



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

American Retirement Life Insurance Company

NAIC Group Code 0917 0917 NAIC Company Code 88366 Employer's ID Number 59-2760189
(Current) (Prior)

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

Country of Domicile United States of America

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

Incorporated/Organized 05/12/1978 Commenced Business 11/27/1978

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

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

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

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

Internet Website Address www.HCSC.com

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Tennessee SS
County of Davidson

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

Stephen Devon Harris
Chief Executive Officer, President

Arlene Keh Lim
Secretary

Lillian Michelle Sutton
Treasurer

Subscribed and sworn to before me this _____ day of _____

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,272											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	3,272											
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								14,166				14,166
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								14,166				14,166
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) 5,054,911							XXX	XXX	XXX	3,398,448	3,398,448
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	5,054,911							XXX	XXX	XXX	3,398,448	3,398,448
47. Total	5,058,183 (c)							14,166			3,398,448	3,412,614

24.AL

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole															65	6	54,380	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life															65	6	54,380	
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	3,564	4	14,166					4	14,166						(1)	(3,725)	6	26,457
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities	3,564	4	14,166					4	14,166						(1)	(3,725)	6	26,457
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(180)	(333,655)	1,346	5,054,911
47. Total	3,564	4	14,166					4	14,166						(181)	(337,315)	1,358	5,135,748

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

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

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

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

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

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

24.1.AL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		60,991						XXX	XXX	XXX	61,946	61,946
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		60,991						XXX	XXX	XXX	61,946	61,946
47. Total		60,991 (c)									61,946	61,946

24.AK

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 88366

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

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

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

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

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

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

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

24.1.AK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,356											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,356											
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) 5,021,559 (f)							XXX	XXX	XXX	4,341,731	4,341,731
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	5,021,559 (f)							XXX	XXX	XXX	4,341,731	4,341,731
47. Total	5,022,915 (c)										4,341,731	4,341,731

24.AZ

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole														4	23,627	
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life														4	23,627	
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														1	5,345	
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities														1	5,345	
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							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	58,443	(154)	(128,776)	1,400	5,021,559	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	58,443	(154)	(128,776)	1,400	5,021,559	
47. Total										33	58,443	(154)	(128,776)	1,405	5,050,531	

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

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

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

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

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

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

24.1.AZ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 88366

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								38,993				38,993
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life								38,993				38,993
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								116,883		(25)		116,858
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								116,883		(25)		116,858
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)		10,495,209						XXX	XXX	XXX	8,425,894	8,425,894
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		10,495,209						XXX	XXX	XXX	8,425,894	8,425,894
47. Total		10,495,209 (c)						155,876		(25)	8,425,894	8,581,745

24-AR

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	40,589	5	38,993					5	38,993	1,596			(8)	(52,905)	37	289,500	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	40,589	5	38,993					5	38,993	1,596			(8)	(52,905)	37	289,500	
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	116,225	17	116,883					17	116,883				(17)	(49,726)	99	312,735	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	116,225	17	116,883					17	116,883				(17)	(49,726)	99	312,735	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	33,466	(517)	(161,916)	3,040	10,495,209	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	33,466	(517)	(161,916)	3,040	10,495,209	
47. Total	156,814	22	155,876					22	155,876	1,596	16	33,466	(542)	(264,547)	3,176	11,097,444	

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

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

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

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

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

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

24.1.AR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	6,144,753	6,144,753
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	6,144,753	6,144,753
47. Total											6,144,753	6,144,753

24.CA

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																	(a)	
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																	1	
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																	1	
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,285							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		7,135,852	(186)			6,806	9,063,066	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,285	7,135,852	(186)	725,708	6,806		9,066,631	
47. Total											6,285	7,135,852	(186)	725,708	6,807		9,066,631	

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

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

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

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

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

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

24.1.CA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 88366

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	5,850											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	5,850											
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)	9,705,830						XXX	XXX	XXX	6,619,563	6,619,563
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health		9,705,830						XXX	XXX	XXX	6,619,563	6,619,563
47. Total		9,711,680 (c)									6,619,563	6,619,563

24 CO

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	10,265	(279)	(124,891)	2,211	9,705,830		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	10,265	(279)	(124,891)	2,211	9,705,830		
47. Total											6	10,265	(279)	(127,438)	2,226	9,801,398		

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

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

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

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

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

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

24.1.CO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		188,805						XXX	XXX	XXX	169,535	169,535
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		188,805						XXX	XXX	XXX	169,535	169,535
47. Total		188,805 (c)									169,535	169,535

24.CT

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(4,679)	51	188,805		
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(4,679)	51	188,805		
47. Total														(4,679)	51	188,805		

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

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

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

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

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

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

24.1.CT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	973,497	973,497
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	973,497	973,497
47. Total								XXX	XXX	XXX	973,497	973,497

24 DE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	15,020	(45)	(44,493)	310	1,212,034
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	15,020	(45)	(44,493)	310	1,212,034
47. Total											11	15,020	(45)	(44,493)	310	1,212,034

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

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

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

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

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

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

24.1.DE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 88366

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

24.DC

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		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		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																	
18. Other																	
19. Total group life																	(a)
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(3)	(7,405)	8	36,052
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(3)	(7,405)	8	36,052
47. Total														(3)	(7,405)	8	36,052

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

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

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

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

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

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

24.1.DC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 88366

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								28,263		16,303	44,566
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities								28,263		16,303	44,566
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)			13,690,866					XXX	XXX	XXX	10,874,824
37. Vision only (d) (f)								XXX	XXX	XXX	
38. Dental only (d) (f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX	
42. Credit A&H (d) (f)								XXX	XXX	XXX	
43. Disability income (d) (f)								XXX	XXX	XXX	
44. Long-term care (d) (f)								XXX	XXX	XXX	
45. Other health (d) (f)								XXX	XXX	XXX	
46. Total accident and health			13,690,866					XXX	XXX	XXX	10,874,824
47. Total			13,690,866 (c)					28,263		16,303	10,874,824

24.FL

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pol/s/ Certs	15 Amount	16 Number of Pol/s/ Certs	17 Amount	18 Number of Pol/s/ Certs	19 Amount	20 Number of Pol/s/ Certs	21 Amount		23 Number of Pol/s/ Certs	24 Amount	25 Number of Pol/s/ Certs	26 Amount	27 Number of Pol/s/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																154	2	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																154	2	
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	28,263	2	28,263						2	28,263				(3)	(18,867)	14	47,164	
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities	28,263	2	28,263						2	28,263				(3)	(18,867)	14	47,164	
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total		28,263	2	28,263					2	28,263				(366)	(525,321)	3,732	13,747,515	

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

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

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

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

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

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

24.1.FL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 88366

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	5,098											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	5,098											
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								21,450				21,450
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								21,450				21,450
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)	9,237,919					XXX	XXX	XXX	7,381,726	7,381,726
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health			9,237,919					XXX	XXX	XXX	7,381,726	7,381,726
47. Total			9,243,017 (c)					21,450			7,381,726	7,403,176

24.GA

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole																348	82,065
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life																348	82,065
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life																	(a)
Individual Annuities																	
20. Fixed	21,450	3	21,450						3	21,450				(2)	(8,780)	10	39,732
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	21,450	3	21,450						3	21,450				(2)	(8,780)	10	39,732
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	56,714	(276)	(16,604)	2,616	9,237,919
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	56,714	(276)	(16,604)	2,616	9,237,919
47. Total	21,450	3	21,450						3	21,450		35	56,714	(278)	(25,036)	2,641	9,359,716

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

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

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

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

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

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

24.1.GA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		42,829						XXX	XXX	XXX	35,199	35,199
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		42,829						XXX	XXX	XXX	35,199	35,199
47. Total		42,829 (c)									35,199	35,199

24.HI

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									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
		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		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																
18. Other																
19. Total group life															(a)	
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities														1	1,830	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities														1	1,830	
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(1)	4,956	9	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(1)	4,956	9	
47. Total													(1)	4,956	10	

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

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

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

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

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

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

24.1.HI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 88366

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	202, 154
37. Vision only (d) (f)								XXX	XXX	XXX	
38. Dental only (d) (f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX	
42. Credit A&H (d) (f)								XXX	XXX	XXX	
43. Disability income (d) (f)								XXX	XXX	XXX	
44. Long-term care (d) (f)								XXX	XXX	XXX	
45. Other health (d) (f)								XXX	XXX	XXX	
46. Total accident and health								XXX	XXX	XXX	202, 154
47. Total								XXX	XXX	XXX	202, 154

24.ID

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																	(a)	
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																	1	
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																	1	
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,442	(5)	10,836	72	272,105	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,442	(5)	10,836	72	272,105	
47. Total												1	1,442	(5)	10,836	73	273,755	

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

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

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

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

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

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

24.1.ID



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	10,505									2,641		2,641
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	10,505									2,641		2,641
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								29,239				29,239
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								29,239				29,239
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)	8,469,748							XXX	XXX	XXX	6,724,010	6,724,010
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health	8,469,748							XXX	XXX	XXX	6,724,010	6,724,010
47. Total	8,480,253 (c)							29,239		2,641	6,724,010	6,755,890

24.1L

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole	226									226						22	142,808	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life	226									226						22	142,808	
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	29,239	2	29,239							2	29,239			(2)	(12,316)	16	61,446	
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities	29,239	2	29,239							2	29,239			(2)	(12,316)	16	61,446	
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1,685	(269)	(145,912)	1,920	8,469,748	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1,685	(269)	(145,912)	1,920	8,469,748	
47. Total	29,465	2	29,239							2	29,239	226	2	1,685	(271)	(140,728)	1,958	8,674,002

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

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

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

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

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

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

24.1.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,070											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	2,070											
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)	13,229,080					XXX	XXX	XXX	9,527,975	9,527,975
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health			13,229,080					XXX	XXX	XXX	9,527,975	9,527,975
47. Total			13,231,150 (c)								9,527,975	9,527,975

24.IN

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life													(1)	(25,000)	7	30,370		
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															2	5,987		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4,812		
47. Total													3	4,812	(396)	(305,638)	2,710	13,265,437

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

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

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

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

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

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

24.1.IN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 88366

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	5,216,677
37. Vision only (d) (f)								XXX	XXX	XXX	
38. Dental only (d) (f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX	
42. Credit A&H (d) (f)								XXX	XXX	XXX	
43. Disability income (d) (f)								XXX	XXX	XXX	
44. Long-term care (d) (f)								XXX	XXX	XXX	
45. Other health (d) (f)								XXX	XXX	XXX	
46. Total accident and health								XXX	XXX	XXX	5,216,677
47. Total								XXX	XXX	XXX	5,216,677

24.1A

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities															1	700
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	17,472	(269)	(175,262)	1,534	6,188,538
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	17,472	(269)	(175,262)	1,534	6,188,538
47. Total											9	17,472	(269)	(175,262)	1,535	6,189,238

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

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

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

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

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

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

24.1 IA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,706											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	2,706											
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)	6,940,491 (f)						XXX	XXX	XXX	5,261,547	5,261,547
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health		6,940,491						XXX	XXX	XXX	5,261,547	5,261,547
47. Total	6,943,197 (c)										5,261,547	5,261,547

24 KS

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																5	26,000	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																5	26,000	
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																	(a)	
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(230)	(159,215)	1,190		6,940,491	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(230)	(159,215)	1,190		6,940,491	
47. Total													(230)	(159,215)	1,195		6,966,491	

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

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

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

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

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

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

24.1.KS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,896							5,017				5,017
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	3,896							5,017				5,017
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)	4,718,522 (f)						XXX	XXX	XXX	3,609,282	3,609,282
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health		4,718,522						XXX	XXX	XXX	3,609,282	3,609,282
47. Total	4,722,418 (c)							5,017			3,609,282	3,614,299

24 KY

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	5,017		1	5,017										(1)	(5,000)	8	41,664
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	5,017		1	5,017										(1)	(5,000)	8	41,664
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			(255)	(1,195,964)	892	4,718,522
37. Vision only (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(255)	(1,195,964)	892	4,718,522
47. Total	5,017		1	5,017										(256)	(1,200,964)	900	4,760,186

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

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

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

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

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

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

24.1.KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,045											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,045											
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)	10,246,595					XXX	XXX	XXX	8,311,127	8,311,127
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health			10,246,595					XXX	XXX	XXX	8,311,127	8,311,127
47. Total			10,247,640 (c)								8,311,127	8,311,127

24.LA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																1	10,000	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																1	10,000	
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																13	53,273	
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																13	53,273	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(449)	(190,281)	
47. Total																(449)	(190,281)	

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

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

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

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

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

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

24.1.LA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		118,325						XXX	XXX	XXX	49,963	49,963
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		118,325						XXX	XXX	XXX	49,963	49,963
47. Total		118,325 (c)									49,963	49,963

24 ME

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			3	18,567	38	118,325
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			3	18,567	38	118,325
47. Total													3	18,567	38	118,325

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

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

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

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

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

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

24.1.ME



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 88366

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	1,539,559
37. Vision only (d) (f)								XXX	XXX	XXX	
38. Dental only (d) (f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX	
42. Credit A&H (d) (f)								XXX	XXX	XXX	
43. Disability income (d) (f)								XXX	XXX	XXX	
44. Long-term care (d) (f)								XXX	XXX	XXX	
45. Other health (d) (f)								XXX	XXX	XXX	
46. Total accident and health								XXX	XXX	XXX	1,539,559
47. Total								XXX	XXX	XXX	1,539,559

24-MD

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(60)	(44,851)	345	1,724,044
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(60)	(44,851)	345	1,724,044
47. Total													(60)	(44,851)	345	1,724,044

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

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

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	649											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	649											
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) 272,478							XXX	XXX	XXX	185,324	185,324
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	272,478							XXX	XXX	XXX	185,324	185,324
47. Total	273,127 (c)										185,324	185,324

24-MA

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																55	2	11,798
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																55	2	11,798
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total												1	612	(4)	2,072	72	272,478	

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

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

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

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

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

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

24.1.MA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	352,344	352,344
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health (d) (f)								XXX	XXX	XXX	352,344	352,344
47. Total (d) (f) (c)								XXX	XXX	XXX	352,344	352,344

24.MI

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																	(a)	
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	976	(8)	29,858	120	477,611	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	976	(8)	29,858	120	477,611	
47. Total												1	976	(8)	29,858	120	477,611	

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

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

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

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

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

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

24.1 MI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)			622,928					XXX	XXX	XXX	306,313	306,313
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health			622,928					XXX	XXX	XXX	306,313	306,313
47. Total			622,928 (c)								306,313	306,313

24-MIN

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		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		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																	
18. Other																	
19. Total group life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	430	349,469	(14)	6,047	507	622,928
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	430	349,469	(14)	6,047	507	622,928
47. Total												430	349,469	(14)	6,047	507	622,928

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

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

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

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

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

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

24.1.MN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,469							5,069				5,069
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,469							5,069				5,069
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								56,607				56,607
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								56,607				56,607
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)	7,502,544					XXX	XXX	XXX	5,426,370	5,426,370
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health	(d)	(f)	7,502,544					XXX	XXX	XXX	5,426,370	5,426,370
47. Total	(c)		7,504,013					61,676			5,426,370	5,488,046

24 MS

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	5,069		1	5,069					1	5,069			(1)	(5,000)	4	20,010	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	5,069		1	5,069					1	5,069			(1)	(5,000)	4	20,010	
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	56,607		2	56,607					2	56,607			(2)	(13,025)	4	12,537	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	56,607		2	56,607					2	56,607			(2)	(13,025)	4	12,537	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	4,931	(220)	(73,498)	1,848	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	4,931	(220)	(73,498)	1,848	
47. Total	61,676		3	61,676					3	61,676			(223)	(91,523)	1,856	7,535,091	

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

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

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

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

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

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

24.1.MS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,038											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,038											
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								58,249				58,249
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								58,249				58,249
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)	1,592,296					XXX	XXX	XXX	1,233,458	1,233,458
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health			1,592,296					XXX	XXX	XXX	1,233,458	1,233,458
47. Total			1,593,334 (c)					58,249			1,233,458	1,291,707

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole																2	20,000
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life																2	20,000
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	58,254	4	58,249						4	58,249	141			(4)	(20,434)	21	85,002
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	58,254	4	58,249						4	58,249	141			(4)	(20,434)	21	85,002
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,045	(40)	(21,247)	403	1,592,296
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,045	(40)	(21,247)	403	1,592,296
47. Total	58,254	4	58,249						4	58,249	141	1	2,045	(44)	(41,681)	426	1,697,298

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

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

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

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

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

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

24.1.MO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,252											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,252											
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)	6,589,747 (f)						XXX	XXX	XXX	4,942,629	4,942,629
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health		6,589,747						XXX	XXX	XXX	4,942,629	4,942,629
47. Total	6,590,999 (c)										4,942,629	4,942,629

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole															3	16,838
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															3	16,838
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(174)	115,194	1,950	6,589,747
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(174)	115,194	1,950	6,589,747
47. Total													(174)	115,194	1,953	6,606,585

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

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

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

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

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

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

24.1.MT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,231											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	3,231											
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)	7,044,658						XXX	XXX	XXX	6,232,258	6,232,258
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health		7,044,658						XXX	XXX	XXX	6,232,258	6,232,258
47. Total		7,047,889 (c)									6,232,258	6,232,258

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																5	40,289	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																5	40,289	
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																	(a)	
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	63,882	(269)	(215,530)	1,812	7,044,658		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	63,882	(269)	(215,530)	1,812	7,044,658		
47. Total											42	63,882	(269)	(215,530)	1,817	7,084,947		

(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: \$ _____.

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

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

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

24.1.NE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 88366

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	2,024										
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	2,024										
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)	8,907,286						XXX	XXX	XXX	7,124,167
37. Vision only	(d) (f)							XXX	XXX	XXX	
38. Dental only	(d) (f)							XXX	XXX	XXX	
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX	
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX	
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX	
42. Credit A&H	(d) (f)							XXX	XXX	XXX	
43. Disability income	(d) (f)							XXX	XXX	XXX	
44. Long-term care	(d) (f)							XXX	XXX	XXX	
45. Other health	(d) (f)							XXX	XXX	XXX	
46. Total accident and health		8,907,286						XXX	XXX	XXX	7,124,167
47. Total		8,909,310 (c)									7,124,167

24-NV

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole															3	30,000
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															3	30,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	4,602	(431)	(604,347)	2,079	8,907,286
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	4,602	(431)	(604,347)	2,079	8,907,286
47. Total											6	4,602	(431)	(604,347)	2,082	8,937,286

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

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

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

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

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

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

24.1.NV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	2,695,543	2,695,543
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	2,695,543	2,695,543
47. Total											2,695,543	2,695,543

24.NH

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(90)	37,175	1,103	3,605,336
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(90)	37,175	1,103	3,605,336
47. Total													(90)	37,175	1,103	3,605,336

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

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

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

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

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

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

24.1.NH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	547											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	547											
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) 534,839							XXX	XXX	XXX	543,938	543,938
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	534,839							XXX	XXX	XXX	543,938	543,938
47. Total	535,386 (c)										543,938	543,938

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed															2	3,100
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities															2	3,100
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		428	1	69,157	123	534,839
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		428	1	69,157	123	534,839
47. Total												428	1	69,157	125	537,939

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

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

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

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

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

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

24.1.NJ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,897											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	2,897											
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) 4,396,690							XXX	XXX	XXX	3,609,471	3,609,471
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	4,396,690							XXX	XXX	XXX	3,609,471	3,609,471
47. Total	4,399,587 (c)										3,609,471	3,609,471

24-NM

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																4	23,783	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																4	23,783	
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																	(a)	
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																		

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

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

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

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

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

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

24.1.NM



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	296,624	296,624
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	296,624	296,624
47. Total											296,624	296,624

24.NY

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		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		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																
18. Other																
19. Total group life																(a)
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities															1	2,225
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities															1	2,225
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				28,812	88	351,992
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				28,812	88	351,992
47. Total														28,812	89	354,217

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

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

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

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

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

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

24.1.NY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed								193,311				193,311
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								193,311				193,311
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) 9,011,863 (f)								XXX	XXX	XXX	6,428,810	6,428,810
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	6,428,810	6,428,810
47. Total								193,311			6,428,810	6,622,121

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		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		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																899	7
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life																899	7
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life																	(a)
Individual Annuities																	
20. Fixed	195,389	9	193,311					9	193,311	8,602			(10)	(40,347)	53	270,343	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	195,389	9	193,311					9	193,311	8,602			(10)	(40,347)	53	270,343	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1,319	(317)	(344,572)	2,370	9,011,863	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1,319	(317)	(344,572)	2,370	9,011,863	
47. Total	195,389	9	193,311					9	193,311	8,602	2	1,319	(327)	(384,020)	2,430	9,330,301	

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

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

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

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

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

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

24.1.NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	262,336	262,336
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	262,336	262,336
47. Total											262,336	262,336

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		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		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																	
18. Other																	
19. Total group life																	(a)
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(5)	18,807	102	370,165
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(5)	18,807	102	370,165
47. Total														(5)	18,807	102	370,165

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

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

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

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

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

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

24.1.ND



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	6,249											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	6,249											
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)	11,103,904					XXX	XXX	XXX	8,269,404	8,269,404
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health			11,103,904					XXX	XXX	XXX	8,269,404	8,269,404
47. Total			11,110,153 (c)								8,269,404	8,269,404

24 OH

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		24 Other Changes to In Force (Net)		25 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	
		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		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	7,500									7,500						8	80,000
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	7,500									7,500						8	80,000
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																3	10,182
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities																3	10,182
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(336)	(430,453)	2,710	11,103,904
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(336)	(430,453)	2,710	11,103,904
47. Total	7,500									7,500				(336)	(430,453)	2,721	11,194,086

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

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

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

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

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

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

24.1.OH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,299											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	3,299											
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								131,167				131,167
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								131,167				131,167
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual	(d) (f)							XXX	XXX	XXX		
35. Comprehensive group	(d) (f)							XXX	XXX	XXX		
36. Medicare supplement	(d) (f) 5,950,209							XXX	XXX	XXX	4,247,498	4,247,498
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	5,950,209							XXX	XXX	XXX	4,247,498	4,247,498
47. Total	5,953,508 (c)							131,167			4,247,498	4,378,665

24 OK

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life														3	21,060	19	107,229
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life																	(a)
Individual Annuities																	
20. Fixed	131,167	2	131,167						2	131,167				(2)	(8,525)	15	56,108
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	131,167	2	131,167						2	131,167				(2)	(8,525)	15	56,108
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total	131,167	2	131,167						2	131,167				17	33,231	(273)	6,113,546

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

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

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

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

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

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

24.1.OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)			246,269					XXX	XXX	XXX	278,286	278,286
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health (d) (f)			246,269					XXX	XXX	XXX	278,286	278,286
47. Total (d) (f) (c)			246,269								278,286	278,286

24 OR

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4,260	(5)	21,554	64	246,269	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4,260	(5)	21,554	64	246,269	
47. Total										3	4,260	(5)	21,554	64	246,269	

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

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

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

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

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

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

24.1.0R



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	12,328							5,000				5,000
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	12,328							5,000				5,000
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)	27,369,789							XXX	XXX	XXX	20,774,388	20,774,388
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health	27,369,789							XXX	XXX	XXX	20,774,388	20,774,388
47. Total	27,382,117 (c)							5,000			20,774,388	20,779,388

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	5,000		1	5,000					1	5,000			(1)	(5,000)	19	177,346
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	5,000		1	5,000					1	5,000			(1)	(5,000)	19	177,346
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,383	(814)	(1,168,145)	6,398
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,383	(814)	(1,168,145)	6,398
47. Total	5,000		1	5,000					1	5,000			(815)	(1,173,145)	6,417	27,547,135

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

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

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

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

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

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

24.1.PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 88366

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

24.RI

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 88366

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

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

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

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

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

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

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

24.1 RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	4,394											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	4,394											
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)	11,912,096					XXX	XXX	XXX	8,877,604	8,877,604
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health	(d)	(f)	11,912,096					XXX	XXX	XXX	8,877,604	8,877,604
47. Total	(c)		11,916,490								8,877,604	8,877,604

24-SC

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole														10	65,559	
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life														10	65,559	
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															3,604	1 6,792
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(413)	(495,332)	3,155	11,912,096
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(413)	(495,332)	3,155 11,912,096
47. Total														(413)	(491,728)	3,166 11,984,447

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

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

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

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

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

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

24.1.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	542											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	542											
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	(f)							XXX	XXX	XXX		
35. Comprehensive group	(f)							XXX	XXX	XXX		
36. Medicare supplement	533,079 (f)							XXX	XXX	XXX	392,682	392,682
37. Vision only	(f)							XXX	XXX	XXX		
38. Dental only	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income	(f)							XXX	XXX	XXX		
44. Long-term care	(f)							XXX	XXX	XXX		
45. Other health	(f)							XXX	XXX	XXX		
46. Total accident and health	533,079							XXX	XXX	XXX	392,682	392,682
47. Total	533,621 (c)										392,682	392,682

24.SD

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole															1	10,000
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															1	10,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	678	(19)	3,200	136	533,079
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	678	(19)	3,200	136	533,079
47. Total											1	678	(19)	3,200	137	543,079

(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: \$ _____.

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

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

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

24.1.SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	4,846							5,071		2,114		7,185
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	4,846							5,071		2,114		7,185
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								21,132				21,132
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								21,132				21,132
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)	22,348,271					XXX	XXX	XXX	16,614,592	16,614,592
37. Vision only	(d)	(f)						XXX	XXX	XXX		
38. Dental only	(d)	(f)						XXX	XXX	XXX		
39. Federal employees health benefits plan	(d)	(f)						XXX	XXX	XXX		
40. Title XVIII Medicare	(d)	(e, f)						XXX	XXX	XXX		
41. Title XIX Medicaid	(d)	(f)						XXX	XXX	XXX		
42. Credit A&H	(d)	(f)						XXX	XXX	XXX		
43. Disability income	(d)	(f)						XXX	XXX	XXX		
44. Long-term care	(d)	(f)						XXX	XXX	XXX		
45. Other health	(d)	(f)						XXX	XXX	XXX		
46. Total accident and health	22,348,271							XXX	XXX	XXX	16,614,592	16,614,909
47. Total	22,353,117 (c)							26,203		2,114	16,614,592	16,642,909

24.TN

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	5,071		1	5,071					1	5,071			(2)	(5,627)	48	406,753	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	5,071		1	5,071					1	5,071			(2)	(5,627)	48	406,753	
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	16,606		27	21,132					27	21,132	8,624		(21)	(77,066)	163	658,411	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	16,606		27	21,132					27	21,132	8,624		(21)	(77,066)	163	658,411	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,579	(702)	(342,578)	5,774	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,579	(702)	(342,578)	5,774	
47. Total	21,677		28	26,203					28	26,203	8,624	1	1,579	(725)	(425,271)	5,985	

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

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

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

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

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

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

24.1.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	11,012							15,219				15,219
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	11,012							15,219				15,219
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	700							16,362		15,978		32,340
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	700							16,362		15,978		32,340
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)	16,222,544							XXX	XXX	XXX	13,026,117	13,026,117
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health	16,222,544							XXX	XXX	XXX	13,026,117	13,026,117
47. Total	16,234,256 (c)							31,581		15,978	13,026,117	13,073,676

24.TX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	15,219		2	15,219					2	15,219	5,000			(1)	(10,868)	37	270,329
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	15,219		2	15,219					2	15,219	5,000			(1)	(10,868)	37	270,329
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	8,570		22	16,362					22	16,362				(21)	(78,083)	147	586,690
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	8,570		22	16,362					22	16,362				(21)	(78,083)	147	586,690
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	7	9,435	(456)	(435,969)	3,214	16,222,544
38. Dental only (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9,435	(456)	(435,969)	3,214	16,222,544
47. Total	23,789		24	31,581					24	31,581	5,000	7	9,435	(478)	(524,920)	3,398	17,079,563

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

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

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

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

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

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

24.1.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 88366

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	1,078										
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	1,078										
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)	3,429,216							XXX	XXX	XXX	2,684,136
37. Vision only (d) (f)								XXX	XXX	XXX	
38. Dental only (d) (f)								XXX	XXX	XXX	
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX	
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX	
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX	
42. Credit A&H (d) (f)								XXX	XXX	XXX	
43. Disability income (d) (f)								XXX	XXX	XXX	
44. Long-term care (d) (f)								XXX	XXX	XXX	
45. Other health (d) (f)								XXX	XXX	XXX	
46. Total accident and health	3,429,216							XXX	XXX	XXX	2,684,136
47. Total	3,430,294 (c)										2,684,136

24. UT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole															3	15,020
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															3	15,020
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	909	(170)	(129,698)	898	3,429,216
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	909	(170)	(129,698)	898	3,429,216
47. Total											1	909	(170)	(129,698)	901	3,444,236

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

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

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

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

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

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

24.1.UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		74,484						XXX	XXX	XXX	62,654	62,654
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health (d) (f)		74,484						XXX	XXX	XXX	62,654	62,654
47. Total (d) (c)		74,484									62,654	62,654

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
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															(a)	
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							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(2)	12,649	19	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(2)	12,649	19	
47. Total													(2)	12,649	19	

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

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

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

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

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

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

24.1.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	10,473									6,442		6,442
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	10,473									6,442		6,442
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										12,666		12,666
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities										12,666		12,666
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)	39,466,417							XXX	XXX	XXX	29,750,779	29,750,779
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health	39,466,417							XXX	XXX	XXX	29,750,779	29,750,779
47. Total	39,476,890 (c)									19,108	29,750,779	29,769,887

24 VA

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life													(3)	(30,000)	25	140,986		
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													(1)	(5,137)	6	23,505		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities													(1)	(5,137)	6	23,505		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,943)	(63,744)	10,343	39,466,417		
47. Total													(1,947)	(98,881)	10,374	39,630,908		

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

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

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

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

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

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

24.1.VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		378,068						XXX	XXX	XXX	451,885	451,885
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		378,068						XXX	XXX	XXX	451,885	451,885
47. Total		378,068 (c)									451,885	451,885

24-WA

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,009	(3)	10,499	113	378,068	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,009	(3)	10,499	113	378,068	
47. Total										1	1,009	(3)	10,499	113	378,068	

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

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

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

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

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

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

24.1.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,343											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,343											
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) 5,649,809							XXX	XXX	XXX	4,748,734	4,748,734
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	(c) 5,649,809							XXX	XXX	XXX	4,748,734	4,748,734
47. Total	(c) 5,651,152										4,748,734	4,748,734

24-WV

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																3	20,000	
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																3	20,000	
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																1	1,000	
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	32,360	(221)	(6,479)	1,436	5,649,809		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	32,360	(221)	(6,479)	1,436	5,649,809		
47. Total											20	32,360	(221)	(6,479)	1,440	5,670,809		

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

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

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

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

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

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

24.1.WV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	5,050,983	5,050,983
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	5,050,983	5,050,983
47. Total											5,050,983	5,050,983

24-W1

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5,003	(188)	(147,766)	1,452	7,042,026
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5,003	(188)	(147,766)	1,452	7,042,026
47. Total											2	5,003	(188)	(147,766)	1,452	7,042,026

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

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

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

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

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

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

24.1.W1



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)								XXX	XXX	XXX	7,526,937	7,526,937
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX	7,526,937	7,526,937
47. Total											8,724,080 (c)	8,724,080 (c)

24-WY

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
Individual Life																		
1. Industrial																		
2. Whole																		
3. Term																		
4. Indexed																		
5. Universal																		
6. Universal with secondary guarantees																		
7. Variable																		
8. Variable universal																		
9. Credit																		
10. Other																		
11. Total individual life																		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total group life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total individual annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
33. Total group annuities																		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8,082	(287)	(65,924)	2,337	8,724,080		
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8,082	(287)	(65,924)	2,337	8,724,080		
47. Total											6	8,082	(287)	(65,924)	2,337	8,724,080		

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

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

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

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

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

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

24.1.WY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

24.AS

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

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

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

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

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

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

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

24.1.AS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2025

NAIC Company Code 88366

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

24.GU

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2025

NAIC Company Code 88366

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

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

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

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

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

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

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

24.1.GU



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		5,062						XXX	XXX	XXX	142	142
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		5,062						XXX	XXX	XXX	142	142
47. Total		5,062 (c)									142	142

24.PR

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 88366

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

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

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

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

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

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

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

24.1.PR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d) (f)								XXX	XXX	XXX		
35. Comprehensive group (d) (f)								XXX	XXX	XXX		
36. Medicare supplement (d) (f)		12,534						XXX	XXX	XXX	27,162	27,162
37. Vision only (d) (f)								XXX	XXX	XXX		
38. Dental only (d) (f)								XXX	XXX	XXX		
39. Federal employees health benefits plan (d) (f)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e, f)								XXX	XXX	XXX		
41. Title XIX Medicaid (d) (f)								XXX	XXX	XXX		
42. Credit A&H (d) (f)								XXX	XXX	XXX		
43. Disability income (d) (f)								XXX	XXX	XXX		
44. Long-term care (d) (f)								XXX	XXX	XXX		
45. Other health (d) (f)								XXX	XXX	XXX		
46. Total accident and health		12,534						XXX	XXX	XXX	27,162	27,162
47. Total		12,534 (c)									27,162	27,162

24.VI

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2025

NAIC Company Code 88366

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

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

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

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

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

24.MP

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

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

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

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

24.CN

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

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

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

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

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

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

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

24.1.CN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF

Other Aliens

DURING THE YEAR 2025

NAIC Company Code 88366

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

NONE

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

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

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

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0917

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	104,469							74,369		11,197		85,566
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	104,469							74,369		11,197		85,566
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	700							686,829		44,922		731,751
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	700							686,829		44,922		731,751
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) 327,649,117							XXX	XXX	XXX	251,429,574	251,429,574
37. Vision only	(d) (f)							XXX	XXX	XXX		
38. Dental only	(d) (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan	(d) (f)							XXX	XXX	XXX		
40. Title XVIII Medicare	(d) (e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid	(d) (f)							XXX	XXX	XXX		
42. Credit A&H	(d) (f)							XXX	XXX	XXX		
43. Disability income	(d) (f)							XXX	XXX	XXX		
44. Long-term care	(d) (f)							XXX	XXX	XXX		
45. Other health	(d) (f)							XXX	XXX	XXX		
46. Total accident and health	327,649,117							XXX	XXX	XXX	251,429,574	251,429,574
47. Total	327,754,286 (c)							761,198		56,119	251,429,574	252,246,891

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0917

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 88366

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount	30 Number of Pols/ Certs	31 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	83,691	11	74,369					11	74,369	14,322			(15)	(101,865)	322	2,302,172	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	83,691	11	74,369					11	74,369	14,322			(15)	(101,865)	322	2,302,172	
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	665,334	94	686,829					94	686,829	17,367			(87)	(335,017)	586	2,285,405	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	665,334	94	686,829					94	686,829	17,367			(87)	(335,017)	586	2,285,405	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,951	7,866,954	(11,521)	(7,623,942)	86,265	327,649,117	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,951	7,866,954	(11,521)	(7,623,942)	86,265	327,649,117	
47. Total	749,025	105	761,198					105	761,198	31,689	6,951	7,866,954	(11,623)	(8,060,824)	87,173	332,236,694	

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

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

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

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	269,215
2. Current year's realized pre-tax capital gains/(losses) of \$98,482 transferred into the reserve net of taxes of \$ 20,681	77,800
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	347,015
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	24,239
6. Reserve as of December 31, current year (Line 4 minus Line 5)	322,777

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	70,186	(45,947)		24,239
2. 2026	57,991	(35,216)		22,775
3. 2027	56,427	10,360		66,787
4. 2028	49,851	16,220		66,071
5. 2029	29,448	22,198		51,646
6. 2030	7,751	28,786		36,537
7. 2031	(2,124)	29,045		26,921
8. 2032	(315)	23,336		23,021
9. 2033		16,916		16,916
10. 2034		10,486		10,486
11. 2035		3,113		3,113
12. 2036		(416)		(416)
13. 2037		(337)		(337)
14. 2038		(250)		(250)
15. 2039		(162)		(162)
16. 2040		(65)		(65)
17. 2041		(15)		(15)
18. 2042		(16)		(16)
19. 2043		(17)		(17)
20. 2044		(18)		(18)
21. 2045		(19)		(19)
22. 2046		(20)		(20)
23. 2047		(21)		(21)
24. 2048		(22)		(22)
25. 2049		(24)		(24)
26. 2050		(26)		(26)
27. 2051		(24)		(24)
28. 2052		(19)		(19)
29. 2053		(14)		(14)
30. 2054		(9)		(9)
31. 2055 and Later		(3)		(3)
32. Total (Lines 1 to 31)	269,215	77,800		347,015

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	1,281,301		1,281,301		760	760	1,282,061
2. Realized capital gains/(losses) net of taxes - General Account							
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	326,673		326,673		525	525	327,198
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,607,974		1,607,974		1,285	1,285	1,609,260
9. Maximum reserve	1,533,840		1,533,840		3,465	3,465	1,537,305
10. Reserve objective	927,727		927,727		1,680	1,680	929,407
11. 20% of (Line 10 - Line 8)	(136,050)		(136,050)		79	79	(135,971)
12. Balance before transfers (Lines 8 + 11)	1,471,925		1,471,925		1,364	1,364	1,473,289
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,471,925		1,471,925		1,364	1,364	1,473,289

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt obligations	3,612,705	XXX	XXX	3,612,705	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A	42,521,326	XXX	XXX	42,521,326	0.0002	8,504	0.0007	29,765	0.0013	55,278
2.2	1	NAIC Designation Category 1.B	1,379,737	XXX	XXX	1,379,737	0.0004	552	0.0011	1,518	0.0023	3,173
2.3	1	NAIC Designation Category 1.C	7,660,559	XXX	XXX	7,660,559	0.0006	4,596	0.0018	13,789	0.0035	26,812
2.4	1	NAIC Designation Category 1.D	3,659,404	XXX	XXX	3,659,404	0.0007	2,562	0.0022	8,051	0.0044	16,101
2.5	1	NAIC Designation Category 1.E	4,048,683	XXX	XXX	4,048,683	0.0009	3,644	0.0027	10,931	0.0055	22,268
2.6	1	NAIC Designation Category 1.F	19,724,179	XXX	XXX	19,724,179	0.0011	21,697	0.0034	67,062	0.0068	134,124
2.7	1	NAIC Designation Category 1.G	14,796,421	XXX	XXX	14,796,421	0.0014	20,715	0.0042	62,145	0.0085	125,770
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	93,790,308	XXX	XXX	93,790,308	XXX	62,269	XXX	193,261	XXX	383,526
3.1	2	NAIC Designation Category 2.A	23,721,906	XXX	XXX	23,721,906	0.0021	49,816	0.0063	149,448	0.0105	249,080
3.2	2	NAIC Designation Category 2.B	22,527,688	XXX	XXX	22,527,688	0.0025	56,319	0.0076	171,210	0.0127	286,102
3.3	2	NAIC Designation Category 2.C	9,255,417	XXX	XXX	9,255,417	0.0036	33,320	0.0108	99,959	0.0180	166,598
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	55,505,012	XXX	XXX	55,505,012	XXX	139,455	XXX	420,617	XXX	701,779
4.1	3	NAIC Designation Category 3.A	1,395,299	XXX	XXX	1,395,299	0.0069	9,628	0.0183	25,534	0.0262	36,557
4.2	3	NAIC Designation Category 3.B	2,075,006	XXX	XXX	2,075,006	0.0099	20,543	0.0264	54,780	0.0377	78,228
4.3	3	NAIC Designation Category 3.C	2,779,190	XXX	XXX	2,779,190	0.0131	36,407	0.0350	97,272	0.0500	138,960
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	6,249,495	XXX	XXX	6,249,495	XXX	66,578	XXX	177,586	XXX	253,744
5.1	4	NAIC Designation Category 4.A	1,559,707	XXX	XXX	1,559,707	0.0184	28,699	0.0430	67,067	0.0615	95,922
5.2	4	NAIC Designation Category 4.B	1,246,766	XXX	XXX	1,246,766	0.0238	29,673	0.0555	69,196	0.0793	98,869
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	2,806,473	XXX	XXX	2,806,473	XXX	58,372	XXX	136,263	XXX	194,791
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
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)	161,963,994	XXX	XXX	161,963,994	XXX	326,673	XXX	927,727	XXX	1,533,840
PREFERRED STOCKS												
10.	1	Highest quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or near default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total preferred stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total short-term bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.		Exchange traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or near default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total derivative instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	161,963,994	XXX	XXX	161,963,994	XXX	326,673	XXX	927,727	XXX	1,533,840

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
66.		Unaffiliated private		XXX	XXX		0.0000		0.1945		0.1945	
67.		Affiliated life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68.		Affiliated certain other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
69.		Affiliated other - all other		XXX	XXX		0.0000		0.1945		0.1945	
70.		Total with common stock characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home office property (General Account only)					0.0000		0.0912		0.0912	
72.		Investment properties					0.0000		0.0912		0.0912	
73.		Properties acquired in satisfaction of debt					0.0000		0.1337		0.1337	
74.		Total with real estate characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
INVESTMENTS IN TAX CREDIT STRUCTURES												
75.		Yield guaranteed state tax credit investments					0.0003		0.0006		0.0010	
76.		Qualifying federal tax credit investments					0.0063		0.0120		0.0190	
77.		Qualifying state tax credit investments					0.0063		0.0120		0.0190	
78.		Other tax credit investments					0.0273		0.0600		0.0975	
79.		Total tax credit investments (Sum of Lines 75 through 78)					XXX		XXX		XXX	
RESIDUAL TRANCHES OR INTERESTS												
80.		Bonds - unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
81.		Bonds - affiliated		XXX	XXX		0.0000		0.1580		0.1580	
82.		Common stock - unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
83.		Common stock - affiliated		XXX	XXX		0.0000		0.1580		0.1580	
84.		Preferred stock - unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
85.		Preferred stock - affiliated		XXX	XXX		0.0000		0.1580		0.1580	
86.		Real estate - unaffiliated					0.0000		0.1580		0.1580	
87.		Real estate - affiliated					0.0000		0.1580		0.1580	
88.		Mortgage loans - unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
89.		Mortgage loans - affiliated		XXX	XXX		0.0000		0.1580		0.1580	
90.		Other - unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
91.		Other - affiliated		XXX	XXX		0.0000		0.1580		0.1580	
92.		Total residual tranches or interests (Sum of Lines 80 through 91)		XXX	XXX		XXX		XXX		XXX	
SURPLUS NOTES AND CAPITAL NOTES												
93.	1	Highest quality	1,049,989	XXX	XXX	1,049,989	0.0005	525	0.0016	1,680	0.0033	3,465
94.	2	High quality		XXX	XXX		0.0021		0.0064		0.0106	
95.	3	Medium quality		XXX	XXX		0.0099		0.0263		0.0376	
96.	4	Low quality		XXX	XXX		0.0245		0.0572		0.0817	
97.	5	Lower quality		XXX	XXX		0.0630		0.1128		0.1880	
98.	6	In or near default		XXX	XXX		0.0000		0.2370		0.2370	
99.		Total surplus notes and capital notes (Sum of Lines 93 through 98)	1,049,989	XXX	XXX	1,049,989	XXX	525	XXX	1,680	XXX	3,465
ALL OTHER INVESTMENTS												
100.		NAIC 1 working capital finance investments		XXX			0.0000		0.0042		0.0042	
101.		NAIC 2 working capital finance investments		XXX			0.0000		0.0137		0.0137	
102.		Other invested assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
103.		Other short-term invested assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
104.		Total all other (Sum of Lines 100 through 103)		XXX			XXX		XXX		XXX	
105.		Total other invested assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 79, 92, 99 and 104)	1,049,989			1,049,989	XXX	525	XXX	1,680	XXX	3,465

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

Asset Valuation Reserve - Replications (Synthetic) Assets

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	326,423,686	XXX		XXX		XXX	326,423,686	XXX		XXX		XXX		XXX
2. Premiums earned	326,452,657	XXX		XXX		XXX	326,452,657	XXX		XXX		XXX		XXX
3. Incurred claims	261,825,569	80.2					261,825,569	80.2						
4. Cost containment expenses	682,135	0.2					682,135	0.2						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	262,507,704	80.4					262,507,704	80.4						
6. Increase in contract reserves	38,048,763	11.7					38,048,763	11.7						
7. Commissions (a)	8,539,319	2.6					8,539,319	2.6						
8. Other general insurance expenses	20,470,911	6.3					20,470,911	6.3						
9. Taxes, licenses and fees	6,743,753	2.1					6,743,753	2.1						
10. Total other expenses incurred	35,753,983	11.0					35,753,983	11.0						
11. Aggregate write-ins for deductions	(83,668)	0.0					(83,668)	0.0						
12. Gain from underwriting before dividends or refunds	(9,774,125)	(3.0)					(9,774,125)	(3.0)						
13. Dividends or refunds														
14. Gain from underwriting after dividends or refunds	(9,774,125)	(3.0)					(9,774,125)	(3.0)						
DETAILS OF WRITE-INS														
1101. Loading	(86,923)	0.0					(86,923)	0.0						
1102. Penalties	3,255	0.0					3,255	0.0						
1103. Express Script rebates														
1198. Summary of remaining write-ins for Line 11 from overflow page														
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	(83,668)	0.0					(83,668)	0.0						

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims												
4. Cost containment expenses												
5. Incurred claims and cost containment expenses (Lines 3 and 4)												
6. Increase in contract reserves												
7. Commissions (a)												
8. Other general insurance expenses												
9. Taxes, licenses and fees												
10. Total other expenses incurred												
11. Aggregate write-ins for deductions												
12. Gain from underwriting before dividends or refunds												
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds												
DETAILS OF WRITE-INS												
1101. Loading												
1102. Penalties												
1103. Express Script rebates												
1198. Summary of remaining write-ins for Line 11 from overflow page												
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)												

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	4,774,816			4,774,816									
2. Advance premiums	1,873,695			1,873,695									
3. Reserve for rate credits													
4. Total premium reserves, current year	6,648,511			6,648,511									
5. Total premium reserves, prior year	5,619,413			5,619,413									
6. Increase in total premium reserves	1,029,098			1,029,098									
B. Contract Reserves:													
1. Additional reserves (a)	38,048,763			38,048,763									
2. Reserve for future contingent benefits	34,853,526			34,853,526									
3. Total contract reserves, current year	72,902,289			72,902,289									
4. Total contract reserves, prior year	34,853,526			34,853,526									
5. Increase in contract reserves	38,048,763			38,048,763									
C. Claim Reserves and Liabilities:													
1. Total current year	42,621,263			42,621,263									
2. Total prior year	32,225,254			32,225,254									
3. Increase	10,396,009			10,396,009									

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	27,736,365			27,736,365									
1.2 On claims incurred during current year	223,693,195			223,693,195									
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	3,082,302			3,082,302									
2.2 On claims incurred during current year	39,538,961			39,538,961									
3. Test:													
3.1 Lines 1.1 and 2.1	30,818,667			30,818,667									
3.2 Claim reserves and liabilities, December 31, prior year	32,225,254			32,225,254									
3.3 Line 3.1 minus Line 3.2	(1,406,587)			(1,406,587)									

PART 4. - REINSURANCE

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims			261,825,569										261,825,569
2. Beginning claim reserves and liabilities			32,225,254										32,225,254
3. Ending claim reserves and liabilities			42,621,263										42,621,263
4. Claims paid			251,429,560										251,429,560
B. Assumed Reinsurance:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
C. Ceded Reinsurance:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
D. Net:													
1. Incurred claims			261,825,569										261,825,569
2. Beginning claim reserves and liabilities			32,225,254										32,225,254
3. Ending claim reserves and liabilities			42,621,263										42,621,263
4. Claims paid			251,429,560										251,429,560
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses			262,507,704										262,507,704
2. Beginning reserves and liabilities			32,401,479										32,401,479
3. Ending reserves and liabilities			42,749,576										42,749,576
4. Paid claims and cost containment expenses			252,159,607										252,159,607

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999			Total General Account - authorized U.S. affiliates											
0699999			Total General Account - authorized non-U.S. affiliates											
0799999			Total General Account - authorized affiliates											
82627	06-0839705	10/01/1990	Swiss Re Life & Health of America	MO	OTH/I	OA		103,768	120,166					
82627	06-0839705	01/01/1990	Swiss Re Life & Health of America	MO	OTH/I	OA		4,449,679	4,976,116	700				
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	OL	894,926	652,202	660,965					
0899999			General Account - authorized U.S. non-affiliates				894,926	5,205,649	5,757,247	700				
1099999			Total General Account - authorized non-affiliates				894,926	5,205,649	5,757,247	700				
1199999			Total General Account authorized				894,926	5,205,649	5,757,247	700				
1499999			Total General Account - unauthorized U.S. affiliates											
1799999			Total General Account - unauthorized non-U.S. affiliates											
1899999			Total General Account - unauthorized affiliates											
2199999			Total General Account - unauthorized non-affiliates											
2299999			Total General Account unauthorized											
2599999			Total General Account - certified U.S. affiliates											
2899999			Total General Account - certified non-U.S. affiliates											
2999999			Total General Account - certified affiliates											
3299999			Total General Account - certified non-affiliates											
3399999			Total General Account certified											
3699999			Total General Account - reciprocal jurisdiction U.S. affiliates											
3999999			Total General Account - reciprocal jurisdiction non-U.S. affiliates											
4099999			Total General Account - reciprocal jurisdiction affiliates											
4399999			Total General Account - reciprocal jurisdiction non-affiliates											
4499999			Total General Account reciprocal jurisdiction											
4599999			Total General Account authorized, unauthorized, reciprocal jurisdiction and certified				894,926	5,205,649	5,757,247	700				
4899999			Total Separate Accounts - authorized U.S. affiliates											
5199999			Total Separate Accounts - authorized non-U.S. affiliates											
5299999			Total Separate Accounts - authorized affiliates											
5599999			Total Separate Accounts - authorized non-affiliates											
5699999			Total Separate Accounts authorized											
5999999			Total Separate Accounts - unauthorized U.S. affiliates											
6299999			Total Separate Accounts - unauthorized non-U.S. affiliates											
6399999			Total Separate Accounts - unauthorized affiliates											
6699999			Total Separate Accounts - unauthorized non-affiliates											
6799999			Total Separate Accounts unauthorized											
7099999			Total Separate Accounts - certified U.S. affiliates											
7399999			Total Separate Accounts - certified non-U.S. affiliates											
7499999			Total Separate Accounts - certified affiliates											
7799999			Total Separate Accounts - certified non-affiliates											
7899999			Total Separate Accounts certified											
8199999			Total Separate Accounts - reciprocal jurisdiction U.S. affiliates											
8499999			Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates											
8599999			Total Separate Accounts - reciprocal jurisdiction affiliates											
8899999			Total Separate Accounts - reciprocal jurisdiction non-affiliates											
8999999			Total Separate Accounts reciprocal jurisdiction											
9099999			Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified											
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				894,926	5,205,649	5,757,247	700				
9299999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)											
9999999			Totals				894,926	5,205,649	5,757,247	700				

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	1	2	5	4	7
2. Commissions and reinsurance expense allowances	2	10	11	13	16
3. Contract claims	704	776	876	940	953
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts	5,206	5,757	6,354	7,031	7,727
10. Liability for deposit-type contracts					
11. Contract claims unpaid	20	42	87	98	51
12. Amounts recoverable on reinsurance	129	75	73	84	120
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with certified reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

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)	219,095,842		219,095,842
2. Reinsurance (Line 16)	128,842	(128,842)	
3. Premiums and considerations (Line 15)	398,751	(429)	398,322
4. Net credit for ceded reinsurance	XXX	5,355,147	5,355,147
5. All other admitted assets (balance)	4,705,844		4,705,844
6. Total assets excluding Separate Accounts (Line 26)	224,329,279	5,225,876	229,555,155
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	224,329,279	5,225,876	229,555,155
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	43,327,257	5,205,650	48,532,907
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	42,661,914	20,226	42,682,140
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	1,873,694		1,873,694
14. Other contract liabilities (Line 9)	441,144		441,144
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with certified reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	12,094,043		12,094,043
20. Total liabilities excluding Separate Accounts (Line 26)	100,398,052	5,225,876	105,623,928
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	100,398,052	5,225,876	105,623,928
23. Capital & surplus (Line 38)	123,931,227	XXX	123,931,227
24. Total liabilities, capital & surplus (Line 39)	224,329,279	5,225,876	229,555,155
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	5,205,650		
26. Claim reserves	20,226		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	128,842		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	5,354,718		
34. Premiums and considerations	(429)		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with certified reinsurers			
38. Funds held under reinsurance treaties with certified reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	(429)		
41. Total net credit for ceded reinsurance	5,355,147		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 8

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 8

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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 8

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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 8

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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 8

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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE S - PART 8

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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

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

Allocated by States and Territories

			Direct Business Only				6 Totals
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)		5 Deposit-Type Contracts
States, Etc.							
1. Alabama	AL	3,272					3,272
2. Alaska	AK						
3. Arizona	AZ	1,356					1,356
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO	5,850					5,850
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA	5,098					5,098
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL	10,505					10,505
15. Indiana	IN	2,070					2,070
16. Iowa	IA						
17. Kansas	KS	2,706					2,706
18. Kentucky	KY	3,896					3,896
19. Louisiana	LA	1,045					1,045
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA	649					649
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS	1,469					1,469
26. Missouri	MO	1,038					1,038
27. Montana	MT	1,252					1,252
28. Nebraska	NE	3,231					3,231
29. Nevada	NV	2,024					2,024
30. New Hampshire	NH						
31. New Jersey	NJ	547					547
32. New Mexico	NM	2,897					2,897
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH	6,249					6,249
37. Oklahoma	OK	3,299					3,299
38. Oregon	OR						
39. Pennsylvania	PA	12,328					12,328
40. Rhode Island	RI						
41. South Carolina	SC	4,394					4,394
42. South Dakota	SD	542					542
43. Tennessee	TN	4,846					4,846
44. Texas	TX	11,012	700				11,712
45. Utah	UT	1,078					1,078
46. Vermont	VT						
47. Virginia	VA	10,473					10,473
48. Washington	WA						
49. West Virginia	WV	1,343					1,343
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total		104,471	700				105,171

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
. 0917	HCSC GROUP	70670	36-1236610		0000350793		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL	UIP			0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	71129	36-2598882	003857522			DEARBORN LIFE INSURANCE COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	85090	22-3026145				DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	DEARBORN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	NIA	DEARBORN LIFE INSURANCE COMPANY	Board of Directors, Management	0.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000001
		00000	38-2612298				DENTEMAX, LLC	DE	NIA	DENTAL NETWORK OF AMERICA, LLC	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1067299				DENTAL SOLUTIONS, INC.	MI	NIA	DENTEMAX, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000002
		00000	36-4186601				HCSC PURCHASING, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	78611	73-1350270				HCSC INSURANCE SERVICES COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	38-4358504				PRIME HEALTH HOLDINGS LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	59-3715944				AVAILITY, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	21.400	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	81-2760646				CAREALLIES, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	85-0954556				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	DE	NIA	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-1813801				CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	DE	NIA	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	88-4112374				CAPITAL GROUP FOR BETTER HEALTH, LLC	DE	NIA	CAREALLIES, INC.	Ownership	51.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	46-3985383				COLLECTIVEHEALTH, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	12.400	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
. 0917	HCSC GROUP	29718	73-1507369				GHS INSURANCE COMPANY	OK	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	73-1514691				GHS GENERAL INSURANCE AGENCY, INC.	OK	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	11814	73-1191843				GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELIFES HMO	OK	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	23-2530889		0001367705		MEDECISION, INC.	PA	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	88-4252820				EXCELL HEALTHCARE ADVISORS, LLC	DE	NIA	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	80-0849331				GSI HEALTH, LLC	PA	NIA	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	27-4269034		0001508432		HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	30-0802612				INNOVISTA, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	IL	NIA	INNOVISTA, LLC	Ownership, Board of Directors	40.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	99-4379181				INNOVISTA HEALTH PARTNERS, LLC	TX	NIA	INNOVISTA, LLC	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
		00000	83-4213500				INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER	TX	NIA	INNOVISTA, LLC	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-5298764				SOLERA HEALTH, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	28.500	MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	86-0813402				TRIWEST ALLIANCE, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	15.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	37-1789176				HCSC VENTURES, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	83-2215567				ALACURA HOLDINGS, INC.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	23.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000007
		00000	26-2930757		0001439779		BLUECROSS BLUESHIELD VENTURES, INC.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	21.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	NIA	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	21.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	47-1692551				COGITATIVO, INC	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	14.700	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-0970280		0001612123		HEALTHBOX CHICAGO III LLC	DE	NIA	HCSC VENTURES, INC.	Ownership	36.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-4386908				HCSC INVESTMENTS, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16013	61-1782332				ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16359	38-3984430				505 INSURANCE COMPANY	NM	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	15941	36-4836697				TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	TX	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-2710924				SOUTH WATER INSURANCE COMPANY	UT	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	0000004
		00000	35-1846036				LUMINARE HEALTH BENEFITS, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1184798				HCSC MEDICARE HOLDINGS INC.	DE	UIP	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1194574				HCSC MEDICARE INC.	DE	UIP	HCSC MEDICARE HOLDINGS INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	34-1970892				CERES SALES OF OHIO, LLC	OH	NIA	HCSC MEDICARE INC.	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	95604	84-1004500				HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	CO	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	61727	34-0970995				HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	OH	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	67903	23-1335885				PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	OH	IA	CIGNA NATIONAL HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	65269	75-2305400				HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	OH	IA	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1821898				HEALTHSPRING, INC.	DE	NIA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0628370				NEIQUEST, LLC	TX	NIA	HEALTHSPRING, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	12902	20-8534298				HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	IL	IA	NEIQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	20-8647386				HEALTHSPRING MANAGEMENT OF AMERICA, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	11532	65-1129599				HEALTHSPRING OF FLORIDA, INC.	FL	IA	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	72-1559530				HEALTHSPRING USA, LLC	TN	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108521				HOUQUEST, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	NIA	HOUQUEST, LLC	Ownership, Management	99.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	52-1929677				NEWQUEST MANAGEMENT NORTHEAST, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	11524	52-2363406				BRAVO HEALTH PENNSYLVANIA, INC.	PA	IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	10095	52-2259087				BRAVO HEALTH MID-ATLANTIC, INC.	MD	IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	33-1033586				NEWQUEST MANAGEMENT ALABAMA, LLC	AL	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-4954206				NEWQUEST MANAGEMENT OF FLORIDA, LLC	FL	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	77-0632665				NEWQUEST MANAGEMENT OF ILLINOIS, LLC	IL	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-5524622				TENNESSEE QUEST, LLC	TN	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108527				TEXQUEST, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	NIA	TEXQUEST, LLC	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
.0917	HCSC GROUP	65722	63-0343428				LOYAL AMERICAN LIFE INSURANCE COMPANY	OH	UDP	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	88366	59-2760189				AMERICAN RETIREMENT LIFE INSURANCE COMPANY	OH	RE	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	34720	13-3506395				MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	NY	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	63762	42-1425239				MEDCO CONTAINMENT LIFE INSURANCE COMPANY	PA	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	77399	13-1867829				STERLING LIFE INSURANCE COMPANY	IL	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-4777602				CIVICASRIPT, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000008
		00000	75-2393811				CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.	TX	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	41-3110584				HCSC COMMUNITY IMPACT FOUNDATION	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	35-2613131				THE CARING FOUNDATION OF MONTANA, INC.	MT	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	73-1470846				THE OKLAHOMA CARING FOUNDATION, INC.	OK	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000005
		00000	36-6057472				PLANITES CREDIT UNION	IL	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006
		00000	75-6020171				LIFETIME FEDERAL CREDIT UNION	TX	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
70670	36-1236610	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RE	1,047,363,521	(1,833,102,608)							(785,739,087)	1,820,480
78611	73-1350270	HCSC INSURANCE SERVICES COMPANY		21,015,000							21,015,000	3,868,954
11814	73-1191843	GHS HMO INC DBA BLUELINGS HMO										37,586,744
29718	73-1507369	GHS INS CO		9,760,000							9,760,000	
16013	61-1782332	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY		12,415,000							12,415,000	
71129	36-2598882	DEARBORN LIFE INSURANCE COMPANY	(916,075,164)	(500,000)							(916,575,164)	
85090	22-3026145	DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YO		500,000							500,000	
00000	37-1789176	HCSC VENTURES, INC.	(20,233,609)	162,479,846							142,246,237	
00000	35-1846036	LUMINARE HEALTH BENEFITS, INC.		38,886,513							38,886,513	
00000	84-2710924	SOUTH WATER INSURANCE COMPANY										(43,276,178)
00000	23-2530889	MEDECISION, INC.		25,850,870							25,850,870	
00000	87-4386908	HCSC INVESTMENTS, LLC	(111,054,748)	61,700,000							(49,354,748)	
00000	30-0802612	INNOVISTA, LLC		29,995,379							29,995,379	
00000	99-1184798	HCSC MEDICARE HOLDINGS INC.	23,000,000								23,000,000	
00000	99-1194574	HCSC MEDICARE INC.										
61727	34-0970995	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FK		167,000,000							167,000,000	
67903	23-1335885	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY										
65269	75-2305400	HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANC		50,000,000							50,000,000	
65722	63-0343428	LOYAL AMERICAN LIFE INSURANCE COMPANY	(20,000,000)								(20,000,000)	
77399	13-1867829	STERLING LIFE INSURANCE COMPANY	(3,000,000)								(3,000,000)	
00000	76-0657035	GULFQUEST, LP					449,547,893				449,547,893	
12902	20-8534298	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.		804,000,000			(689,955,231)				114,044,769	
00000	33-1033586	NEWQUEST MANAGEMENT ALABAMA, LLC					240,407,338				240,407,338	
95604	84-1004500	HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIG		100,000,000							100,000,000	
00000	76-0628370	NEWQUEST, LLC										
11532	65-1129599	HEALTHSPRING OF FLORIDA, INC.		120,000,000							120,000,000	
00000	52-1929677	NEWQUEST MANAGEMENT NORTHEAST, LLC										
11524	52-2363406	BRAVO HEALTH PENNSYLVANIA, INC.		230,000,000							230,000,000	
9999999	Control Totals								XXX			

HCSC MEDICARE INC., PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY, NEWQUEST, LLC AND NEWQUEST MANAGEMENT NORTHEAST, LLC received contributions which were fully paid to their subsidiaries as reported herein resulting in net activity of zero.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NONE	0.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN LIFE INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	DEARBORN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HCSC INSURANCE SERVICES COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUEINCS HMO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
505 INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING OF FLORIDA, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH PENNSYLVANIA, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH MID-ATLANTIC, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
LOYAL AMERICAN LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
AMERICAN RETIREMENT LIFE INSURANCE COMPANY	LOYAL AMERICAN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
STERLING LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

MARCH FILING

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING

- 37. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? YES
- 38. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO
- 39. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .. NO
- 40. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES
- 41. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? NO
- 42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? NO
- 43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? NO
- 44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? NO
- 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO
- 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO
- 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO

AUGUST FILING

- 48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? NO

Explanations:

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

Bar Codes:

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



- 12. Trusteed Surplus Statement [Document Identifier 490]



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



- 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]	 8 8 3 6 6 2 0 2 5 4 4 8 0 0 0 0 0
22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 8 8 3 6 6 2 0 2 5 4 4 9 0 0 0 0 0
23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 8 8 3 6 6 2 0 2 5 4 5 0 0 0 0 0 0
24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 8 8 3 6 6 2 0 2 5 4 5 1 0 0 0 0 0
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 8 8 3 6 6 2 0 2 5 4 5 2 0 0 0 0 0
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 8 8 3 6 6 2 0 2 5 4 5 3 0 0 0 0 0
27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 8 8 3 6 6 2 0 2 5 4 5 4 0 0 0 0 0
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 8 8 3 6 6 2 0 2 5 4 9 5 0 0 0 0 0
30. Medicare Part D Coverage Supplement [Document Identifier 365]	 8 8 3 6 6 2 0 2 5 3 6 5 0 0 0 0 0
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 8 8 3 6 6 2 0 2 5 2 2 4 0 0 0 0 0
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 8 8 3 6 6 2 0 2 5 2 2 5 0 0 0 0 0
33. Relief from the Requirements for Audit Committees [Document Identifier 226]	 8 8 3 6 6 2 0 2 5 2 2 6 0 0 0 0 0
34. VM-20 Reserves Supplement [Document Identifier 456]	 8 8 3 6 6 2 0 2 5 4 5 6 0 0 0 0 0
38. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 8 8 3 6 6 2 0 2 5 3 0 6 0 0 0 0 0
39. Credit Insurance Experience Exhibit [Document Identifier 230]	 8 8 3 6 6 2 0 2 5 2 3 0 0 0 0 0 0
41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	 8 8 3 6 6 2 0 2 5 2 1 6 0 0 0 0 0
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 8 8 3 6 6 2 0 2 5 4 3 5 0 0 0 0 0
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 8 8 3 6 6 2 0 2 5 3 4 5 0 0 0 0 0
44. Variable Annuities Supplement [Document Identifier 286]	 8 8 3 6 6 2 0 2 5 2 8 6 0 0 0 0 0
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 8 8 3 6 6 2 0 2 5 4 5 7 0 0 0 0 0
46. Life Summary of the PBR Actuarial Report [Document Identifier 458]	 8 8 3 6 6 2 0 2 5 4 5 8 0 0 0 0 0
47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 8 8 3 6 6 2 0 2 5 4 5 9 0 0 0 0 0
48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 8 8 3 6 6 2 0 2 5 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Schedule H Part 1 Line 11

	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 %
1104. PDF Interest														
1197. Summary of remaining write-ins for Line 11 from overflow page														

Additional Write-ins for Schedule H Part 1 Line 11

	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 %
1104. PDF Interest												
1197. Summary of remaining write-ins for Line 11 from overflow page												



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alabama.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus, OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-AL	F	NO	0034000	12/28/2012			06/21/2021	Medicare Supplement	861,822	599,849	69.6	162				
YES	AR-MS-AA-G-AL	G	NO	0034000	12/28/2012			06/21/2021	Medicare Supplement	507,064	372,792	73.5	106				
YES	AR-MS-AA-N-AL	N	NO	0034000	12/28/2012			06/21/2021	Medicare Supplement	143,398	99,230	69.2	41				
YES	AR-MSD-AA-F-AL	F	NO	0204000	01/17/2013			06/21/2021	Medicare Supplement	215,401	147,252	68.4	39				
YES	AR-MSD-AA-G-AL	G	NO	0204000	01/17/2013			06/21/2021	Medicare Supplement	205,728	162,343	78.9	40				
YES	AR-MSD-AA-N-AL	N	NO	0204000	01/17/2013			06/21/2021	Medicare Supplement	83,932	44,959	53.6	23				
YES	AR-MSX-AA-F-AL	F	NO	0030500	03/27/2015			12/31/2024	Medicare Supplement	1,141,202	710,026	62.2	292				
YES	AR-MSX-AA-G-AL	G	NO	0030500	03/27/2015			12/31/2024	Medicare Supplement	1,311,902	919,264	70.1	418				
YES	AR-MSX-AA-HDF-AL	F	NO	0030500	03/27/2015			12/31/2024	Medicare Supplement	47,680	25,487	53.5	58	821	17	2.1	
YES	AR-MSX-AA-N-AL	N	NO	0030500	03/27/2015			12/31/2024	Medicare Supplement	407,157	335,747	82.5	139				
0199999. Total experience on individual policies										4,925,284	3,416,949	69.4	1,318	821	17	2.1	1

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arizona.....
 NAIC Group Code 0917..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Columbus, OH 43219.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-1A-F-AZ	F	NO	0034000	04/03/2013			12/31/2024	Medicare Supplement	372,474	296,691	79.7	83	5,186	1,571	30.3	1
YES	AR-MS-1A-G-AZ	G	NO	0034000	04/03/2013			12/31/2024	Medicare Supplement	199,406	173,345	86.9	53				
YES	AR-MS-1A-N-AZ	N	NO	0034000	04/03/2013			12/31/2024	Medicare Supplement	37,457	17,620	47.0	13				
YES	AR-MSD-1A-F-AZ	F	NO	0204000	06/06/2013			12/31/2024	Medicare Supplement	276,653	255,616	92.4	57				
YES	AR-MSD-1A-G-AZ	G	NO	0204000	06/06/2013			12/31/2024	Medicare Supplement	233,044	125,947	54.0	55				
YES	AR-MSD-1A-N-AZ	N	NO	0204000	06/06/2013			12/31/2024	Medicare Supplement	72,354	45,595	63.0	21				
YES	AR-MSX-1A-A-AZ	A	NO	0030500	04/07/2015				Medicare Supplement								
YES	AR-MSX-1A-F-AZ	F	NO	0030500	04/07/2015				Medicare Supplement	1,546,198	1,603,523	103.7	339	17,645	11,031	62.5	3
YES	AR-MSX-1A-G-AZ	G	NO	0030500	04/07/2015				Medicare Supplement	923,323	866,066	93.8	261	90,849	39,529	43.5	26
YES	AR-MSX-1A-HDF-AZ	F	NO	0030500	04/07/2015				Medicare Supplement	191,469	81,939	42.8	158	38,998	14,658	37.6	33
YES	AR-MSX-1A-N-AZ	N	NO	0030500	04/07/2015				Medicare Supplement	537,465	464,104	86.4	186	35,731	40,972	114.7	14
0199999. Total experience on individual policies										4,389,844	3,930,444	89.5	1,226	188,410	107,762	57.2	77

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arkansas.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-CR-A-AR	A	NO	0034000	03/06/2013			12/31/2024	Medicare Supplement	43,442	47,482	109.3	2				
YES	AR-MS-CR-F-AR	F	NO	0034000	03/06/2013			12/31/2024	Medicare Supplement	519,509	474,484	91.3	101				
YES	AR-MS-CR-G-AR	G	NO	0034000	03/06/2013			12/31/2024	Medicare Supplement	8,684,031	7,709,164	88.8	2,591				
YES	AR-MS-CR-N-AR	N	NO	0034000	03/06/2013			12/31/2024	Medicare Supplement	46,832	34,480	73.6	17	2,321	2,636	113.6	1
YES	AR-MSD-CR-F-AR	F	NO	0204000	04/02/2013			12/31/2024	Medicare Supplement	232,977	126,786	54.4	44				
YES	AR-MSD-CR-G-AR	G	NO	0204000	04/02/2013			12/31/2024	Medicare Supplement	838,079	610,637	72.9	259	10,266	1,862	18.1	3
YES	AR-MSD-CR-N-AR	N	NO	0204000	04/02/2013			12/31/2024	Medicare Supplement	40,582	58,488	144.1	13				
YES	AR-MSX-CR-A-AR	A	NO	0030500	05/22/2015				Medicare Supplement								
YES	AR-MSX-CR-F-AR	F	NO	0030500	05/22/2015				Medicare Supplement	153,734	68,940	44.8	36	5,426	3,363	62.0	1
YES	AR-MSX-CR-G-AR	G	NO	0030500	05/22/2015				Medicare Supplement	145,085	82,261	56.7	40	43,725	21,891	50.1	15
YES	AR-MSX-CR-HDF-AR	F	NO	0030500	05/22/2015				Medicare Supplement	39,072	14,876	38.1	30	1,887	289	15.3	2
YES	AR-MSX-CR-N-AR	N	NO	0030500	05/22/2015				Medicare Supplement	92,540	100,035	108.1	32	7,632	2,234	29.3	3
0199999. Total experience on individual policies										10,835,882	9,327,632	86.1	3,165	71,256	32,275	45.3	25

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF California.....
 NAIC Group Code 0917..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Columbus, OH 43219.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	AR-MS-AA-A-CA	A	NO	0234060	03/12/2024				Medicare Supplement				2,351	733	31.2	2	
.....YES.....	AR-MS-AA-F-CA	F	NO	0234060	03/12/2024				Medicare Supplement				881,583	849,299	96.3	449	
.....YES.....	AR-MS-AA-G-CA	G	NO	0234060	03/12/2024				Medicare Supplement				5,613,064	5,246,263	93.5	4,979	
.....YES.....	AR-MS-AA-N-CA	N	NO	0234060	03/12/2024				Medicare Supplement				1,018,695	856,791	84.1	889	
.....YES.....	AR-MS-AA-HDG-CA	G	NO	0234060	03/12/2024				Medicare Supplement				149,554	145,528	97.3	294	
0199999. Total experience on individual policies													7,665,247	7,098,614	92.6	6,613	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Colorado.....
 NAIC Group Code 0917..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Columbus, OH 43219.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-CO	F	NO	0034060	05/21/2013			08/25/2022	Medicare Supplement	3,487,740	2,462,712	70.6	574				
YES	AR-MS-AA-G-CO	G	NO	0034060	05/21/2013			08/25/2022	Medicare Supplement	3,319,185	2,717,847	81.9	794				
YES	AR-MS-AA-N-CO	N	NO	0034060	05/21/2013			08/25/2022	Medicare Supplement	679,203	768,200	113.1	219				
YES	AR-MSD-AA-F-CO	F	NO	0204060	08/23/2013			08/25/2022	Medicare Supplement	443,712	255,436	57.6	69				
YES	AR-MSD-AA-G-CO	G	NO	0204060	08/23/2013			08/25/2022	Medicare Supplement	710,386	396,488	55.8	162				
YES	AR-MSD-AA-N-CO	N	NO	0204060	08/23/2013			08/25/2022	Medicare Supplement	220,990	166,045	75.1	62				
YES	AR-MSX-AA-F-CO	F	NO	0030560	10/12/2015			12/31/2024	Medicare Supplement	662,476	391,431	59.1	140				
YES	AR-MSX-AA-G-CO	G	NO	0030560	10/12/2015			12/31/2024	Medicare Supplement	677,179	517,676	76.4	178	2,913	1,435	49.3	1
YES	AR-MSX-AA-HDF-CO	F	NO	0030560	10/12/2015			12/31/2024	Medicare Supplement	52,520	42,560	81.0	105	247	19	7.5	1
YES	AR-MSX-AA-N-CO	N	NO	0030560	10/12/2015			12/31/2024	Medicare Supplement	178,511	136,445	76.4	56				
0199999. Total experience on individual policies										10,431,903	7,854,841	75.3	2,359	3,160	1,454	46.0	2

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11501 Alterra Parkway Suite 500 Austin, TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11501 Alterra Parkway Suite 500 Austin, TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Delaware.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-DE	F	NO	0034060	03/15/2013			08/10/2022	Medicare Supplement	148,238	95,850	64.7	25				
YES	AR-MS-AA-G-DE	G	NO	0034060	03/15/2013			08/10/2022	Medicare Supplement	187,678	173,675	92.5	42				
YES	AR-MS-AA-N-DE	N	NO	0034060	03/15/2013			08/10/2022	Medicare Supplement	96,324	91,873	95.4	30				
YES	AR-MSD-AA-F-DE	F	NO	0204060	04/09/2013			08/10/2022	Medicare Supplement	42,920	50,632	118.0	7				
YES	AR-MSD-AA-G-DE	G	NO	0204060	04/09/2013			08/10/2022	Medicare Supplement	109,510	58,723	53.6	24				
YES	AR-MSD-AA-N-DE	N	NO	0204060	04/09/2013			08/10/2022	Medicare Supplement	51,344	34,634	67.5	15				
NO			NO														
YES	AR-MSX-AA-F-DE	F	NO	0030560	07/24/2015				Medicare Supplement	36,924	41,181	111.5	6				
YES	AR-MSX-AA-G-DE	G	NO	0030560	07/24/2015				Medicare Supplement	116,059	101,625	87.6	24	9,578	3,526	36.8	2
	AR-MSX-AA-HDF-DE																
YES		F	NO	0030560	07/24/2015				Medicare Supplement	37,777	13,307	35.2	24	17,804	11,854	66.6	11
YES	AR-MSX-AA-N-DE	N	NO	0030560	07/24/2015				Medicare Supplement	164,558	140,752	85.5	47	16,271	27,458	168.8	6
0199999. Total experience on individual policies										991,332	802,253	80.9	244	43,653	42,838	98.1	19

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Florida.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	AR-MS-IA-A-FL	A.....	NO.....	0034060	01/10/2014				Medicare Supplement	30,665	16,418	53.5	4				
YES.....	AR-MS-IA-F-FL	F.....	NO.....	0034060	01/10/2014				Medicare Supplement	2,922,684	2,243,180	76.8	600				
YES.....	AR-MS-IA-G-FL	G.....	NO.....	0034060	01/10/2014				Medicare Supplement	3,096,129	2,685,013	86.7	854	1,876	604	32.2	1
YES.....	AR-MS-IA-N-FL	N.....	NO.....	0034060	01/10/2014				Medicare Supplement	2,555,144	2,148,249	84.1	1,004	9,606	4,114	42.8	3
YES.....	AR-MSD-IA-F-FL	F.....	NO.....	0204060	04/24/2014				Medicare Supplement	830,470	551,823	66.4	160				
YES.....	AR-MSD-IA-G-FL	G.....	NO.....	0204060	04/24/2014				Medicare Supplement	1,032,654	888,467	86.0	278				
YES.....	AR-MSD-IA-N-FL	N.....	NO.....	0204060	04/24/2014				Medicare Supplement	372,246	338,841	91.0	137				
0199999. Total experience on individual policies										10,839,991	8,871,990	81.8	3,037	11,483	4,719	41.1	4

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Georgia.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-1A-F-GA	F	NO	0034060	07/22/2013			08/07/2020	Medicare Supplement	871,723	668,750	76.7	185				
YES	AR-MS-1A-G-GA	G	NO	0034060	07/22/2013			08/07/2020	Medicare Supplement	363,193	303,328	83.5	101				
YES	AR-MS-1A-N-GA	N	NO	0034060	07/22/2013			08/07/2020	Medicare Supplement	90,046	51,646	57.4	29				
YES	AR-MSD-1A-F-GA	F	NO	0204060	10/22/2013			08/07/2020	Medicare Supplement	348,564	190,130	54.5	72				
YES	AR-MSD-1A-G-GA	G	NO	0204060	10/22/2013			08/07/2020	Medicare Supplement	290,341	284,892	98.1	77				
YES	AR-MSD-1A-N-GA	N	NO	0204060	10/22/2013			08/07/2020	Medicare Supplement	129,705	79,313	61.1	41				
NO			NO														
YES	AR-MSX-1A-F-GA	F	NO	0030560	06/26/2015				Medicare Supplement	4,454,128	3,739,827	84.0	1,157	28,595	40,134	140.4	6
YES	AR-MSX-1A-G-GA	G	NO	0030560	06/26/2015				Medicare Supplement	1,418,168	1,144,278	80.7	398	38,745	54,148	139.8	13
	AR-MSX-1A-HDF-GA																
YES		F	NO	0030560	06/26/2015				Medicare Supplement	116,065	120,517	103.8	155	35,059	51,881	148.0	37
YES	AR-MSX-1A-N-GA	N	NO	0030560	06/26/2015				Medicare Supplement	676,970	561,244	82.9	253	53,431	26,308	49.2	20
0199999. Total experience on individual policies										8,758,902	7,143,923	81.6	2,468	155,830	172,470	110.7	76

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Illinois.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus, OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-IL	F	NO	0034060	02/09/2013				Medicare Supplement	1,861,668	1,459,889	78.4	326				
YES	AR-MS-AA-G-IL	G	NO	0034060	02/09/2013				Medicare Supplement	322,084	286,529	89.0	62				
YES	AR-MS-AA-N-IL	N	NO	0034060	02/09/2013				Medicare Supplement	119,632	102,411	85.6	32				
YES	AR-MSD-AA-F-IL	F	NO	0204060	04/11/2013				Medicare Supplement	495,927	415,724	83.8	81				
YES	AR-MSD-AA-G-IL	G	NO	0204060	04/11/2013				Medicare Supplement	429,538	286,262	66.6	84				
YES	AR-MSD-AA-N-IL	N	NO	0204060	04/11/2013				Medicare Supplement	148,338	97,257	65.6	40				
YES	AR-MSX-AA-F-IL	F	NO	0030560	04/27/2015				Medicare Supplement	2,240,387	1,689,905	75.4	452				
YES	AR-MSX-AA-G-IL	G	NO	0030560	04/27/2015				Medicare Supplement	1,523,252	1,390,078	91.3	393				
YES	AR-MSX-AA-HDF-IL	F	NO	0030560	04/27/2015				Medicare Supplement	78,606	46,642	59.3	51				
YES	AR-MSX-AA-N-IL	N	NO	0030560	04/27/2015				Medicare Supplement	1,486,318	1,169,476	78.7	451				
0199999. Total experience on individual policies										8,705,750	6,944,173	79.8	1,972				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Indiana.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	AR-MS-AA-A-IN	A.....	NO.....	0034000	04/02/2013 .....	.....	.....	08/19/2020	Medicare Supplement	(364) .....	.....	.....	.....	.....	.....	.....	.....
YES.....	AR-MS-AA-F-IN	F.....	NO.....	0034000	04/02/2013 .....	.....	.....	08/19/2020	Medicare Supplement	8,788,054	6,446,258	73.4	1,679 .....	.....	.....	.....	.....
YES.....	AR-MS-AA-G-IN	G.....	NO.....	0034000	04/02/2013 .....	.....	.....	08/19/2020	Medicare Supplement	2,826,055	2,245,068	79.4	670 .....	.....	.....	.....	.....
YES.....	AR-MS-AA-N-IN	N.....	NO.....	0034000	04/02/2013 .....	.....	.....	08/19/2020	Medicare Supplement	833,065	799,385	96.0	204 .....	.....	.....	.....	.....
YES.....	AR-MSD-AA-F-IN	F.....	NO.....	0204000	07/23/2013 .....	.....	.....	08/19/2020	Medicare Supplement	672,843	407,618	60.6	119 .....	.....	.....	.....	.....
YES.....	AR-MSD-AA-G-IN	G.....	NO.....	0204000	07/23/2013 .....	.....	.....	08/19/2020	Medicare Supplement	312,220	226,617	72.6	69 .....	.....	.....	.....	.....
YES.....	AR-MSD-AA-N-IN	N.....	NO.....	0204000	07/23/2013 .....	.....	.....	08/19/2020	Medicare Supplement	97,403	51,941	53.3	25 .....	.....	.....	.....	.....
0199999. Total experience on individual policies										13,529,276	10,176,887	75.2	2,766	.....	.....	.....	.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Iowa.....
 NAIC Group Code 0917..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Columbus, OH 43219.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-1A	F	NO	0034000	02/04/2013			09/20/2019	Medicare Supplement	454,208	288,853	63.6	62				
YES	AR-MS-AA-G-1A	G	NO	0034000	02/04/2013			09/20/2019	Medicare Supplement	3,532,275	3,265,519	92.4	855				
YES	AR-MS-AA-N-1A	N	NO	0034000	02/04/2013			09/20/2019	Medicare Supplement	15,109	10,553	69.8	5				
YES	AR-MSD-AA-F-1A	F	NO	0204000	03/05/2013			09/20/2019	Medicare Supplement	235,941	179,817	76.2	35				
YES	AR-MSD-AA-G-1A	G	NO	0204000	03/05/2013			09/20/2019	Medicare Supplement	583,005	522,949	89.7	148				
YES	AR-MSD-AA-N-1A	N	NO	0204000	03/05/2013			09/20/2019	Medicare Supplement	33,380	41,554	124.5	6				
YES	AR-MSX-AA-A-1A	A	NO	0030500	05/11/2015				Medicare Supplement								
YES	AR-MSX-AA-F-1A	F	NO	0030500	05/11/2015				Medicare Supplement	666,936	536,829	80.5	155	19,896	17,434	87.6	6
YES	AR-MSX-AA-G-1A	G	NO	0030500	05/11/2015				Medicare Supplement	504,050	372,767	74.0	153	33,595	18,902	56.3	12
YES	AR-MSX-AA-HDF-1A	F	NO	0030500	05/11/2015				Medicare Supplement	50,936	38,414	75.4	53	7,719	366	4.7	11
YES	AR-MSX-AA-N-1A	N	NO	0030500	05/11/2015				Medicare Supplement	228,024	176,122	77.2	76	14,221	7,400	52.0	7
0199999. Total experience on individual policies										6,303,864	5,433,376	86.2	1,548	75,431	44,103	58.5	36

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kansas.....
 NAIC Group Code 0917..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Columbus, OH 43219.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	AR-MS-AA-F-KS	F.....	NO.....	0034060	05/29/2013			08/22/2022	Medicare Supplement	4,504,237	3,523,165	78.2	673				
YES.....	AR-MS-AA-G-KS	G.....	NO.....	0034060	05/29/2013			08/22/2022	Medicare Supplement	1,403,919	1,204,066	85.8	277				
YES.....	AR-MS-AA-N-KS	N.....	NO.....	0034060	05/29/2013			08/22/2022	Medicare Supplement	420,661	364,539	86.7	107				
YES.....	AR-MSD-AA-F-KS	F.....	NO.....	0204060	08/05/2013			08/22/2022	Medicare Supplement	281,243	151,700	53.9	42				
YES.....	AR-MSD-AA-G-KS	G.....	NO.....	0204060	08/05/2013			08/22/2022	Medicare Supplement	200,024	171,800	85.9	40				
YES.....	AR-MSD-AA-N-KS	N.....	NO.....	0204060	08/05/2013			08/22/2022	Medicare Supplement	135,920	157,355	115.8	36				
0199999. Total experience on individual policies										6,946,005	5,572,625	80.2	1,175				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kentucky.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	AR-MS-AA-F-KY	F.....	NO.....	0034060	01/16/2013			08/11/2022	Medicare Supplement	2,856,901	2,415,187	84.5	455				
YES.....	AR-MS-AA-G-KY	G.....	NO.....	0034060	01/16/2013			08/11/2022	Medicare Supplement	885,175	694,180	78.4	201				
YES.....	AR-MS-AA-N-KY	N.....	NO.....	0034060	01/16/2013			08/11/2022	Medicare Supplement	317,547	338,484	106.6	91				
YES.....	AR-MSD-AA-F-KY	F.....	NO.....	0204060	02/21/2013			08/11/2022	Medicare Supplement	270,055	151,491	56.1	37				
YES.....	AR-MSD-AA-G-KY	G.....	NO.....	0204060	02/21/2013			08/11/2022	Medicare Supplement	217,848	218,082	100.1	49				
YES.....	AR-MSD-AA-N-KY	N.....	NO.....	0204060	02/21/2013			08/11/2022	Medicare Supplement	97,626	64,609	66.2	27				
0199999. Total experience on individual policies										4,645,152	3,882,034	83.6	860				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Louisiana.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-LA	F	NO	0034060	01/23/2013			09/19/2019	Medicare Supplement	1,050,538	640,947	61.0	196				
YES	AR-MS-AA-G-LA	G	NO	0034060	01/23/2013			09/19/2019	Medicare Supplement	5,695,885	5,215,531	91.6	1,558				
YES	AR-MS-AA-N-LA	N	NO	0034060	01/23/2013			09/19/2019	Medicare Supplement	77,672	145,784	187.7	17				
YES	AR-MSD-AA-F-LA	F	NO	0204060	02/21/2013			09/19/2019	Medicare Supplement	283,987	196,253	69.1	49				
YES	AR-MSD-AA-G-LA	G	NO	0204060	02/21/2013			09/19/2019	Medicare Supplement	598,449	462,621	77.3	161				
YES	AR-MSD-AA-N-LA	N	NO	0204060	02/21/2013			09/19/2019	Medicare Supplement	56,211	41,536	73.9	13				
YES	AR-MSX-AA-A-LA	A	NO	0030560	06/09/2015			12/31/2024	Medicare Supplement	4,636	319	6.9	1				
YES	AR-MSX-AA-F-LA	F	NO	0030560	06/09/2015			12/31/2024	Medicare Supplement	1,234,150	916,777	74.3	264				
YES	AR-MSX-AA-G-LA	G	NO	0030560	06/09/2015			12/31/2024	Medicare Supplement	793,972	678,700	85.5	235				
YES	AR-MSX-AA-HDF-LA	F	NO	0030560	06/09/2015			12/31/2024	Medicare Supplement	107,061	55,206	51.6	76				
YES	AR-MSX-AA-N-LA	N	NO	0030560	06/09/2015			12/31/2024	Medicare Supplement	584,936	525,251	89.8	178				
0199999. Total experience on individual policies										10,487,496	8,878,924	84.7	2,748				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Maryland.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-MD	A	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	85,932	146,521	170.5	21				
YES	AR-MS-AA-F-MD	F	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	325,463	276,808	85.1	50				
YES	AR-MS-AA-G-MD	G	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	268,364	214,344	79.9	47				
YES	AR-MS-AA-N-MD	N	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	86,478	36,603	42.3	21				
YES	AR-MSD-AA-A-MD	A	NO	0204060	09/26/2013			08/18/2020	Medicare Supplement	15,407	64,583	419.2	4				
YES	AR-MSD-AA-F-MD	F	NO	0204000	09/26/2013			08/18/2020	Medicare Supplement	264,185	191,279	72.4	41				
YES	AR-MSD-AA-G-MD	G	NO	0204000	09/26/2013			08/18/2020	Medicare Supplement	202,577	138,286	68.3	37				
YES	AR-MSD-AA-N-MD	N	NO	0204000	09/26/2013			08/18/2020	Medicare Supplement	118,096	52,996	44.9	33				
0199999. Total experience on individual policies										1,366,501	1,121,419	82.1	254				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Minnesota.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	ARLIC-MS-BASIC.v2-MN	0	NO	0234000	03/17/2025				MEDICARE SUPPLEMENT				34,042	31,930	93.8	46	
YES	ARLIC-MS-COPAYMENT.v2-MN	0	NO	0234000	03/17/2025				MEDICARE SUPPLEMENT				120,223	97,380	81.0	347	
YES	ARLIC-MS-EXTENDED.v2-MN	0	NO	0234000	03/17/2025				MEDICARE SUPPLEMENT				6,686	5,112	76.5	10	
YES	ARLIC-MS-EXTENDED-2020.v2-MN	0	NO	0234000	03/17/2025				MEDICARE SUPPLEMENT				3,144	1,622	51.6	3	
YES	ARLIC-MS-HIGHD.v2-MN	0	NO	0234000	03/17/2025				MEDICARE SUPPLEMENT				3,033	2,271	74.9	22	
0199999. Total experience on individual policies													167,128	138,315	82.8	428	

GENERAL INTERROGATORIES

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

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Mississippi.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus, OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-MS	A	NO	0034060	01/22/2013			12/31/2024	Medicare Supplement	4,110	1,363	33.2	1				
YES	AR-MS-AA-F-MS	F	NO	0034060	01/22/2013			12/31/2024	Medicare Supplement	2,829,807	1,973,456	69.7	504				
YES	AR-MS-AA-G-MS	G	NO	0034060	01/22/2013			12/31/2024	Medicare Supplement	490,984	453,351	92.3	118				
YES	AR-MS-AA-N-MS	N	NO	0034060	01/22/2013			12/31/2024	Medicare Supplement	214,156	263,112	122.9	56				
YES	AR-MSD-AA-F-MS	F	NO	0204060	03/08/2013			12/31/2024	Medicare Supplement	416,336	268,889	64.6	75				
YES	AR-MSD-AA-G-MS	G	NO	0204060	03/08/2013			12/31/2024	Medicare Supplement	138,499	131,065	94.6	37				
YES	AR-MSD-AA-N-MS	N	NO	0204060	03/08/2013			12/31/2024	Medicare Supplement	65,326	80,302	122.9	22				
YES	AR-MSX-AA-F-MS	F	NO	0030560	06/23/2015				Medicare Supplement	1,449,910	993,959	68.6	346	5,171	416	8.0	1
YES	AR-MSX-AA-G-MS	G	NO	0030500	06/23/2015				Medicare Supplement	908,265	577,556	63.6	271	21,400	20,297	94.8	7
YES	AR-MSX-AA-HDF-MS	F	NO	0030500	06/23/2015				Medicare Supplement	98,276	87,084	88.6	86				
YES	AR-MSX-AA-N-MS	N	NO	0030500	06/23/2015				Medicare Supplement	955,568	766,176	80.2	340	8,395	3,552	42.3	4
0199999. Total experience on individual policies										7,571,239	5,596,312	73.9	1,856	34,966	24,265	69.4	12

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

360.MS



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Missouri.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	AR-MS-IA-F-MO	F.....	NO.....	0034060	04/11/2013				Medicare Supplement	517,986	421,275	81.3	110				
YES.....	AR-MS-IA-G-MO	G.....	NO.....	0034060	04/11/2013				Medicare Supplement	106,324	83,291	78.3	34				
YES.....	AR-MS-IA-N-MO	N.....	NO.....	0034060	04/11/2013				Medicare Supplement	119,386	107,593	90.1	43				
YES.....	AR-MSD-IA-F-MO	F.....	NO.....	0204060	06/12/2013				Medicare Supplement	104,203	71,255	68.4	20				
YES.....	AR-MSD-IA-G-MO	G.....	NO.....	0204060	06/12/2013				Medicare Supplement	160,619	196,959	122.6	51				
YES.....	AR-MSD-IA-N-MO	N.....	NO.....	0204060	06/12/2013				Medicare Supplement	59,883	22,179	37.0	23				
0199999. Total experience on individual policies										1,068,401	902,552	84.5	281				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Montana.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus, OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-MT	F	NO	0034060	01/25/2013			10/04/2022	Medicare Supplement	2,870,889	2,189,510	76.3	718				
YES	AR-MS-AA-G-MT	G	NO	0034060	01/25/2013			10/04/2022	Medicare Supplement	2,325,997	1,877,999	80.7	797				
YES	AR-MS-AA-N-MT	N	NO	0034060	01/25/2013			10/04/2022	Medicare Supplement	287,983	229,593	79.7	112				
YES	AR-MSD-AA-F-MT	F	NO	0204060	03/06/2013			10/04/2022	Medicare Supplement	412,597	369,395	89.5	101				
YES	AR-MSD-AA-G-MT	G	NO	0204060	03/06/2013			10/04/2022	Medicare Supplement	260,592	259,501	99.6	81				
YES	AR-MSD-AA-N-MT	N	NO	0204060	03/06/2013			10/04/2022	Medicare Supplement	63,198	55,984	88.6	24				
YES	AR-MSX-AA-F-MT	F	NO	0030560	07/14/2015				Medicare Supplement	266,098	202,793	76.2	68				
YES	AR-MSX-AA-G-MT	G	NO	0030560	07/14/2015				Medicare Supplement	269,228	224,584	83.4	89				
YES	AR-MSX-AA-HDF-MT	F	NO	0030560	07/14/2015				Medicare Supplement	15,588	15,730	100.9	15				
YES	AR-MSX-AA-N-MT	N	NO	0030560	07/14/2015				Medicare Supplement	121,346	79,055	65.1	54				
0199999. Total experience on individual policies										6,893,516	5,504,144	79.8	2,059				

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nebraska.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-NE	F	NO	0034000	03/05/2013			12/31/2024	Medicare Supplement	769,367	781,789	101.6	105				
YES	AR-MS-AA-G-NE	G	NO	0034000	03/05/2013			12/31/2024	Medicare Supplement	3,552,231	3,360,405	94.6	828	15,851	14,522	91.6	3
YES	AR-MS-AA-N-NE	N	NO	0034000	03/05/2013			12/31/2024	Medicare Supplement	50,704	109,881	216.7	13	3,819	6,753	176.8	1
YES	AR-MSD-AA-F-NE	F	NO	0204000	04/18/2013			12/31/2024	Medicare Supplement	140,377	69,169	49.3	18				
YES	AR-MSD-AA-G-NE	G	NO	0204000	04/18/2013			12/31/2024	Medicare Supplement	565,480	401,651	71.0	135	17,181	10,670	62.1	4
YES	AR-MSD-AA-N-NE	N	NO	0204000	04/18/2013			12/31/2024	Medicare Supplement	26,085	13,272	50.9	5	4,562	1,520	33.3	1
NO			NO														
YES	AR-MSX-AA-F-NE	F	NO	0030500	06/11/2015				Medicare Supplement	756,456	605,815	80.1	195	1,530	432	28.3	1
YES	AR-MSX-AA-G-NE	G	NO	0030500	06/11/2015				Medicare Supplement	666,960	487,137	73.0	208	94,509	186,458	197.3	45
	AR-MSX-AA-HDF-NE																
YES	AR-MSX-AA-N-NE	N	NO	0030500	06/11/2015				Medicare Supplement	121,385	101,089	83.3	116	2,739	209	7.6	3
YES	AR-MSX-AA-N-NE	N	NO	0030500	06/11/2015				Medicare Supplement	422,455	413,639	97.9	152	74,101	67,892	91.6	40
0199999. Total experience on individual policies										7,071,500	6,343,847	89.7	1,775	214,292	288,455	134.6	98

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NE



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nevada.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-NV	F	NO	0034000	01/29/2013			12/31/2024	Medicare Supplement	2,915,572	2,240,722	76.9	550				
YES	AR-MS-AA-G-NV	G	NO	0034000	01/29/2013			12/31/2024	Medicare Supplement	4,136,642	3,568,637	86.3	1,018				
YES	AR-MS-AA-N-NV	N	NO	0034000	01/29/2013			12/31/2024	Medicare Supplement	500,007	427,188	85.4	155				
YES	AR-MSD-AA-F-NV	F	NO	0204000	03/01/2013			12/31/2024	Medicare Supplement	266,260	243,332	91.4	51				
YES	AR-MSD-AA-G-NV	G	NO	0204000	03/01/2013			12/31/2024	Medicare Supplement	439,815	395,457	89.9	103				
YES	AR-MSD-AA-N-NV	N	NO	0204000	03/01/2013			12/31/2024	Medicare Supplement	75,982	50,151	66.0	19				
YES	AR-MSX-AA-F-NV	F	NO	0030500	09/17/2015			12/31/2024	Medicare Supplement	988,626	870,576	88.1	203	5,986	325	5.4	
YES	AR-MSX-AA-G-NV	G	NO	0030500	09/17/2015			12/31/2024	Medicare Supplement	705,197	534,836	75.8	179	7,029	3,707	52.7	
YES	AR-MSX-AA-HDF-NV	F	NO	0030500	09/17/2015			12/31/2024	Medicare Supplement	80,431	109,673	136.4	68				
YES	AR-MSX-AA-N-NV	N	NO	0030500	09/17/2015			12/31/2024	Medicare Supplement	334,875	196,622	58.7	104				
0199999. Total experience on individual policies										10,443,408	8,637,195	82.7	2,450	13,015	4,032	31.0	3

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Hampshire.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-1A-F-NH	F	NO	0034000	09/20/2013			06/24/2021	Medicare Supplement	152,333	76,858	50.5	36				
YES	AR-MS-1A-G-NH	G	NO	0034000	09/20/2013			06/24/2021	Medicare Supplement	1,276,319	1,069,267	83.8	406				
YES	AR-MS-1A-N-NH	N	NO	0034000	09/20/2013			06/24/2021	Medicare Supplement	156,946	222,876	142.0	59				
YES	AR-MSD-1A-F-NH	F	NO	0204000	12/04/2013			06/24/2021	Medicare Supplement	179,937	125,256	69.6	44				
YES	AR-MSD-1A-G-NH	G	NO	0204000	12/04/2013			06/24/2021	Medicare Supplement	534,151	348,336	65.2	173				
YES	AR-MSD-1A-N-NH	N	NO	0204000	12/04/2013			06/24/2021	Medicare Supplement	181,861	178,101	97.9	72				
YES	AR-MSX-1A-F-NH	F	NO	0030500	11/24/2015				Medicare Supplement	391,808	204,161	52.1	91				
YES	AR-MSX-1A-G-NH	G	NO	0030500	11/24/2015				Medicare Supplement	625,128	534,769	85.5	176				
YES	AR-MSX-1A-HDF-NH	F	NO	0030500	11/24/2015				Medicare Supplement	46,067	10,313	22.4	38				
YES	AR-MSX-1A-N-NH	N	NO	0030500	11/24/2015				Medicare Supplement	228,809	199,388	87.1	72				
0199999. Total experience on individual policies										3,773,358	2,969,323	78.7	1,167				

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

360.NH



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Mexico.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus, OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-NM	F	NO	0034000	01/02/2013			06/17/2021	Medicare Supplement	470,473	393,497	83.6	97				
YES	AR-MS-AA-G-NM	G	NO	0034000	01/02/2013			06/17/2021	Medicare Supplement	2,554,533	2,210,124	86.5	849				
YES	AR-MS-AA-N-NM	N	NO	0034000	01/02/2013			06/17/2021	Medicare Supplement	53,407	58,429	109.4	17				
YES	AR-MSD-AA-F-NM	F	NO	0204000	02/21/2013			06/17/2021	Medicare Supplement	228,998	171,626	74.9	48				
YES	AR-MSD-AA-G-NM	G	NO	0204000	02/21/2013			06/17/2021	Medicare Supplement	443,630	269,023	60.6	139				
YES	AR-MSD-AA-N-NM	N	NO	0204000	02/21/2013			06/17/2021	Medicare Supplement	38,189	35,789	93.7	14				
YES	AR-MSX-AA-A-NM	A	NO	0030500	06/03/2015				Medicare Supplement								
YES	AR-MSX-AA-F-NM	F	NO	0030500	06/03/2015				Medicare Supplement	465,781	321,595	69.0	112				
YES	AR-MSX-AA-G-NM	G	NO	0030500	06/03/2015				Medicare Supplement	383,653	370,541	96.6	110				
YES	AR-MSX-AA-HDF-NM	F	NO	0030500	06/03/2015				Medicare Supplement	16,096	10,626	66.0	15	1,398	4,572	327.1	1
YES	AR-MSX-AA-N-NM	N	NO	0030500	06/03/2015				Medicare Supplement	169,436	330,527	195.1	59				
0199999. Total experience on individual policies										4,824,196	4,171,779	86.5	1,460	1,398	4,572	327.1	1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.NM



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Carolina.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-NC	F	NO	0034060	03/08/2013			11/29/2022	Medicare Supplement	1,901,506	1,464,028	77.0	379				
YES	AR-MS-AA-G-NC	G	NO	0034060	03/08/2013			11/29/2022	Medicare Supplement	561,096	391,137	69.7	135				
YES	AR-MS-AA-N-NC	N	NO	0034060	03/08/2013			11/29/2022	Medicare Supplement	169,289	85,016	50.2	54				
YES	AR-MSD-AA-F-NC	F	NO	0204060	05/23/2013			11/29/2022	Medicare Supplement	299,270	209,298	69.9	58				
YES	AR-MSD-AA-G-NC	G	NO	0204060	05/23/2013			11/29/2022	Medicare Supplement	123,325	113,531	92.1	34				
YES	AR-MSD-AA-N-NC	N	NO	0204060	05/23/2013			11/29/2022	Medicare Supplement	58,436	53,022	90.7	20				
YES	AR-MSX-AA-F-NC	F	NO	0030560	04/15/2015			12/31/2024	Medicare Supplement	1,949,738	1,287,261	66.0	412				
YES	AR-MSX-AA-G-NC	G	NO	0030560	04/15/2015			12/31/2024	Medicare Supplement	1,806,183	1,576,215	87.3	507	21,327	30,243	141.8	7
YES	AR-MSX-AA-HDF-NC	F	NO	0030560	04/15/2015			12/31/2024	Medicare Supplement	95,325	29,330	30.8	78	1,499	23	1.5	1
YES	AR-MSX-AA-N-NC	N	NO	0030560	04/15/2015			12/31/2024	Medicare Supplement	1,336,697	1,086,176	81.3	510	3,059	6,607	216.0	1
0199999. Total experience on individual policies										8,300,866	6,295,015	75.8	2,187	25,885	36,873	142.4	9

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Dakota.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-ND	F	NO	0034000	03/08/2013			12/31/2024	Medicare Supplement	15,913	7,710	48.5	2				
YES	AR-MS-AA-G-ND	G	NO	0034000	03/08/2013			12/31/2024	Medicare Supplement	48,054	22,490	46.8	14				
YES	AR-MS-AA-N-ND	N	NO	0034000	03/08/2013			12/31/2024	Medicare Supplement	10,276	3,799	37.0	3				
YES	AR-MSX-AA-A-ND	A	NO	0030500	06/30/2015			10/21/2025	Medicare Supplement								
YES	AR-MSX-AA-F-ND	F	NO	0030500	06/30/2015			10/21/2025	Medicare Supplement	102,102	83,656	81.9	22				
YES	AR-MSX-AA-G-ND	G	NO	0030500	06/30/2015			10/21/2025	Medicare Supplement	97,650	82,842	84.8	30				
YES	AR-MSX-AA-HDF-ND	F	NO	0030500	06/30/2015			10/21/2025	Medicare Supplement	2,463	136	5.5	2				
YES	AR-MSX-AA-N-ND	N	NO	0030500	06/30/2015			10/21/2025	Medicare Supplement	54,192	50,008	92.3	18				
0199999. Total experience on individual policies										330,650	250,641	75.8	91				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ND



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Ohio.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-C-OH	C	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	83,355	95,136	114.1	15				
YES	AR-MS-AA-F-OH	F	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	1,541,421	957,766	62.1	289				
YES	AR-MS-AA-G-OH	G	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	1,451,636	891,918	61.4	316				
YES	AR-MS-AA-N-OH	N	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	542,825	404,850	74.6	154				
YES	AR-MSD-AA-F-OH	F	NO	0204000	06/13/2013			08/06/2020	Medicare Supplement	113,916	54,842	48.1	23				
YES	AR-MSD-AA-G-OH	G	NO	0204000	06/13/2013			08/06/2020	Medicare Supplement	160,859	63,338	39.4	35				
YES	AR-MSD-AA-N-OH	N	NO	0204000	06/13/2013			08/06/2020	Medicare Supplement	100,802	73,646	73.1	27				
YES	AR-MSX-AA-F-OH	F	NO	0030500	06/05/2015				Medicare Supplement	3,015,185	2,262,381	75.0	628				
YES	AR-MSX-AA-G-OH	G	NO	0030500	06/05/2015				Medicare Supplement	1,553,901	1,243,366	80.0	354				
YES	AR-MSX-AA-HDF-OH	F	NO	0030500	06/05/2015				Medicare Supplement	193,929	194,899	100.5	151				
YES	AR-MSX-AA-N-OH	N	NO	0030500	06/05/2015				Medicare Supplement	2,242,327	2,095,834	93.5	687				
0199999. Total experience on individual policies										11,000,156	8,337,976	75.8	2,679				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus, OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-OK	A	NO	0034060	01/07/2013			08/05/2020	Medicare Supplement	3,090	1,604	51.9	1				
YES	AR-MS-AA-F-OK	F	NO	0034000	01/07/2013			08/05/2020	Medicare Supplement	2,221,750	1,386,212	62.4	414				
YES	AR-MS-AA-G-OK	G	NO	0034000	01/07/2013			08/05/2020	Medicare Supplement	327,269	289,948	88.6	63				
YES	AR-MS-AA-N-OK	N	NO	0034000	01/07/2013			08/05/2020	Medicare Supplement	165,905	116,364	70.1	40				
YES	AR-MSD-AA-F-OK	F	NO	0204000	01/29/2013			08/05/2020	Medicare Supplement	325,413	290,669	89.3	60				
YES	AR-MSD-AA-G-OK	G	NO	0204000	01/29/2013			08/05/2020	Medicare Supplement	126,307	86,567	68.5	26				
YES	AR-MSD-AA-N-OK	N	NO	0204000	01/29/2013			08/05/2020	Medicare Supplement	48,499	67,498	139.2	15				
YES	AR-MSX-AA-A-OK	A	NO	0030500	05/18/2015				Medicare Supplement	1,894	195	10.3	1				
YES	AR-MSX-AA-F-OK	F	NO	0030500	05/18/2015				Medicare Supplement	1,413,178	887,845	62.8	300				
YES	AR-MSX-AA-G-OK	G	NO	0030500	05/18/2015				Medicare Supplement	898,346	726,195	80.8	263	42,838	51,935	121.2	18
YES	AR-MSX-AA-HDF-OK	F	NO	0030500	05/18/2015				Medicare Supplement	35,045	18,543	52.9	23	9,321	11,908	127.8	6
YES	AR-MSX-AA-N-OK	N	NO	0030500	05/18/2015				Medicare Supplement	463,320	437,053	94.3	156	30,271	17,596	58.1	9
0199999. Total experience on individual policies										6,030,016	4,308,693	71.5	1,362	82,430	81,439	98.8	33

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Pennsylvania.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-B-PA	B	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	8,470	1,009	11.9	2				
YES	AR-MS-AA-F-PA	F	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	11,726,858	9,165,219	78.2	2,224				
YES	AR-MS-AA-G-PA	G	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	5,922,932	4,458,812	75.3	1,288				
YES	AR-MS-AA-N-PA	N	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	3,099,404	3,188,347	102.9	909				
YES	AR-MSD-AA-F-PA	F	NO	0204060	04/30/2013			06/17/2021	Medicare Supplement	853,488	621,374	72.8	166				
YES	AR-MSD-AA-G-PA	G	NO	0204060	04/30/2013			06/17/2021	Medicare Supplement	732,824	545,286	74.4	165				
YES	AR-MSD-AA-N-PA	N	NO	0204060	04/30/2013			06/17/2021	Medicare Supplement	587,860	496,308	84.4	176				
YES	AR-MSX-AA-F-PA	F	NO	0030560	06/19/2015			12/31/2024	Medicare Supplement	1,706,257	985,945	57.8	379				
YES	AR-MSX-AA-G-PA	G	NO	0030560	06/19/2015			12/31/2024	Medicare Supplement	1,833,995	1,541,749	84.1	493	4,871	599	12.3	2
YES	AR-MSX-AA-HDF-PA	F	NO	0030560	06/19/2015			12/31/2024	Medicare Supplement	308,011	183,806	59.7	249	1,652	259	15.7	1
YES	AR-MSX-AA-N-PA	N	NO	0030560	06/19/2015			12/31/2024	Medicare Supplement	2,005,915	1,683,124	83.9	685	9,602	693	7.2	4
0199999. Total experience on individual policies										28,786,014	22,870,978	79.5	6,736	16,124	1,550	9.6	7

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Rhode Island.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	AR-MS-AA-F-RI	F.....	NO.....	0034000	02/21/2013			08/16/2022	Medicare Supplement	41,248	21,422	51.9	9				
YES.....	AR-MS-AA-G-RI	G.....	NO.....	0034000	02/21/2013			08/16/2022	Medicare Supplement	24,166	8,429	34.9	7				
YES.....	AR-MS-AA-N-RI	N.....	NO.....	0034000	02/21/2013			08/16/2022	Medicare Supplement	25,752	9,436	36.6	9				
YES.....	AR-MSD-AA-F-RI	F.....	NO.....	0204000	04/11/2013			08/16/2022	Medicare Supplement	38,394	16,875	44.0	8				
YES.....	AR-MSD-AA-G-RI	G.....	NO.....	0204000	04/11/2013			08/16/2022	Medicare Supplement	25,502	41,685	163.5	6				
YES.....	AR-MSD-AA-N-RI	N.....	NO.....	0204000	04/11/2013			08/16/2022	Medicare Supplement	28,359	26,180	92.3	10				
0199999. Total experience on individual policies										183,422	124,026	67.6	49				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-SC	A	NO	0034000	01/29/2013			06/24/2021	Medicare Supplement	4,133,914	3,181,190	77.0	996				
YES	AR-MS-AA-F-SC	F	NO	0034000	01/29/2013			06/24/2021	Medicare Supplement	1,668,704	1,338,317	80.2	430				
YES	AR-MS-AA-G-SC	G	NO	0034000	01/29/2013			06/24/2021	Medicare Supplement	334,027	261,128	78.2	109				
YES	AR-MS-AA-N-SC	N	NO	0034000	01/29/2013			06/24/2021	Medicare Supplement	573,328	457,272	79.8	137				
YES	AR-MSD-AA-F-SC	F	NO	0204000	03/29/2013			06/24/2021	Medicare Supplement	397,393	353,048	88.8	102				
YES	AR-MSD-AA-N-SC	N	NO	0204000	03/29/2013			06/24/2021	Medicare Supplement	82,021	47,794	58.3	27				
YES	AR-MSX-AA-F-SC	F	NO	0030560	04/20/2015				Medicare Supplement	2,233,005	1,498,170	67.1	512				
YES	AR-MSX-AA-G-SC	G	NO	0030560	04/20/2015				Medicare Supplement	1,504,912	1,384,909	92.0	445				
YES	AR-MSX-AA-HDF-SC	F	NO	0030560	04/20/2015				Medicare Supplement	100,859	78,145	77.5	101				
YES	AR-MSX-AA-N-SC	N	NO	0030560	04/20/2015				Medicare Supplement	999,403	759,258	76.0	354				
0199999. Total experience on individual policies										12,027,566	9,359,232	77.8	3,213				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Dakota.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-SD	F	NO	0034060	12/27/2012			08/06/2020	Medicare Supplement	99,024	90,423	91.3	17				
YES	AR-MS-AA-G-SD	G	NO	0034060	12/27/2012			08/06/2020	Medicare Supplement	23,960	16,067	67.1	5				
YES	AR-MS-AA-N-SD	N	NO	0034060	12/27/2012			08/06/2020	Medicare Supplement	5,889	2,191	37.2	2				
YES	AR-MSD-AA-F-SD	F	NO	0204060	01/24/2013			08/06/2020	Medicare Supplement	13,749	5,248	38.2	2				
YES	AR-MSD-AA-G-SD	G	NO	0204060	01/24/2013			08/06/2020	Medicare Supplement	10,781	8,388	77.8	3				
YES	AR-MSD-AA-N-SD	N	NO	0204060	01/24/2013			08/06/2020	Medicare Supplement	7,089	708	10.0	2				
YES	AR-MSX-AA-F-SD	F	NO	0030560	04/16/2015				Medicare Supplement	102,207	47,731	46.7	23				
YES	AR-MSX-AA-G-SD	G	NO	0030560	04/16/2015				Medicare Supplement	154,825	141,069	91.1	42				
YES	AR-MSX-AA-HDF-SD	F	NO	0030560	04/16/2015				Medicare Supplement	23,223	7,711	33.2	20				
YES	AR-MSX-AA-N-SD	N	NO	0030560	04/16/2015				Medicare Supplement	103,088	101,189	98.2	31				
0199999. Total experience on individual policies										543,836	420,725	77.4	147				

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Tennessee.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-TN	A	NO	0034060	03/21/2013			10/03/2019	Medicare Supplement	924	871	94.2	1				
YES	AR-MS-AA-F-TN	F	NO	0034060	03/21/2013			08/25/2022	Medicare Supplement	1,252,901	920,905	73.5	248				
YES	AR-MS-AA-G-TN	G	NO	0034060	03/21/2013			08/25/2022	Medicare Supplement	3,769,759	3,506,477	93.0	1,010				
YES	AR-MS-AA-N-TN	N	NO	0034060	03/21/2013			10/03/2019	Medicare Supplement	57,879	33,455	57.8	13				
YES	AR-MSD-AA-F-TN	F	NO	0204060	04/11/2013			10/03/2019	Medicare Supplement	691,470	625,034	90.4	139				
YES	AR-MSD-AA-G-TN	G	NO	0204060	04/11/2013			10/03/2019	Medicare Supplement	1,306,663	1,042,090	79.8	367				
YES	AR-MSD-AA-N-TN	N	NO	0204060	04/11/2013			10/03/2019	Medicare Supplement	122,677	65,621	53.5	34				
YES	AR-MSX-AA-F-TN	F	NO	0030560	11/02/2015			08/25/2022	Medicare Supplement	7,040,496	4,870,689	69.2	1,520				
YES	AR-MSX-AA-G-TN	G	NO	0030560	11/02/2015			08/25/2022	Medicare Supplement	7,282,375	5,498,017	75.5	2,013				
YES	AR-MSX-AA-HDF-TN	F	NO	0030560	11/02/2015			08/25/2022	Medicare Supplement	192,068	150,335	78.3	168				
YES	AR-MSX-AA-N-TN	N	NO	0030560	11/02/2015			08/25/2022	Medicare Supplement	1,276,204	987,178	77.4	445				
0199999. Total experience on individual policies										22,993,415	17,700,672	77.0	5,958				

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Texas.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-TX	A	NO	0034060	03/08/2013			12/31/2024	Medicare Supplement	349,378	512,220	146.6	27				
YES	AR-MS-AA-F-TX	F	NO	0034000	03/08/2013			12/31/2024	Medicare Supplement	9,613,801	7,948,181	82.7	1,770				
YES	AR-MS-AA-G-TX	G	NO	0034000	03/08/2013			12/31/2024	Medicare Supplement	2,203,812	1,926,659	87.4	472				
YES	AR-MS-AA-N-TX	N	NO	0034000	03/08/2013			12/31/2024	Medicare Supplement	424,826	393,867	92.7	109				
YES	AR-MSD-AA-A-TX	A	NO	0204060	04/08/2013			12/31/2024	Medicare Supplement	57,911	53,554	92.5	6				
YES	AR-MSD-AA-F-TX	F	NO	0204000	04/08/2013			12/31/2024	Medicare Supplement	1,420,045	980,368	69.0	262				
YES	AR-MSD-AA-G-TX	G	NO	0204000	04/08/2013			12/31/2024	Medicare Supplement	894,588	538,760	60.2	191				
YES	AR-MSD-AA-N-TX	N	NO	0204000	04/08/2013			12/31/2024	Medicare Supplement	288,431	188,818	65.5	75				
0199999. Total experience on individual policies										15,252,792	12,542,428	82.2	2,912				

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Utah.....
 NAIC Group Code 0917..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Columbus, OH 43219.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-UT	F	NO	0034000	01/17/2013			09/27/2019	Medicare Supplement	400,947	241,567	60.2	77				
YES	AR-MS-AA-G-UT	G	NO	0034000	01/17/2013			09/27/2019	Medicare Supplement	1,738,901	1,614,562	92.8	454				
YES	AR-MS-AA-N-UT	N	NO	0034000	01/17/2013			09/27/2019	Medicare Supplement	36,672	22,158	60.4	15				
YES	AR-MSD-AA-F-UT	F	NO	0204000	04/11/2013			09/27/2019	Medicare Supplement	63,705	39,743	62.4	12				
YES	AR-MSD-AA-G-UT	G	NO	0204000	04/11/2013			09/27/2019	Medicare Supplement	217,943	226,678	104.0	58				
YES	AR-MSD-AA-N-UT	N	NO	0204000	04/11/2013			09/27/2019	Medicare Supplement	7,316	3,995	54.6	3				
YES	AR-MSX-AA-F-UT	F	NO	0030500	04/24/2015			12/31/2024	Medicare Supplement	347,687	214,953	61.8	73				
YES	AR-MSX-AA-G-UT	G	NO	0030500	04/24/2015			12/31/2024	Medicare Supplement	303,987	223,165	73.4	86	3,250	959	29.5	
YES	AR-MSX-AA-HDF-UT	F	NO	0030500	04/24/2015			12/31/2024	Medicare Supplement	45,197	17,865	39.5	35				
YES	AR-MSX-AA-N-UT	N	NO	0030500	04/24/2015			12/31/2024	Medicare Supplement	302,643	218,517	72.2	97				
0199999. Total experience on individual policies										3,464,998	2,823,203	81.5	910	3,250	959	29.5	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11501 Alterra Parkway Suite 500 Austin, TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11501 Alterra Parkway Suite 500 Austin, TX
 - Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Virginia.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-VA	F	NO	0034060	10/26/2013			08/05/2020	Medicare Supplement	12,800,998	10,012,406	78.2	2,778				
YES	AR-MS-AA-G-VA	G	NO	0034060	10/26/2013			08/05/2020	Medicare Supplement	19,792,028	15,932,982	80.5	5,570				
YES	AR-MS-AA-N-VA	N	NO	0034060	10/26/2013			08/05/2020	Medicare Supplement	1,835,103	1,409,799	76.8	624				
YES	AR-MSX-AA-F-VA	F	NO	0030560	12/31/2015				Medicare Supplement	4,040,579	3,034,437	75.1	1,018				
YES	AR-MSX-AA-G-VA	G	NO	0030560	12/31/2015				Medicare Supplement	2,146,308	1,482,547	69.1	620	13,663	8,857	64.8	4
YES	AR-MSX-AA-HDF-VA	F	NO	0030560	12/31/2015				Medicare Supplement	67,426	18,492	27.4	59				
YES	AR-MSX-AA-N-VA	N	NO	0030560	12/31/2015				Medicare Supplement	738,411	672,812	91.1	251	2,579	2,163	83.9	1
0199999. Total experience on individual policies										41,420,852	32,563,475	78.6	10,920	16,242	11,020	67.8	5

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF West Virginia.....
 NAIC Group Code 0917..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Columbus, OH 43219.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-WV	F	NO	0034000	01/24/2013			08/16/2022	Medicare Supplement	1,524,183	1,206,406	79.2	258				
YES	AR-MS-AA-G-WV	G	NO	0034000	01/24/2013			08/16/2022	Medicare Supplement	1,562,490	1,684,251	107.8	432				
YES	AR-MS-AA-N-WV	N	NO	0034000	01/24/2013			08/16/2022	Medicare Supplement	276,108	237,018	85.8	93				
YES	AR-MSD-AA-F-WV	F	NO	0204000	02/27/2013			08/16/2022	Medicare Supplement	266,362	243,343	91.4	48				
YES	AR-MSD-AA-G-WV	G	NO	0204000	02/27/2013			08/16/2022	Medicare Supplement	507,043	334,282	65.9	133				
YES	AR-MSD-AA-N-WV	N	NO	0204000	02/27/2013			08/16/2022	Medicare Supplement	79,876	33,913	42.5	20				
YES	AR-MSX-AA-A-WV	A	NO	0030500	05/19/2015				Medicare Supplement								
YES	AR-MSX-AA-F-WV	F	NO	0030500	05/19/2015				Medicare Supplement	810,456	522,865	64.5	189				
YES	AR-MSX-AA-G-WV	G	NO	0030500	05/19/2015				Medicare Supplement	348,919	275,999	79.1	97	33,283	30,408	91.4	13
YES	AR-MSX-AA-HDF-WV	F	NO	0030500	05/19/2015				Medicare Supplement	45,587	27,500	60.3	38	4,669	682	14.6	7
YES	AR-MSX-AA-N-WV	N	NO	0030500	05/19/2015				Medicare Supplement	545,363	521,451	95.6	176	38,592	23,463	60.8	17
0199999. Total experience on individual policies										5,966,388	5,087,028	85.3	1,484	76,544	54,553	71.3	37

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin, TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	AR-BASCDWI	0.....	NO.....	0034060	06/05/2013			08/11/2020	Medicare Supplement	169,818	136,981	80.7	35				
YES.....	AR-BASC-III	0.....	NO.....	0034060	06/05/2013			08/11/2020	Medicare Supplement	3,343,644	2,794,977	83.6	666				
YES.....	AR-BASCWIX	0.....	NO.....	0030560	03/18/2015			09/10/2025	Medicare Supplement	3,584,329	2,303,263	64.3	753	8,409	3,876	46.1	1
0199999. Total experience on individual policies										7,097,791	5,235,222	73.8	1,454	8,409	3,876	46.1	1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
- 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wyoming.....
 NAIC Group Code 0917 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Columbus , OH 43219
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-WY	F	NO	0034000	04/11/2013			08/29/2022	Medicare Supplement	1,598,223	1,214,922	76.0	344				
YES	AR-MS-AA-G-WY	G	NO	0034000	04/11/2013			08/29/2022	Medicare Supplement	3,947,223	3,851,090	97.6	1,079				
YES	AR-MS-AA-N-WY	N	NO	0034000	04/11/2013			08/29/2022	Medicare Supplement	126,541	89,602	70.8	43				
YES	AR-MSD-AA-F-WY	F	NO	0204000	08/09/2013			08/29/2022	Medicare Supplement	548,692	594,913	108.4	115				
YES	AR-MSD-AA-G-WY	G	NO	0204000	08/09/2013			08/16/2022	Medicare Supplement	1,809,761	1,457,846	80.6	529	2,472	190	7.7	1
YES	AR-MSD-AA-N-WY	N	NO	0204000	08/09/2013			08/29/2022	Medicare Supplement	68,769	34,493	50.2	23				
NO			NO														
YES	AR-MSX-AA-F-WY	F	NO	0030500	06/26/2015				Medicare Supplement	398,361	363,033	91.1	88				
YES	AR-MSX-AA-G-WY	G	NO	0030500	06/26/2015				Medicare Supplement	307,494	310,224	100.9	91	11,885	8,922	75.1	5
	AR-MSX-AA-HDF-WY																
YES	AR-MSX-AA-N-WY	F	NO	0030500	06/26/2015				Medicare Supplement	47,359	16,504	34.8	36	12,774	2,211	17.3	11
YES	AR-MSX-AA-N-WY	N	NO	0030500	06/26/2015				Medicare Supplement	338,626	301,150	88.9	116	18,432	24,359	132.2	7
0199999. Total experience on individual policies										9,191,047	8,233,776	89.6	2,464	45,563	35,683	78.3	24

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX
 - 3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
- Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The American Retirement Life Insurance Company ADDRESS (City, State and Zip Code) Columbus, OH 43219 NAIC Group Code 0917 NAIC Company Code 88366 Employer's Identification Number (FEIN) 59-2760189

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 Omitted)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

Table with 6 rows (Prior to 2025) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2021-2025). Contains numerical values for each year.

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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

SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
 (\$000 Omitted)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. Prior					
2. 2021	718				
3. 2022	XXX	397			
4. 2023	XXX	XXX	725		
5. 2024	XXX	XXX	XXX	885	
6. 2025	XXX	XXX	XXX	XXX	682

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

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

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2021	302,141	298,367	298,151	XXX	XXX
2. 2022	XXX	282,261	280,432	280,595	XXX
3. 2023	XXX	XXX	266,831	264,371	264,579
4. 2024	XXX	XXX	XXX	254,257	252,720
5. 2025	XXX	XXX	XXX	XXX	263,232

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

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

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2021	302,859	298,367	298,151	298,101	298,020
2. 2022	XXX	282,658	280,432	280,595	280,539
3. 2023	XXX	XXX	267,556	264,371	264,579
4. 2024	XXX	XXX	XXX	255,142	252,720
5. 2025	XXX	XXX	XXX	XXX	263,914

Section C - Credit Accident and Health

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

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life	None	
2. Ordinary Life	Standard Factor	41
3. Individual Annuity	None	
4. Supplementary Contracts	None	
5. Credit Life	None	
6. Group Life	None	
7. Group Annuities	None	
8. Group Accident and Health	None	
9. Credit Accident and Health	None	
10. Other Accident and Health	Development	42,621
11. Total		42,662



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

HEALTH SUPPLEMENTS

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

Of The American Retirement Life Insurance Company

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

NAIC Group Code 0917 NAIC Company Code 88366 Employer's ID Number 59-2760189

SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	327,586,007			327,481,756										104,251
2. Change in unearned premium reserves and reserve for rate credit	(1,029,100)			(1,029,100)										
3. Fee-for-service (net of \$ medical expenses)														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues														XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Total revenues (Lines 1 to 6)	326,556,907			326,452,656										104,251
8. Hospital/medical benefits	261,825,570			261,825,570										XXX
9. Other professional services														XXX
10. Outside referrals														XXX
11. Emergency room and out-of-area														XXX
12. Prescription drugs														XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts														XXX
14. Subtotal (Lines 8 to 14)	261,825,570			261,825,570										XXX
15. Net reinsurance recoveries														XXX
16. Total medical and hospital (Lines 15 minus 16)	261,825,570			261,825,570										XXX
17. Non-health claims (net)	80,733	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80,733
18. Claims adjustment expenses including \$ 2,462,451 cost containment expenses	4,757,789			4,757,789										
19. General administrative expenses	31,607,250			31,594,651										12,599
20. Increase in reserves for accident and health contracts	3,195,237			3,195,237										XXX
21. Increase in reserves for life contracts	17,917	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,917
22. Total underwriting deductions (Lines 17 to 22)	301,484,496			301,373,247										111,249
23. Net underwriting gain or (loss) (Line 7 minus Line 23)	25,072,411			25,079,409										(6,998)
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	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	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

475-2

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Alabama

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Alaska

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arizona

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Arkansas

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: California

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Colorado

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Connecticut

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Delaware

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: District of Columbia

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Florida

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Georgia

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Hawaii

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Idaho

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Illinois

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Indiana

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Iowa

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Kansas

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Kentucky

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Louisiana

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Maine

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Maryland

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Massachusetts

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Michigan

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Minnesota

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Mississippi

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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 (To Be Filed by March 1)

FOR THE STATE OF: Missouri

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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FOR THE STATE OF: Montana

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF: Nebraska

NAIC Group Code 0917

NAIC Company Code 88366

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
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FOR THE STATE OF: Nevada

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: New Hampshire

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: New Jersey

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: New Mexico

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: New York

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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For The Year Ended December 31, 2025
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FOR THE STATE OF: North Carolina

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
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FOR THE STATE OF: North Dakota

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: Ohio

NAIC Group Code 0917

NAIC Company Code 88366

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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For The Year Ended December 31, 2025
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FOR THE STATE OF: Oklahoma

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: Oregon

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: Pennsylvania

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: Rhode Island

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: South Carolina

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: South Dakota

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: Tennessee

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: Texas

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: Utah

NAIC Group Code 0917

NAIC Company Code 88366

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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FOR THE STATE OF: Vermont

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: Virginia

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: Washington

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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FOR THE STATE OF: West Virginia

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: Wisconsin

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: Wyoming

NAIC Group Code 0917

NAIC Company Code 88366

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



SUPPLEMENT FOR THE YEAR 2025 OF THE American Retirement Life Insurance Company
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FOR THE STATE OF: Puerto Rico

NAIC Group Code 0917

NAIC Company Code 88366

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