	1,965,137,662
10.	Liability for deposit-type contracts (Line 3)	55,201,438		55,201,438
11.	Claim reserves (Line 4)	39,350,045	0	39,350,045
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13.	Premium & annuity considerations received in advance (Line 8)	0		0
14.	Other contract liabilities (Line 9)	0		0
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17.	Reinsurance with certified reinsurers (Line 24.02 inset amount)	0		0
18.	Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	38,585,067		38,585,067
20.	Total liabilities excluding Separate Accounts (Line 26)	2,098,261,119	13,093	2,098,274,212
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	2,098,261,119	13,093	2,098,274,212
23.	Capital & surplus (Line 38)	165,833,444	XXX	165,833,444
24.	Total liabilities, capital & surplus (Line 39)	2,264,094,563	13,093	2,264,107,656
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	13,093		
26.	Claim reserves	0		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	39,585		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	52,678		
34.	Premiums and considerations	283		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payable/offsets	283		
41.	Total net credit for ceded reinsurance	52,395		

SCHEDULE S - PART 8

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

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

NONE

SCHEDULE S - PART 8

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

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

NONE

SCHEDULE S - PART 8

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

		Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
		1 FWH B/ACV	2 Modco B/ACV	3 FWH B/ACV	4 Modco B/ACV	5 FWH B/ACV Col 1+3	6 Modco B/ACV Col 2+4	7 FWH B/ACV	8 Modco B/ACV	9 FWH B/ACV	10 Modco B/ACV	11 FWH B/ACV Col 7+9	12 Modco B/ACV Col 8+10
	MORTGAGE LOANS												
	In Good Standing:												
34.	Farm mortgages - CM1 - highest quality												
35.	Farm mortgages - CM2 - high quality												
36.	Farm mortgages - CM3 - medium quality												
37.	Farm mortgages - CM4 - low medium quality												
38.	Farm mortgages - CM5 - low quality												
39.	Residential mortgages - insured or guaranteed												
40.	Residential mortgages - all other												
41.	Commercial mortgages - insured or guaranteed												
42.	Commercial mortgages - all other - CM1 - highest quality.												
43.	Commercial mortgages - all other - CM2 - high quality												
44.	Commercial mortgages - all other - CM3 - medium quality												
45.	Commercial mortgages - all other - CM4 - low medium quality												
46.	Commercial mortgages - all other - CM5 - low quality												
	Overdue, Not in Process:												
47.	Farm mortgages												
48.	Residential mortgages - insured or guaranteed												
49.	Residential mortgages - all other												
50.	Commercial mortgages - insured or guaranteed												
51.	Commercial mortgages - all other												
	In Process of Foreclosure:												
52.	Farm mortgages												
53.	Residential mortgages - insured or guaranteed												
54.	Residential mortgages - all other												
55.	Commercial mortgages - insured or guaranteed												
56.	Commercial mortgages - all other												
57.	Total Schedule B mortgages (Sum of Lines 34 through 56)												
	COMMON STOCK												
58.	Unaffiliated public												
59.	Unaffiliated private												
60.	Federal Home Loan Bank												
61.	Affiliated life with AVR												
	Affiliated Investment Subsidiary:												
62.	Fixed income exempt obligations												
63.	Fixed income highest quality												
64.	Fixed income high quality												
65.	Fixed income medium quality												
66.	Fixed income low quality												
67.	Fixed income lower quality												
68.	Fixed income in or near default												
69.	Unaffiliated common stock public												
70.	Unaffiliated common stock private												
71.	Real estate												
72.	Affiliated-certain other (See SVO Purposes & Procedures Manual)												
73.	Affiliated - all other												
74.	Total common stock (Sum of Lines 58 through 73)												

NONE

SCHEDULE S - PART 8

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

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

NONE

SCHEDULE S - PART 8

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

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

NONE

SCHEDULE S - PART 8

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

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

NONE

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	56,115	0			0	56,115
2. Alaska	AK	1,176	0			0	1,176
3. Arizona	AZ	90,645	0			0	90,645
4. Arkansas	AR	505,952	0			0	505,952
5. California	CA	99,213	0			0	99,213
6. Colorado	CO	87,716	0			0	87,716
7. Connecticut	CT	2,586	0			0	2,586
8. Delaware	DE	2,627	0			0	2,627
9. District of Columbia	DC	960	0			0	960
10. Florida	FL	149,409	0			0	149,409
11. Georgia	GA	307,401	0			0	307,401
12. Hawaii	HI	416	0			0	416
13. Idaho	ID	2,996	0			0	2,996
14. Illinois	IL	138,390	0			0	138,390
15. Indiana	IN	52,213	0			0	52,213
16. Iowa	IA	133,869	0			0	133,869
17. Kansas	KS	289,002	0			0	289,002
18. Kentucky	KY	316,279	0			0	316,279
19. Louisiana	LA	211,009	0			0	211,009
20. Maine	ME	4,626	0			0	4,626
21. Maryland	MD	69,972	0			0	69,972
22. Massachusetts	MA	1,250	0			0	1,250
23. Michigan	MI	60,139	0			0	60,139
24. Minnesota	MN	94,299	0			0	94,299
25. Mississippi	MS	79,864	0			0	79,864
26. Missouri	MO	172,266	0			0	172,266
27. Montana	MT	21,897	0			0	21,897
28. Nebraska	NE	85,090	0			0	85,090
29. Nevada	NV	20,606	0			0	20,606
30. New Hampshire	NH	7,909	0			0	7,909
31. New Jersey	NJ	1,418	0			0	1,418
32. New Mexico	NM	49,559	0			0	49,559
33. New York	NY	0	0			0	0
34. North Carolina	NC	195,165	0			0	195,165
35. North Dakota	ND	19,134	0			0	19,134
36. Ohio	OH	177,131	0			0	177,131
37. Oklahoma	OK	114,202	0			0	114,202
38. Oregon	OR	19,482	0			0	19,482
39. Pennsylvania	PA	84,932	0			0	84,932
40. Rhode Island	RI	0	0			0	0
41. South Carolina	SC	136,818	0			0	136,818
42. South Dakota	SD	33,803	0			0	33,803
43. Tennessee	TN	160,702	0			0	160,702
44. Texas	TX	2,879,943	0			0	2,879,943
45. Utah	UT	53,637	0			0	53,637
46. Vermont	VT	673	0			0	673
47. Virginia	VA	136,580	0			0	136,580
48. Washington	WA	116,509	0			0	116,509
49. West Virginia	WV	223,969	0			0	223,969
50. Wisconsin	WI	36,839	0			0	36,839
51. Wyoming	WY	33,249	0			0	33,249
52. American Samoa	AS	0	0			0	0
53. Guam	GU	0	0			0	0
54. Puerto Rico	PR	0	0			0	0
55. U.S. Virgin Islands	VI	0	0			0	0
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	0	0			0	0
58. Aggregate other alien	OT	0	0			0	0
59. Total		7,539,637	0	0	0	0	7,539,637

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
	Globe Life Inc.	00000	63-0780404		0000320335	NYSE	Globe Life Inc.	DE	UIP					NO	
0290	Globe Life Inc.	60577	74-1365936	1102198			American Income Life Insurance Company	IN	IA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
0290	Globe Life Inc.	10093	22-3711800				National Income Life Insurance Company	NY	IA	American Income Life Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
		00000	82-5431371				AILO 1, LLC	TX	NIA	American Income Life Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
		00000	75-2872627				American Income Marketing Services, Inc.	TX	NIA	American Income Life Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
0290	Globe Life Inc.	91472	63-0782739	1610611			Globe Life And Accident Insurance Company	NE	UDP	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
0290	Globe Life Inc.	77968	34-1626521				Family Heritage Life Insurance Company of America	OH	RE	Globe Life And Accident Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
		00000	33-3146078				Globe Marketing and Advertising Distributors, LLC	DE	NIA	Globe Life And Accident Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
		00000	73-1458991				Globe Marketing Services, Inc.	OK	NIA	Globe Life And Accident Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
0290	Globe Life Inc.	65331	63-0124600				Liberty National Life Insurance Company	NE	IA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
		00000	63-0031059				Brown-Service Funeral Homes Company, Inc.	AL	NIA	Liberty National Life Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
		00000	63-0909884				Liberty National Auto Club, Inc.	AL	NIA	Liberty National Life Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
		00000	84-3765985				LND 01, LLC	TX	NIA	Liberty National Life Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
0290	Globe Life Inc.	92916	73-1128555				United American Insurance Company	NE	IA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
0290	Globe Life Inc.	74101	13-3156923				Globe Life Insurance Company of New York	NY	IA	United American Insurance Company	Ownership	100.000	Globe Life Inc.	NO	
		00000	82-3751640				Evry Healthcare, Inc.	DE	NIA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
		17135	87-2964143				Evry Health Insurance Company of Texas	TX	IA	Evry Healthcare, Inc.	Ownership	100.000	Globe Life Inc.	NO	
		00000	39-4178966				EH Administrators, Inc.	DE	NIA	Evry Health	Ownership	100.000	Globe Life Inc.	NO	
		00000	39-4267456				Pendral, Inc.	DE	NIA	Evry Health	Ownership	100.000	Globe Life Inc.	NO	
		00000	98-1884591				Globe Life Re Ltd.	BMU	IA	Globe Life Inc.	Ownership	99.000	Globe Life Inc.	NO	
		00000	98-0230789				TMK Re, Ltd.	BMU	IA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
		00000	75-2852508				AILIC Receivables Corporation	DE	NIA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
0290	Globe Life Inc.		59-2695248				American Life and Health Group, Inc.	TX	NIA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
		00000	47-4172726				Globe Life Insurance Agency, Inc.	TX	NIA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
		00000	73-1209844				Specialized Advertising Group, Inc.	TX	NIA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
		00000	20-5817522				TMK Building Corporation	TX	NIA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	
		00000	20-5817632				TMK Properties, L.P.	TX	NIA	Globe Life Inc.	Ownership	99.000	Globe Life Inc.	NO	
		00000	63-1235881				Torchmark Insurance Agency, Inc.	AL	NIA	Globe Life Inc.	Ownership	100.000	Globe Life Inc.	NO	

Asterisk	Explanation

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	63-0780404	Globe Life Inc.	1,437,856,304	(688,165,780)			115,950,640				865,641,164	
60577	74-1365936	American Income Life Insurance Company	(180,696,585)	19,855,000			(494,061,667)	(148,504,293)			(803,407,545)	729,395,828
10093	22-3711800	National Income Life Insurance Company	(17,767,394)				(12,864,655)				(30,632,049)	
00000	82-5431371	AILO 1, LLC					(14,722)				(14,722)	
91472	63-0782739	Globe Life And Accident Insurance Company	(115,668,570)	1,961,014			44,246,518	(50,406,970)			(119,868,008)	510,119,154
77968	34-1626521	Family Heritage Life Insurance Company of America	(52,841,210)				(31,216,277)				(84,057,487)	
00000	20-8022184	Globe Marketing and Advertising Distributors, LLC					73,283,022				73,283,022	
65331	63-0124600	Liberty National Life Insurance Comany	(944,507,545)	(15,000)			(100,312,337)	(418,838,715)			(1,463,673,597)	155,687,061
92916	73-1128555	United American Life Insurance Company	3,065,650				(37,443,706)	35,420,168			1,042,112	
74101	13-3156923	Globe Life Insurance Company of New York	(3,065,650)				(3,017,051)				(6,082,701)	
00000	98-1884591	Globe Life Re Ltd.		640,314,766				530,835,610			1,171,150,376	(1,269,709,934)
29109	98-0230789	TMK Re, Ltd.	(114,000,000)					51,494,200			(62,505,800)	(125,492,109)
00000	75-2852508	AILIC Receivables Corporation					438,190,231				438,190,231	
00000	20-5817522	TMK Buildings Corporation	125,000	26,000,000							26,125,000	
00000	20-5817632	TMP Properties, L.P.	(12,500,000)				7,260,004				(5,239,996)	
00000	63-1235881	Torchmark Insurance Agency, Inc.		50,000							50,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
American Income Life Insurance Company	Globe Life Inc.	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO
National Income Life Insurance Company	American Income Life Insurance Company	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO
Globe Life And Accident Insurance Company	Globe Life Inc.	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO
Family Heritage Life Insurance Company of America	Globe Life And Accident Insurance Company	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO
Liberty National Life Insurance Company	Globe Life Inc.	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO
United American Insurance Company	Globe Life Inc.	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO
Globe Life Insurance Company of New York	United American Insurance Company	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO
Evry Health Insurance Company of Texas	Evry Healthcare, Inc.	100.000	NO	Globe Life Inc.	Globe Life Inc.	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

	MARCH FILING	
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	YES
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?	NO
14.	Will the Actuarial Opinion on Non-guaranteed Elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Actuarial Opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Actuarial Opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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?	YES
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
39.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
40.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
41.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	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?	YES
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
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:

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Bar Codes:

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

12. Trusteed Surplus Statement [Document Identifier 490]

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

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

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

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

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

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]

22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]

24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]

25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]

26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]

28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

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

31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

33. Relief from the Requirements for Audit Committees [Document Identifier 226]

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

39. Credit Insurance Experience Exhibit [Document Identifier 230]

41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

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

43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]

44. Variable Annuities Supplement [Document Identifier 286]

47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504.	Prepaid Expenses	2,267,165	2,267,165	0	0
2505.	Other Assets Nonadmitted	40,497	40,497	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	2,307,662	2,307,662	0	0

Additional Write-ins for Exhibit 2 Line 9.3

		Insurance				5	6	7
		1	Accident and Health		4			
		Life	2 Cost Containment	3 All Other	All Other Lines of Business	Investment	Fraternal	Total
09.304.	Recruiting			398,339				398,339
09.305.	Consultant Fees			327,795				327,795
09.306.	Donations			189,377				189,377
09.307.	Office Services			99,175				99,175
09.308.								0
09.309.								0
09.310.								0
09.311.								0
09.397.	Summary of remaining write-ins for Line 9.3 from overflow page	0	0	1,014,686	0	0	0	1,014,686

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

VM-20 RESERVES SUPPLEMENT – PART 1A

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

NAIC Group Code 0290 NAIC Company Code 77968

		Prior Year	Current Year	
		1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1.	Post-Reinsurance-Ceded Reserve			
	1.1. Term life insurance	243	365	113
	1.2. Universal life with secondary guarantee			
	1.3. Non-participating whole life	4,873,226	6,554,191	63,707
	1.4. Participating whole life			
	1.5. Universal life without secondary guarantee			
	1.6. Variable universal life			
	1.7. Variable life			
	1.8. Indexed life			
	1.9. Aggregate write-Ins for other products	0	0	0
2.	Total post-reinsurance-ceded reserve (Sum of Lines 1.1 through 1.9)	4,873,469	6,554,556	XXX
3.	Pre-Reinsurance-Ceded Reserve			
	3.1. Term life insurance	243	365	113
	3.2. Universal life with secondary guarantee			
	3.3. Non-participating whole life	4,873,226	6,554,191	63,707
	3.4. Participating whole life			
	3.5. Universal life without secondary guarantee			
	3.6. Variable universal life			
	3.7. Variable life			
	3.8. Indexed life			
	3.9. Aggregate write-Ins for other products	0	0	0
4.	Total pre-reinsurance-ceded reserve (Sum of Lines 3.1 through 3.9)	4,873,469	6,554,556	XXX
5.	Total reserves ceded (Line 4 minus Line 2)	0	0	XXX
	DETAILS OF WRITE-INS			
1.901.				
1.902.				
1.903.				
1.998.	Summary of remaining write-ins for Line 1.9 from overflow page	0	0	0
1.999.	Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)	0	0	0
3.901.				
3.902.				
3.903.				
3.998.	Summary of remaining write-ins for Line 3.9 from overflow page	0	0	0
3.999.	Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)	0	0	0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 2025
(To Be Filed by March 1)
($000 Omitted for Face Amounts)

	Current Year											
	SECTION A					SECTION B				SECTION C		
	1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve												
1.1. Term life insurance	365	(55,866)	2	XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.2. Universal life with secondary guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.3. Non-participating whole life	6,554,191	(6,621,555)	27,905	XXX	XXX			XXX	XXX		XXX	XXX
1.4. Participating whole life				XXX	XXX			XXX	XXX		XXX	XXX
1.5. Universal life without secondary guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.6. Variable universal life				XXX	XXX			XXX	XXX		XXX	XXX
1.7. Variable life				XXX	XXX			XXX	XXX		XXX	XXX
1.8. Indexed life				XXX	XXX			XXX	XXX		XXX	XXX
1.9. Aggregate write-ins for other products	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
2. Total post-reinsurance-ceded reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve												
3.1. Term life insurance	365	(55,866)	2		13,825					XXX		
3.2. Universal life with secondary guarantee												
3.3. Non-participating whole life	6,654,191	(6,621,555)	27,905	14,581	422,232							
3.4. Participating whole life												
3.5. Universal life without secondary guarantee												
3.6. Variable universal life												
3.7. Variable life												
3.8. Indexed life												
3.9. Aggregate write-ins for other products	0	0	0	0	0	0	0	0	0	0	0	0
4. Total pre-reinsurance-ceded reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total reserves ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS												
1.901.				XXX	XXX			XXX	XXX		XXX	XXX
1.902.				XXX	XXX			XXX	XXX		XXX	XXX
1.903.				XXX	XXX			XXX	XXX		XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
3.901.												
3.902.												
3.903.												
3.998. Summary of remaining write-ins for Line 3.9 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3.999. Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)	0	0	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

VM-20 RESERVES SUPPLEMENT – PART 2

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

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? ..... Yes [ ] No [X]

2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)

   2.1 NAIC Adopted VM [ ]

   2.2 State Statute (SVL) [ ] Complete items "a" and "b" as appropriate.

   a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? ..... Yes [ ] No [ ]

   b. If the answer to “a” above is “Yes”, provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

   .....

   2.3 State Regulation [ ] Complete items "a" and "b" as appropriate.

   a. Is the criteria in the State Regulation different from the NAIC adopted VM? ..... Yes [ ] No [ ]

   b. If the answer to "a" above is "Yes", provide the criteria of the state’s Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

   .....

3. If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply:
   1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2,
   2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or
   3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed:

   .....

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR
For The Year Ended December 31, 2025
(To Be Filed by March 1)

1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? ..... Yes [ ] No [X]

1B. If the answer to question 1A is “Yes” please discuss any business not covered under the Single State Exemption.

.....

2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? ..... Yes [ ] No [ ]

2B. If the answer to question 2A is “Yes” please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.

.....

3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? ..... Yes [ ] No [X]

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

SCHEDULE O SUPPLEMENT

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

Of The Family Heritage Life Insurance Company of America
ADDRESS (City, State and Zip Code) Cleveland , OH 44147-3529
NAIC Group Code 0290 NAIC Company Code 77968 Employer's Identification Number (FEIN) 34-1626521

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025(a)
1. Prior	572	81	61	34	24
2. 2021	1,272	442	160	46	12
3. 2022	XXX	1,254	647	81	35
4. 2023	XXX	XXX	1,313	679	80
5. 2024	XXX	XXX	XXX	1,822	899
6. 2025	XXX	XXX	XXX	XXX	2,114

Section B - Other Accident and Health

1. Prior	17,181	2,629	1,548	1,298	915
2. 2021	87,322	17,199	1,940	714	579
3. 2022	XXX	94,736	17,970	2,504	853
4. 2023	XXX	XXX	94,803	19,587	2,201
5. 2024	XXX	XXX	XXX	106,403	22,554
6. 2025	XXX	XXX	XXX	XXX	124,107

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	NONE				
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. 2021	2,339	1,834	1,943	XXX	XXX
2. 2022	XXX	2,606	2,067	2,078	XXX
3. 2023	XXX	XXX	2,984	2,195	2,181
4. 2024	XXX	XXX	XXX	3,548	3,012
5. 2025	XXX	XXX	XXX	XXX	4,075

Section B - Other Accident and Health

1. 2021	109,508	107,203	107,891	XXX	XXX
2. 2022	XXX	119,175	116,128	117,191	XXX
3. 2023	XXX	XXX	121,912	118,642	118,921
4. 2024	XXX	XXX	XXX	136,060	134,089
5. 2025	XXX	XXX	XXX	XXX	155,817

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

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

NONE

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

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

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Development	979
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8 Group Accident and Health	Development	2,465
9 Credit Accident and Health		
10. Other Accident and Health	Development	41,313
11. Total		44,757

7 7 9 6 8 2 0 2 5 4 7 5 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

HEALTH SUPPLEMENTS

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

Of The Family Heritage Life Insurance Company of America .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44147-3529 .....
NAIC Group Code 0290 ..... NAIC Company Code 77968 ..... Employer's ID Number 34-1626521 .....

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	469,650,155												469,650,155	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.	Total revenues (Lines 1 to 6)	469,650,155	0	0	0	0	0	0	0	0	0	0	0	469,650,155	0
8.	Hospital/medical benefits	157,760,738												157,760,738	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	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	0													XXX
15.	Subtotal (Lines 8 to 14)	157,760,738	0	0	0	0	0	0	0	0	0	0	0	157,760,738	XXX
16.	Net reinsurance recoveries	0													XXX
17.	Total medical and hospital (Lines 15 minus 16)	157,760,738	0	0	0	0	0	0	0	0	0	0	0	157,760,738	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including $ ..... cost containment expenses	0													
20.	General administrative expenses	180,517,218												180,517,218	
21.	Increase in reserves for accident and health contracts	146,105,172												146,105,172	XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	484,383,128	0	0	0	0	0	0	0	0	0	0	0	484,383,128	0
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(14,732,973)	0	0	0	0	0	0	0	0	0	0	0	(14,732,973)	0
	DETAILS OF WRITE-INS														
0501.															XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.															XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

Health Supplement - Exhibit 3 - Health Care Receivables

N O N E

Health Supplement - Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

7 7 9 6 8 2 0 2 5 6 0 0 0 1 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 0 2 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 0 3 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 0 4 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 0 5 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 0 6 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 0 7 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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

7 7 9 6 8 2 0 2 5 6 0 0 0 8 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 0 9 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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

7 7 9 6 8 2 0 2 5 6 0 0 1 0 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 1 1 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 1 2 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 1 3 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 1 4 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 1 5 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Indiana

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 1 6 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Maine

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Maryland

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Massachusetts

NAIC Group Code 0290 NAIC Company Code 77968

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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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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Minnesota

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Mississippi

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Montana

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Nebraska

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Nevada

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: New Hampshire

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: New Jersey

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: New Mexico

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: North Carolina

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: North Dakota

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Oklahoma

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Pennsylvania

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Rhode Island

NAIC Group Code 0290 NAIC Company Code 77968

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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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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Texas

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Utah

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Vermont

NAIC Group Code 0290 NAIC Company Code 77968

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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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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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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: Washington

NAIC Group Code 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

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SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 5 1 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO
13. Pet insurance plans	NO

7 7 9 6 8 2 0 2 5 6 0 0 5 4 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE Family Heritage Life Insurance Company of America

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 0290 NAIC Company Code 77968

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