

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2019 OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	4918 (Current Period)	4918 (Prior Period)		NAIC Company Code	86371	Employer's ID Number	31-0522223
Organized under the Laws of	of	New Jersey	,	State of Domi	cile or Port of Entry	·	NJ
Country of Domicile		United States					
Licensed as business type:	Life, Accident & He Dental Service Co Other[]	• •		nalty[] : Corporation[] :ally Qualified? Yes[] No	Health N	, Medical & Dental Service or Inc Maintenance Organization[]	emnity[]
Incorporated/Organized		10/25/1947		Comme	enced Business	02/06/194	8
Statutory Home Office		30 Montgomery Street		,		Jersey City, NJ, US 07302	
Main Administrative Office		(Street and Num	ber)	30 Montgomery	Street, 15th Floor	(City or Town, State, Country and Zip	Code)
	.lerse	y City, NJ, US 07302		(Street ar	nd Number)	(201)432-2133	
		tate, Country and Zip Code	9)			(Area Code) (Telephone Num	ber)
Mail Address		30 Montgomery Street	,	,		Jersey City, NJ, US 07302	,
		(Street and Number or	P.O. Box)			(City or Town, State, Country and Zip	Code)
Primary Location of Books a	and Records				omery Street, 15th treet and Number)	Floor	
	Jersey (City, NJ, US 07302		(5	treet and Number)	(201)432-2133	
		tate, Country and Zip Code	e)			(Area Code) (Telephone Num	ber)
Internet Website Address		www.cloverhe	alth.com				
Statutory Statement Contac	+	Joseph Wa	agnor			(410)274-6891	
Statutory Statement Contac		(Name				(Area Code)(Telephone Number)(E	extension)
		r@cloverhealth.com Mail Address)				(Fax Number)	
County of Hu The officers of this reporting entity, were the absolute property of the contained, annexed or referred to deductions therefrom for the perional differ; or, (2) that state rules	Rachél Fish, Ćhief P Mark Spektor, Chief Jersey Jesey J	Jose Medicare Compliance cople Officer Medical Officer Vivek Garipalli Justin Doheny depose and say that they a and clear from any liens or nt of all the assets and liab completed in accordance werences in reporting not rela officers also includes the re	Name k Garipalli eph Wagner Officer Officer The described of claims thereon, e oilities and of the covith the NAIC Annuated to accounting elated corresponditions.	fficers of the said reporting except as herein stated, and the ondition and affairs of the sai all Statement Instructions an practices and procedures, and relectronic filing with the N	teer # I Lee, General Coudrew Toy, Presiden ohia Chang, Chief Celes Edward Beneral Edward Bene	t & Chief Technology Officer Clinical Informatics Officer	and explanations therein d of its income and e extent that: (1) state law ef, respectively.
Vi		2020	a. Is this an or b. If no: 1.	(Signature) oseph Wagner (Printed Name) 2. f Financial Officer (Title) iginal filing? State the amendment r Date filed Number of pages attac		(Signature) (Printed Name) 3. (Title) Yes[X] No[]	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities	287,073	175,917	176,941	841,297	841,297	639,931
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	287,073	175,917	176,941	841,297	841,297	639,931

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
CarePoint	3,884,845	3,884,845	3,884,845	4,775,006	4,775,006	11,654,534
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	3,884,845	3,884,845	3,884,845	4,775,006	4,775,006	11,654,534
0299998 Claim Overpayment Receivables - Not Individually Listed				5,168,998	5,168,998	
0299999 Subtotal - Claim Overpayment Receivables				5,168,998	5,168,998	
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	22,015				22,015	
0699999 Subtotal - Other Receivables	22,015				22,015	
0799999 Gross health care receivables	3,906,860	3,884,845	3,884,845	9,944,004	9,966,019	11,654,534

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

		, ,, ,, , , , , , , , , , , , , , , ,			• · — • · · · ·	_
	Health Care Rece	eivables Collected	Health Care Reco	eivables Accrued	5	6
	During t	he Year	as of December 3	1 of Current Year		Estimated
	1	2	3	4		Health Care
	On Amounts		On Amounts		Health Care	Receivables
	Accrued Prior	On Amounts	Accrued	On Amounts	Receivables	Accrued as of
	to January 1 of	Accrued During	December 31 of	Accrued During	in Prior Years	December 31 of
Type of Health Care Receivable	Current Year	the Year	Prior Year	the Year	(Columns 1 + 3)	Prior Year
Pharmaceutical rebate receivables	10,354,602	30,351,338	437,840	15,991,700	10,792,442	10,908,86
2. Claim overpayment receivables	15,233,948	1,593,707	1,331,586	3,837,411	16,565,534	16,565,535
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	18,089			22,015	18,089	18,089
7. TOTALS (Lines 1 through 6)	25,606,639	31,945,045	1,769,426	19,851,126	27,376,065	27,492,488

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	16,409,010	930,693		288,446		17,628,149
0499999 Subtotals	16,409,010	930,693		288,446		17,628,149
0599999 Unreported claims and other claim reserves						52,187,593
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						69,815,742
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
Clover HMO of New Jersey, LLC Clover Health ASO, LLC	8,709,693 3,823,368					8,709,693 3.823.368	
Principium Health, LLC	300,000					300,000	
Clover Health Investments Corp.	20,000,000					20,000,000	
0199999 Total - Individually listed receivables	32,833,061					32,833,061	
0299999 Receivables not inidvidually listed							
0399999 TOTAL Gross Amounts Receivable	32,833,061					32,833,061	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
MSPNJ, LLCClover Health Labs, LLC	Company's medical expense bill paid by related party Hearing aids paid by Lab on behalf of Company	1,020,840 24,654	1,020,840	24,654
0199999 Total - Individually Listed Payables	X X X	1,045,494	1,020,840	24,654
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	1,045,494	1,020,840	24,654

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
						Column 1	Column 1
		Direct Medical	Column 1	Total	Column 3	Expenses Paid	Expenses Paid
	Payment	Expense	as a %	Members	as a %	to Affiliated	to Non-Affiliated
	Method	Payment	of Total Payments	Covered	of Total Members	Providers	Providers
Capit	ation Payments:						
1.	Medical groups						
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments						
Other	Payments:						
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	410,500,534	100.000	X X X	X X X		410,500,534
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments						
13.	TOTAL (Line 4 plus Line 12)	410,500,534	100.000	X X X	X X X		410,500,534

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
				Intermediary's	Intermediary's
NAIC	Name of	Capitation	Average Monthly	Total Adjusted	Authorized Control
Code	Intermediary	Paid	Capitation	Capital	Level RBC
	N (O N E			
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
					Book Value	Assets	Net
				Accumulated	Less	Not	Admitted
	Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies	\wedge					
4.	Durable medical equipment	UN	_				
5.	Other property and equipment						
6.	TOTAL						



NAIC Group Code 4918 BUSINESS IN THE STATE OF ALARAMA DURING THE YEAR NAIC Company Code 86371

NAI	Group Code 4918		BUSINES	SINTHESTATE	OF ALABAMA D	OURING THE YEA	.K			NAIC Company	Jode 863/1
		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
3.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	606									60
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



NAIC Group Code 4918		BUSINES	S IN THE STATE	OF ARIZONA D	JRING THE YEAR	R			NAIC Company	Code 86371
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter								37		
3. Second Quarter								51		
4. Third Quarter								59		
5. Current Year								63		
6. Current Year Member Months	614							614		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	577							577		
8. Non-Physician	14							14		
9. TOTAL	591							591		
10. Hospital Patient Days Incurred								59		
11. Number of Inpatient Admissions								8		
12. Health Premiums Written (b)								340,017		
13. Life Premiums Direct										8,66
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	340 017							340,017		
16. Property/Casualty Premiums Earned								040,017		
Amount Paid for Provision of Health Care Services								206,791		
Amount Incurred for Provision of Health Care Services	215,970							215,970		



REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINESS	S IN THE STATE	OF ARKANSAS I	DURING THE YEA	AR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
FOTAL Members at end of:										
Prior Year	.									
. First Quarter										
B. Second Quarter										
. Third Quarter										
. Current Year										
. Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
'. Physician										
. Non-Physician										
). TOTAL										
Hospital Patient Days Incurred										
1. Number of Inpatient Admissions										
Health Premiums Written (b)										
Health Premiums Written (b) Life Premiums Direct	328									3
Property/Casualty Premiums Written										
6. Property/Casualty Premiums Earned										
Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR NAIC Company Code 86371

VAIC Group Code 4918		BUSINESS	IN THE STATE (F CALIFORNIA	DURING THE TE	AK			NAIC Company	2006 9031 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
Prior Year										
First Quarter										
Second Quarter										
Third Quarter Current Year										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician Non-Physician										
Non-Physician										
TOTAL										
D. Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2. Health Premiums Written (b)										
Health Premiums Written (b) Life Premiums Direct	38,824									
Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
8. Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR NAIC Company Code 86371

NAIC Gloup Code 49 10		DUSINESS	DINTINESTATE	JF COLORADO	DURING THE TEA	HIT.			NAIC Company	2006 0031 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
Prior Year										
. First Quarter										
B. Second Quarter										
Third Quarter										
5. Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Health Premiums Written (b) Life Premiums Direct	18,198									18,198
4. Property/Casualty Premiums Written										
5. Health Premiums Earned					1		1		1	
6. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



NAI	C Group Code 4918		BUSINESS I	N THE STATE OF	CONNECTICUT	DURING THE Y	EAR			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Life Premiums Direct	10,319									10,319
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



NAIC Group Code 4918 BUSINESS IN THE STATE OF **DELAWARE** DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 49 to		DUSINESS	DINTINESTATE	OF DELAWARE	DUKING THE TE	AIT.			NAIC Company	2006 9021 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
Non-Physician										
). TOTAL										
10. Hospital Patient Days Incurred										
1. Number of Inpatient Admissions										
Health Premiums Written (b) Life Premiums Direct										
13. Life Premiums Direct	1 313									1.31
14. Property/Casualty Premiums Written										
5. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



NAIC Group Code 4918		BUSINESS IN TH	E STATE OF DIS	TRICT OF COLU	MBIA DURING TI	HE YEAR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
Second Quarter										
4. Third Quarter										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	774									77
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BOSINES	SO IN THE STATE	OF FLURIDA D	URING THE YEAR	۲			NAIC Company	200e 8037 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
FOTAL Members at end of:										
. Prior Year										
. First Quarter										
. Second Quarter										
. Third Quarter										
. Current Year										
. Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2 Health Premiums Written (b)										
Life Premiums Direct	3,018									3,0
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



NAIC Group Code 4918		BUSINES	S IN THE STATE	OF GEORGIA DI	JRING THE YEAR	₹			NAIC Company	Code 86371
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	72							72		
2. First Quarter	407							407		
3. Second Quarter	392							392		
4. Third Quarter	386							386		
5. Current Year	381							381		
6. Current Year Member Months	4,735							4,735		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	9,402							9,402		
8. Non-Physician	804							804		
9. TOTAL	10,206							10,206		
10. Hospital Patient Days Incurred	424							424		
11. Number of Inpatient Admissions	64							64		
12. Health Premiums Written (b)								3,312,682		
13. Life Premiums Direct	6,425									6,425
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,312,682							3,312,682		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,275,498 2,376,504							2,275,498 2,376,504		

⁽a) For health business: number of persons insured under PPO managed care products381 and number of persons insured under indemnity only products ... (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.......3,312,682



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF HAWAII DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 49 to		DUSINE	SSINTIFICATAL	E OF HAWAII DO	INING THE TEAM				NAIC Company	2006 0031 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
FOTAL Members at end of:										
. Prior Year										
. First Quarter										
Second Quarter										
. Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
1. Number of Inpatient Admissions										
Health Premiums Written (b) Life Premiums Direct										
3. Life Premiums Direct	51 617									51,61
Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
Amount Incurred for Provision of Health Care Services										

REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF IDAHO DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINE	55 IN THE STAT	E OF IDAHO DU	RING THE TEAR				NAIC Company	200e 8037 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
. Prior Year										
. First Quarter										
. Second Quarter										
. Third Quarter										
Current Year										
. Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
1. Number of Inpatient Admissions										
2 Health Premiums Written (b)			1							
3. Life Premiums Direct	3,823									3,8
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
Property/Casualty Premiums Earned										
Amount Paid for Provision of Health Care Services										
Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 49 to		DUSINES	SINTIFICATALE	OF ILLINOIS DO	TRING THE TEAR	`			NAIC Company	2006 0031 I
	1	Comprehensive (F	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	116,942									116,942
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

⁽a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..............0

REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF INDIANA DURING THE YEAR NAIC Company Code 86371

Group Code 4918		BUSINES	S IN THE STATE	: Of indiana du	JRING THE YEAR	₹			NAIC Company	Jode 863/1
	1	Comprehensive (F	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
L Members at end of:										
First Quarter										
Second Quarter										
Current Year Member Months										
L Member Ambulatory Encounters for Year:										
Physician										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Life Premiums Direct	11,477									11,477
Property/Casualty Premiums Written										
Health Premiums Earned										
Property/Casualty Premiums Earned										
Amount Incurred for Provision of Health Care Services										
	AL Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	AL Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Member Months AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	1	1	1	1 Comprehensive (Hospital & Medicar) 4 5	1 Comprehensive (Hospital & Medicar) 4 5 6 2 3 Medicare Vision Dental Total Individual Group Supplement Only Only AL Members at end of: Prior Year First Quarter Second Quarter First Quarter Second Quarter Second Quarter Current Year Second Quarter Se	1 Comprehensive (Hospital & Medicare Vision Dental Employees Health Benefits Employees Health Benefits Prior Year P	1 Comprehensive (Hospital & Medicare) 2 3	1



REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAI	C Group Code 4918		BUSIN	ESS IN THE STAT	TE OF IOWA DUF	RING THE YEAR				NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	19,167									19,167
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF KANSAS DURING THE YEAR NAIC Company Code 86371

NAIC Gloup Code 49 10		DUSINE	SO IN THE STATE	OF KANSAS DI	JUING HIE LEAD	`			NAIC Company	500E 0031 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
'. Physician										
. Non-Physician										
O. TOTAL										
Hospital Patient Days Incurred										
1. Number of Inpatient Admissions										
2. Health Premiums Written (b)										
Health Premiums Written (b) Life Premiums Direct	11,746									11,74
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	.]	1	1		1	I	1	1	1	1



REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINESS	S IN THE STATE	OF KENTUCKY [OURING THE YEA	AR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
3. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
12. Health Premiums Written (b)	5 635									5.63
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



NAI	C Group Code 4918		BUSINESS	S IN THE STATE	OF Louisiana d	URING THE YEA	AR .			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TO	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TO	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Life Premiums Direct	2,411									2,411
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINESS	SINTHESTATE	JE WARTLAND L	JURING THE YEA	AK			NAIC Company	Jode 9037 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
12. Health Premiums Written (b)13. Life Premiums Direct	19,337									19,337
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

REPORT FOR: 1. CORPORATION: 2. LOCATION: Codo 06271 NIAIC Craus Cada 4040

NAI	C Group Code 4918		BUSINESS IN	THE STATE OF	MASSACHUSET	S DURING THE	YEAR			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOI	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of inpatient Admissions										
12.	Health Premiums Written (b) Life Premiums Direct										
13.	Life Premiums Direct	12,323									12,32
14.	Property/Casualty Premiums Written										
15.	Property/Casualty Premiums Written Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR NAIC Company Code 86371

Group Code 4918		BUSINES	SINTHESTATE	OF MICHIGAN D	URING THE YEA	.K			NAIC Company	Jode 863/1
	1	Comprehensive (F	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			1
							Employees			[
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	[
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
AL Members at end of:										
First Quarter										
Second Quarter										
Current Year Member Months										
AL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Life Premiums Direct	1,200									1,200
Property/Casualty Premiums Written										
Health Premiums Earned										
Property/Casualty Premiums Earned										
Amount Incurred for Provision of Health Care Services										
-	First Quarter Second Quarter Third Quarter Current Year Current Year Member Months AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	Total AL Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Amount Paid for Provision of Health Care Services	1	1	1	1 Comprehensive (Hospital & Medicare Vision	1 Comprehensive (Hospital & Medicare Vision Dental	1 Comprehensive (Hospital & Medicare Vision Dental Employees Health Benefits	1 Comprehensive (Hospital & Medicare) 2 3	1

⁽a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0



NAIC Group Code 4918		BUSINESS	IN THE STATE (OF Mississippi i	DURING THE YEA	AR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
B. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	420									42
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918		BUSINES	S IN THE STATE	OF MISSOURI D	URING THE YEA	R			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	25 011									25,01
14. Property/Casualty Premiums Written										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

⁽a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..............0



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF NERRASKA DURING THE YEAR NAIC Company Code 86371

4. Third Quarter 5. Current Year 5. Current Year Member Months	; 003/1	NAIC Company C			AK	JURING THE YEA	JF NEBRASKA L	SINTHESTATED	BUSINESS		IAIC Group Code 4918
Total Individual Group Medicare Vision Dental Employees Health Benefits Title XVIII Title XIX Medicare Medic	10	9	8	7	6	5	4	lospital & Medical)	Comprehensive (H	1	
Total Individual Group Supplement Only Only Plan Medicare Medicare Medicare				Federal				3	2		
Total Individual Group Supplement Only Only Plan Medicare Medicaid				Employees							
TOTAL Members at end of: 1.		Title XIX	Title XVIII	Health Benefits	Dental	Vision	Medicare				
1. Prior Year 2. First Quarter 3. Second Quarter 4. Third Quarter 5. Current Year 6. Current Year Member Months 7. Physician 7. Physician 8. Non-Physician 9. TOTAL	Other	Medicaid	Medicare	Plan	Only	Only	Supplement	Group	Individual	Total	
2. First Quarter											OTAL Members at end of:
3. Second Quarter 4. Third Quarter 5. Current Year											. Prior Year
4. Third Quarter 5. Current Year 6. Current Year Member Months TOTAL Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 8. Non-Physician 9. TOTAL 9. TOTAL 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											. First Quarter
5. Current Year 6. Current Year Member Months TOTAL Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. TOTAL 9. TOTAL 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											
6. Current Year Member Months TOTAL Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. TOTAL 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											_ i
TOTAL Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. TOTAL 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											
7. Physician 8. Non-Physician 9. TOTAL 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											
8. Non-Physician 9. TOTAL 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct											OTAL Member Ambulatory Encounters for Year:
8. Non-Physician 9. TOTAL 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct											. Physician
10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct											. Non-Physician
11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											
11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											Hospital Patient Days Incurred
12. Health Premiums Written (b) 13. Life Premiums Direct 21,632											Number of Inpatient Admissions
											2. Health Premiums Written (b)
14 Property/Casualty Premiums Written	21,632									21,632	3. Life Premiums Direct
The Troporty Cacadaty Trontanto Tritter											4. Property/Casualty Premiums Written
15. Health Premiums Earned											5. Health Premiums Earned
16 Property/Casualty Pramiums Farned											
17. Amount Paid for Provision of Health Care Services											7. Amount Paid for Provision of Health Care Services



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF **NEVADA** DURING THE YEAR NAIC Company Code 86371

NAIC Gloup Code 49 10		DUSINE	SS IN THE STATE	OF NEVADA D	JUING HIE LEAF	`			INAIC Company	Jude 0031 1
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:			·							
Prior Year										
First Quarter										
Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
TAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Health Premiums Written (b)	3,722									
Property/Casualty Premiums Written										
Health Premiums Earned										
Property/Casualty Premiums Earned										
. Amount Paid for Provision of Health Care Services										
B. Amount Incurred for Provision of Health Care Services	1								[l



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINESS	IN THE STATE O	F NEW JERSEY	DURING THE YE	:AK			NAIC Company	Code 863/1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	32,283							32,283		
2. First Quarter	37,025							37,025		
3. Second Quarter	37,567							37,567		
4. Third Quarter	38,335									
5. Current Year								38,513		
6. Current Year Member Months	452,210							452,210		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,207,840							1,207,840		
8. Non-Physician	81,741							81,741		
9. TOTAL	1,289,581							1,289,581		
10. Hospital Patient Days Incurred	67,716							67,716		
11. Number of Inpatient Admissions	7,975							7,975		
12. Health Premiums Written (b)	421,214,689							421,214,689		
Health Premiums Written (b) Life Premiums Direct	1,139									1,139
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	421 214 689							421,214,689		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services								405,223,362		
18. Amount Incurred for Provision of Health Care Services	423,210,489									



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR								NAIC Company Code 86371	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3				Federal				
							Employees				
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX		
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other	
TOTAL Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
TOTAL Member Ambulatory Encounters for Year:											
7. Physician											
B. Non-Physician											
9. TOTAL											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
12. Health Premiums Written (b)	2,075									2,07	
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services		1	1	1	1	1	1	1	1	1	

NAIC Group Code 4918



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Company Code 86371

VAIC Group Code 4918		BOSIN	ESS IN THE STA	IE OF UHIO DUF	RING THE YEAR				NAIC Company	200e 8037 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
. Prior Year										
First Quarter										
Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2. Health Premiums Written (b)										
Health Premiums Written (b) Life Premiums Direct	32,097									32,0
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
8. Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF OKLAHOMA DUDING THE VEAD NAIC Company Code 86371

1410 0 0 1 4040		DUOINEO		OF OKLAHOMA		4 D			NAIGO	00074
NAIC Group Code 4918			S IN THE STATE (JE OKLAHOMA	DURING THE YEA	AK .			NAIC Company	Jode 863/1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Manushama at and af	Total	individual	Group	Опрристисти	Offiny	Only	i iuii	Wicalcarc	Wicalcala	Othor
OTAL Members at end of:										
Prior Year										
First Quarter Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2. Health Premiums Written (b)										
3. Life Premiums Direct	2 965									2.9
Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
8. Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF OREGON DURING THE YEAR NAIC Company Code 86371

INAI	5 Group Code 4918		BOSINES	S IN THE STATE	OF UKEGUN DI	JRING THE TEAT	۲			NAIC Company	200e 8037 I
		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TO	AL Members at end of:			·		·	·				
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TO	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	10,180									10,180
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										
110.	Amount mounted for a roysion of ricalth date delyices										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4018 BUSINESS IN THE STATE OF **DENNSYLVANIA** DUDING THE VEAD

NAIC Group Code 4918		BUSINESS IN	N THE STATE OF	PENNSYLVANIA	A DURING THE Y	'EAR			NAIC Company	Code 86371
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	8							8		
2. First Quarter	125							125		
3. Second Quarter								145		
4. Third Quarter								14/		
5. Current Year								152		
6. Current Year Member Months	1,681							1,681		
TOTAL Member Ambulatory Encounters for Year:										1
7. Physician	1,796							1,796		
8. Non-Physician								250		
9. TOTAL	2,046							2,046		
10. Hospital Patient Days Incurred	214							214		
11. Number of Inpatient Admissions	29							29		
12. Health Premiums Written (b)	1,130,824							1,130,824		
13. Life Premiums Direct	42,116									42,11
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1.130.824							1,130,824		
16. Property/Casualty Premiums Earned								,,		
17. Amount Paid for Provision of Health Care Services								1,112,848		
18. Amount Incurred for Provision of Health Care Services	1,162.245							1,162.245		



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINESS I	N THE STATE OF	RHODE ISLANI	DURING THE Y	EAR			NAIC Company	Code 863/1
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:			·	, .	·	·				
Prior Year										
P. First Quarter										
B. Second Quarter										
1. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
B. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
12. Health Premiums Written (b)	3,561									3,56
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	.	1	1	1	1	1	1	1	1	1



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF **SOUTH CAROLINA** DURING THE YEAR NAIC Company Code 86371

NAIC Gloup Code 49 10		DUSINESS IN	THE STATE OF	SOUTH CAROLII	NA DOMING THE	ILAN			NAIC Company	Jude 0037 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter								72		
3. Second Quarter								73		
4. Third Quarter								86		
5. Current Year	. 83							83		
6. Current Year Member Months	. 918							918		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,503							1,503		
B. Non-Physician								338		
9. TOTAL	1,841							1,841		
10. Hospital Patient Days Incurred								96		
11. Number of Inpatient Admissions								10		
12. Health Premiums Written (b)	680,854							680,854		
13. Life Premiums Direct										1,09
14. Property/Casualty Premiums Written										
5. Health Premiums Earned	680,854							680,854		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	767,709							767,709		
18. Amount Incurred for Provision of Health Care Services	801.786	1	I		1		1	801.786	1	1



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAI	C Group Code 4918		BUSINESS IN	THE STATE OF	SOUTH DAKOTA	A DURING THE Y	/EAR			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:			·		-					
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b) Life Premiums Direct										
13.	Life Premiums Direct	4,667									4,667
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918 BUSINESS IN THE STATE OF **TENNESSEE** DURING THE YEAR NAIC Company Code 86371

NAIO Gloup Gode +310		DOGINEGO	IN THE STATE (/ ILINIALOULL		/\l			NAIO Company	J006 0001 1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:			'		,	,				
1. Prior Year										[
2. First Quarter	19							19		
3. Second Quarter	1/							17		
4. Third Quarter	. 19							19		
5. Current Year								18		
6. Current Year Member Months	216							216		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	158							158		
8. Non-Physician	8							8 8		
9. TOTAL	166							166		
10. Hospital Patient Days Incurred	1							1		
11. Number of Inpatient Admissions	1							1		
12. Health Premiums Written (b)	140,446							140,446		
13. Life Premiums Direct	2,395									2,395
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	140,446							140,446		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services								29,127		
18. Amount Incurred for Provision of Health Care Services								30,420		



REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF TEXAS DUDING THE VEAD NAIC Company Code 86371

NAIC Group Code 4918		BUSINE	SS IN THE STAT	E OF TEXAS DU	RING THE YEAR				NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	62							62		
2. First Quarter								133		
3. Second Quarter								128		
4. Third Quarter								11 <u>9</u>		
5. Current Year								115		
6. Current Year Member Months	1,498							1,498		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,136							3,136		
8. Non-Physician	95							95		
9. TOTAL	3,231							3,231		
10. Hospital Patient Days Incurred	273							273		
11. Number of Inpatient Admissions	33							33		
12. Health Premiums Written (b)	1 010 050							1.010.050		
13. Life Premiums Direct										
. , ,	4.040.050							4.040.050		
15. Health Premiums Earned								1,010,050		
16. Property/Casualty Premiums Earned										
 Amount Paid for Provision of Health Care Services Amount Incurred for Provision of Health Care Services 	885,197 924.489							885,197 924,489		



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF LITAH DURING THE YEAR NAIC Company Code 86371

INAI	C Group Code 4918		BOSINE	= 22 IN THE 21A	E OF UTAH DU	KING THE YEAR				NAIC Company	200e 8037 I
		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TO	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TO	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b)	1,378									1,378
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.											
18.	Amount Paid for Provision of Health Care Services Amount Incurred for Provision of Health Care Services										
110.	Amount incurred for Frovision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR NAIC Company Code 86371

Group Code 4918		BUSINES	SINTHESTATE	OF VIRGINIA DO	JRING THE YEAR	₹			NAIC Company	Jode 863/1
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
AL Members at end of:										
First Quarter										
Second Quarter										
Current Year Member Months										
AL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Life Premiums Direct	15,966									15,966
Property/Casualty Premiums Written										
Health Premiums Earned										
Property/Casualty Premiums Earned										
Amount Incurred for Provision of Health Care Services										
	AL Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	Total AL Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	1	1	1	1 Comprehensive (Hospital & Medicare Vision	1 Comprehensive (Hospital & Medicar) 2 3	1 Comprehensive (Hospital & Medicare Vision Dental Employees Health Benefits Floring Plan	1 Comprehensive (Hospital & Medicar) 2 3	1

⁽a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) REPORT FOR: 1. CORPORATION: 2. LOCATION:

Codo 06271

NAI	C Group Code 4918		BUSINESS	IN THE STATE O	F WASHINGTON	DURING THE YE	EAR			NAIC Company	Code 86371
		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of inpatient Admissions										
12.	Health Premiums Written (b) Life Premiums Direct										
13.	Life Premiums Direct	3,947									3,94
14.	Property/Casualty Premiums Written										
15.	Property/Casualty Premiums Written Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: NAIC Group Code 4918 BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR NAIC Company Code 86371

BOSINESS IN THE STATE OF WISCONSIN DURING THE TEAR											
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	
		2	3				Federal				
							Employees				
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX		
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other	
OTAL Members at end of:			·	, ,							
Prior Year											
First Quarter											
Second Quarter											
Third Quarter											
Current Year											
Current Year Member Months											
TAL Member Ambulatory Encounters for Year:											
Physician											
Non-Physician											
TOTAL											
Hospital Patient Days Incurred											
Number of Inpatient Admissions											
Health Premiums Written (b)											
Health Premiums Written (b) Life Premiums Direct	9,814									9	
Property/Casualty Premiums Written											
Health Premiums Earned											
Property/Casualty Premiums Earned											
Amount Paid for Provision of Health Care Services											
 Amount Incurred for Provision of Health Care Services 	1								[l	



REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF WYOMING DUDING THE YEAR NAIC Company Code 86371

NAIC Group Code 4918		BUSINES	S IN THE STATE	OF WYOMING	URING THE YEA	.R			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
I. Prior Year										
. First Quarter										
. Second Quarter										
. Third Quarter										
. Current Year										
. Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician Non-Physician										
. TOTAL										
0. Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2. Health Premiums Written (b)										
3. Life Premiums Direct	904									9
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
18. Amount Incurred for Provision of Health Care Services										



REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF GRAND TOTAL DUDING THE VEAD NAIC Company Code 86371

NAIC Group Code 4918		BUSINESS I	N THE STATE OF	GRAND TOTAL	DURING THE Y	EAR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:			,		·					
Prior Year										
. First Quarter								37,818		
Second Quarter								38,373		
. Third Quarter								39,151		
Current Year								39,325		
Current Year Member Months	461,872							461,872		
OTAL Member Ambulatory Encounters for Year:										
. Physician	1,224,412							1,224,412		
. Non-Physician	83,250							83,250		
. TOTAL								1,307,662		
0. Hospital Patient Days Incurred								68,783		
Number of Inpatient Admissions	8,120							8,120		
2. Health Premiums Written (b)	427,829,562							427,829,562		
3. Life Premiums Direct	551,773									551,7
1. Property/Casualty Premiums Written										
5. Health Premiums Earned	427,829,562							427,829,562		
6. Property/Casualty Premiums Earned										
Amount Paid for Provision of Health Care Services Amount Incurred for Provision of Health Care Services	410,500,532 428,721,904							410,500,532 428,721,904		

⁽a) For health business: number of persons insured under PPO managed care products39,325 and number of persons insured under indemnity only products0. (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....427,829,562

SCHEDULE S - PART 1 - SECTION 2

			Remodration Assumed Accident and Health insural	iloc Liotou	by itemioure	a company	do oi bootii	iboi o i, o aii	ont rour			
1	2	3	4	5	6	7	8	9	10	11	12	13
									Reserve			
									Liability	Reinsurance		Funds
NAIC					Type of	Type of			Other Than	Payable on	Modified	Withheld
Company	ID	Effective		Domiciliary	Reinsurance	Business		Unearned	for Unearned	Paid and	Coinsurance	Under
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
				N O	ΝE							
9999999 To	tal (Sum of 07	99999 and 109	9999)									

Reinsurance Recoverable on Paid and Unpaid Losses Listed by

Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC						
Company	ID	Effective		Domiciliary		
Code	Number	Date	Name of Company	Jurisdiction	Paid Losses	Unpaid Losses
Life and A	nnuity - Non-At	filiates - U.S.	Non-Affiliates			
	13-1423090 74-1915841		UNION LABOR LIFE INS CO SAGICOR LIFE INS CO			
0899999	Subtotal - Life and	d Annuity - No	n-Affiliates - U.S. Non-Affiliates			62,504
1099999 7	Total - Life and A	nnuity - Non-A	ffiliates			62,504
1199999 7	Total - Life and A	nnuity				62,504
1499999	Subtotal - Accider	nt and Health -	Affiliates - U.S Total			
1899999 1	otal - Accident a	nd Health - Af	iliates			
Accident	and Health - No	n-Affiliates - l	J.S. Non-Affiliates			
	04-1590940 AA-3190677		PARTNERRE AMER INS CO Horseshoe Re Ltd		9,411	
1999999	Subtotal - Accider	nt and Health -	Non-Affiliates - U.S. Non-Affiliates		9,411	
2199999 7	Total - Accident a	nd Health - No	n-Affiliates		9,411	
2299999 7	Total - Accident a	nd Health			9,411	
			99999, 1499999 and 1999999)			62,504
9999999 1	Total (Sum of 119	19999 and 229	9999)		9,411	62,504

SCHEDULE S - PART 3 - SECTION 2

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

			Reinsurance Ceded Accident and Health Ins	urance Listed	by Reinsur	ing Comp	oany as of L	ecember 3	1, Current Yo				
1	2	3	4	5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
									Reserve	11	12		
									Credit Taken				Funds
NAIC					Type of	Type of		Unearned	Other than for			Modified	Withheld
Company	ID	Effective		Domiciliary	Reinsurance	Business		Premiums	Unearned	Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
General A	ccount - Autho	rized - Non-A	filiates - U.S. Non-Affiliates										
11835	04-1590940	01/01/2019	PARTNERRE AMER INS CO	DE	SSL/I	MR	171.155		l				l
0899999 S	Subtotal - Gener		thorized - Non-Affiliates - U.S. Non-Affiliates										
1099999 T	otal - General A	ccount - Autho	rized - Non-Affiliates				171,155						
			zed										
1499999 S	Subtotal - Gener	al Account - Un	authorized - Affiliates - U.S Total										
			horized - Affiliates										
			Affiliates - Non-U.S. Non-Affiliates										
00000	AA-3190677	04/01/2018	Horseshoe Re Ltd	BMU	QA/I	MR	300,251						
			authorized - Non-Affiliates - Non-U.S. Non-Affiliates										
			horized - Non-Affiliates										
2299999 T	otal - General A	ccount - Unaut	horized				300,251						
2599999 S	Subtotal - Gener	al Account - Ce	rtified - Affiliates - U.S Total										
			rtified - Affiliates - Non-U.S Total										
			ed - Affiliates										
3399999 T	otal - General A	ccount - Certifi	ed										
			rized, Unauthorized and Certified				,						
3799999 S	Subtotal - Separa	ate Accounts - A	Authorized - Affiliates - U.S Total										
			Authorized - Affiliates - Non-U.S Total										
			horized - Affiliates										
4599999 T	otal - Separate	Accounts - Aut	horized										
4899999 S	Subtotal - Separa	ate Accounts - I	Unauthorized - Affiliates - U.S Total										
			Unauthorized - Affiliates - Non-U.S Total										
5299999 T	otal - Separate	Accounts - Una	authorized - Affiliates										
			authorized										
			Certified - Affiliates - U.S Total										
			Certified - Affiliates - Non-U.S Total										
			tified - Affiliates										
			tified										
6899999 T	otal - Separate	Accounts - Aut	horized, Unauthorized and Certified										
			99999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 539										
			9, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999	'			,						
9999999 T	otal (Sum of 34	99999 and 689	9999)				471,406						

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Reinsurance Ceded To Unauthorized Companies

1999999 Subtotal - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates						ianoc oca			· · · · · · · · · · · · · · · · · ·	•					
NAIC NAIC NAIC Company ID Effective Date Name of Reinsurer Taken Paid and Pai	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company ID Effective Date Name of Reinsurer Taken Credit Taken Cre												Funds			Sum of Cols.
NAIC Company ID Effective Date Name of Reinsurer Taken Credit Recoverable Other Credit Recoverable Other Credit Cols. 5 Letters of Reference Number (a) Agreements Reinsurers Other Credit From Balances Excess Other Credit Separate Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliat										Issuing or		Deposited			9+11+12
Company ID Effective Date Name of Reinsurer Taken Credit Taken Credit Taken Credit Debits Cred						Paid and				Confirming		by and			+13+14
Code Number Date Name of Reinsurer Taken (Debit) Debits +6+7) Credit Number (a) Agreements Reinsurers Other (Credit) of Col. 8	NAIC				Reserve	Unpaid Losses		Totals		Bank		Withheld		Miscellaneous	But Not in
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates 00000	Company	ID	Effective		Credit	Recoverable	Other	(Cols. 5	Letters of	Reference	Trust	from		Balances	Excess
00000 AA-3190677 04/01/2018 Horseshoe Re Ltd	Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	+ 6 + 7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	of Col. 8
1999999 Subtotal - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates	General A	ccount - Accide	ent and Health	n - Non-Affiliates - U.S. Non-Affiliates											
Non-Affiliates	00000	AA-3190677	. 04/01/2018	Horseshoe Re Ltd										(703,414)	(703,414)
2199999 Total - General Account - Accident and Health - Non-Affiliates X X X	1999999 Si	ubtotal - General A	ccount - Accide	nt and Health - Non-Affiliates - U.S.											
2299999 Total - General Account - Accident and Health XXX (703,414) (703,414) 2399999 Total - General Account XXX (703,414) (703,414) 2699999 Subtotal - Separate Accounts - Affiliates - U.S Total XXX (703,414) 3099999 Total - Separate Accounts - Affiliates XXX (703,414) 3499999 Total - Separate Accounts XXX (703,414) 3599999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999) XXX (703,414)	Non-Affiliat	es								x x x				(703,414)	(703,414)
2399999 Total - General Account	2199999 To	otal - General Acco	unt - Accident a	and Health - Non-Affiliates						X X X				(703,414)	(703,414)
2699999 Subtotal - Separate Accounts - Affiliates - U.S Total XXX	2299999 To	otal - General Acco	ount - Accident a	and Health						X X X				(703,414)	(703,414)
3099999 Total - Separate Accounts - Affiliates										X X X				(703,414)	(703,414)
3099999 Total - Separate Accounts - Affiliates	2699999 S	ubtotal - Separate	Accounts - Affilia	ates - U.S Total						X X X					
3499999 Total - Separate Accounts	3099999 To	otal - Separate Acc	ounts - Affiliates	S						X X X					
3199999) XXX (703,414) (703,414)	3499999 To	otal - Separate Acc	ounts							X X X					
	3599999 To	otal U.S. (Sum of 0	399999, 089999	99, 1499999, 1999999, 2699999 and											
9999999 Total (Sum of 2399999 and 3499999)	3199999) .	<u></u>	<u></u>	<u></u>						X X X				(703,414)	(703,414)
	9999999 To	otal (Sum of 23999	99 and 349999	9)						X X X				(703,414)	(703,414)

(a)				
Issuing or		American		
Confirming		Bankers		
Bank	Letters	Association (ABA)		Letters
Reference	of Credit	Routing		of Credit
Number	Code	Number	Issuing or Confirming Bank Name	Amount

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

								11011	iouiuiioc o	caca to o	ci tillica i to	illoui ci o u	o or Decelli	DC: 0:, Cu	mont roun	(4000 0111	ittou								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				Collateral				23	24	25	26
															16	17	18	19	20	21	22	Percent of	Percent Credit	Amount of	Liability for
														Dollar								Collateral	Allowed on	Credit Allowed	Reinsurance
							Percent				Total			Amount of					Funds		Total	Provided for	Net Obligation	for Net	With Certified
						Effective	Collateral		Paid and		Recoverable		Net	Collateral			Issuing or		Deposited		Collateral	Net Obligation	Subject to	Obligation	Reinsurers
NAIC				Domi-	Certified	Date of	Required		Unpaid		/Reserve		Obligation	Required			Confirming		by and		Provided	Subject to	Collateral	Subject to	Due to
Com-				ciliary	Reinsurer	Certified	for Full	Reserve	Losses		Credit Taken	Miscellaneous	Subject to	for Full Credit	Multiple		Bank		Withheld		(Col. 16 + 17	Collateral	(Col. 23 / Col. 8		Collateral
pany	ID	Effective				Reinsurer	Credit	Credit	Recoverable	Other	(Col. 9 +	Balances	Collateral	(Col. 14	Beneficiary	Letters	Reference	Trust	from		+ 19 + 20	(Col. 22	not to Exceed		Deficiency
Code	Number	Date					(0% - 100%)	Taken	(Debit)	Debits	10 + 11)	(Credit)	(Col. 12 - 13)	x Col. 8)	Trust	of Credit	Number (a)	Agreements	Reinsurers	Other	+ 21)	/ Col. 14)	100%)	,	Cols. 14 - 25)
					,		,		, ,		,	` ,	,	,			` '	Ť			,	,	,	,	,
																		1		1			1		
999999	9 Total (Sum	of 2399999 a	nd 3499999)														XXX					XXX	XXX		
	(+ +		,								1														

(a)				
Issuing or		American		
Confirming		Bankers	NONE	
Bank	Letters	Association (ABA)		Letters
Reference	of Credit	Routing		of Credit
Number	Code	Number	Issuing or Confirming Bank Name	Amount

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

		1 2019	2 2018	3 2017	4 2016	5 2015
A. OF	PERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare	471	67,368	344	137,836	12,955
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	TOTAL Hospital and Medical Expenses	574	63,583	(2,591)		
B. BA	ALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	62	17,636	10,237		
8.	Reinsurance recoverable on paid losses	9	1	13,336	77,134	6,174
9.	Experience rating refunds due or unpaid					674
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
C. UN	IAUTHORIZED REINSURANCE					
(DEP	OSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)		10,069			
16.	Other (O)					
D. RE	INSURANCE WITH CERTIFIED REINSURERS					
(DEP	OSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
ASSET	TS (Page 2, Col. 3)		,	,
1.	Cash and invested assets (Line 12)	85,176,753		85,176,753
2.	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)			
4.	Net credit for ceded reinsurance	X X X	71,915	71,915
5.	All other admitted assets (Balance)	51,451,701		51,451,701
6.	TOTAL Assets (Line 28)			
LIABIL	ITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	69,753,238	62,504	69,815,742
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
	(Line 19, first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset			
	amount)			
14.	All other liabilities (Balance)	19,884,956		19,884,956
15.	TOTAL Liabilities (Line 24)			
16.	TOTAL Capital and Surplus (Line 33)			
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	145,253,877	62,504	145,316,381
	REDIT FOR CEDED REINSURANCE			
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses			
22.	Other ceded reinsurance recoverables			
23.	TOTAL Ceded Reinsurance Recoverables	1 '		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets			
31.	TOTAL Net Credit for Ceded Reinsurance	71,915		

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

	Ţ		Direct Busin	, '		T -	1 -
		1	2	3 Disability	4 Long-Term	5	6
		Life	Annuities	Income	Care		
	States, Etc.	(Group and Individual)	(Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1.					marviadary	Contracts	Totals
2.							
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	lowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19. 20.	Louisiana (LA)						
20. 21.	Maine (ME)						
21. 22.	Maryland (MD)						
22. 23.	Massachusetts (MA) Michigan (MI)						
23. 24.	Minnesota (MN)						
2 4 . 25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)				I		
29.	Nevada (NV)						
30.	New Hampshire (NH)			NIE			
31.	New Jersey (NJ)			NE			
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52. 53.	American Samoa (AS)						
	Guam (GU)						
54.	Puerto Rico (PR)						
55. 56.	U.S. Virgin Islands (VI)						
50. 57.	Canada (CAN)						
57. 58.	Aggregate other alien (OT)						
50. 59.	TOTALS						

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

							L WINT	IA - DETAIL OF INSURAI		OLDIN	O CONTAIN SISILIN					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
							Name of				Directly	Type of Control				
							Securities	Names of		Relation-	Controlled	(Ownership,	If Control		Is an	
			NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
			Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
	Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
	Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
	4918	Clover Health Group	00000	47-1435489	000000000	0000000000		Clover Health Investments, Corp	DE .	UIP	NJ Healthcare Investments	Ownership	57.8	Clover Health Investments,		0000000
	4918	Clover Health Group	86371	31-0522223	000000000	0000000000		CLOVER INS CO	NJ .	RE	Clover Health Holdings, Inc.	Ownership	100.0	Clover Health Investments,	N	
	4918	Clover Health Group	00000	38-3889370	000000000	0000000000		Clover Health, LLC	NJ .	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments,	N	0000000
	4918	Clover Health Group	00000	27-2761894	000000000	0000000000		Clover Healthcare, LLC	NJ .	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments,	N	0000000
	4918	Clover Health Group	00000	36-4744890	000000000	0000000000		Clover HMO, LLC	NJ .	NIA	Clover HMO Corp.	Ownership	100.0	Corp	N	0000000
	4918	Clover Health Group	00000	47-2552172	000000000	0000000000		Clover Health Corp.	DE .	NIA	Clover Health Investments, Corp	Ownership	100.0	Clover Health Investments,	N	
	4918	Clover Health Group	00000	47-2580683	000000000	0000000000		Clover Health Labs, LLC	CA .	NIA	Clover Health, LLC	Ownership	100.0	Clover Health Investments,	N	0000000
	4918	Clover Health Group	00000	47-2551324	000000000	0000000000		Clover HMO Corp.	DE .	NIA	Clover Health Investments, Corp	Ownership	100.0	Corp Clover Health Investments,	N	0000000
	4918	Clover Health Group	00000	47-2542375	000000000	0000000000		Clover Health Holdings, Inc.	DE .	UDP .	Clover Health Investments, Corp	Ownership	100.0	Corp	N	
4	4918	Clover Health Group	00000	47-3317980	000000000	0000000000		Clover Health Associates, LLC	NJ .	NIA	Clover HMO Corp.	Management		Corp		
	4918	Clover Health Group	00000	82-2720928	000000000	0000000000		Clover Health Foundation	NJ .	NIA	Clover Health Investment, Corp	Management, Influence, Other		Clover Health Investments,	N	0000000
	4918	Clover Health Group	16347	38-4057194	000000000	0000000000		Clover HMO of New Jersey, Inc.	NJ .	IA	Clover Health Holdings, Inc.	Ownership	100.0	Clover Health Investments, Corp	N	0000000
	4918	Clover Health Group	00000	83-1700805	000000000	0000000000		Clover Health International	DE .	NIA	Clover Health Investment, Corp	Ownership	100.0	Clover Health Investments, Corp		
	4918	Clover Health Group	00000	. 69601330 .	000000000	0000000000		Clover Health HK	. HKG	NIA	Clover Health International	Ownership	100.0	Clover Health Investments,	N	
	4918	Clover Health Group	00000	83-1769911	000000000	0000000000		Clover Therapeutics	DE .	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments,	N	
	4918	Clover Health Group	00000	. 47-240286	000000000	0000000000		Principium Health, LLC	DE .	NIA	Clover HMO of New Jersey, Inc.	Ownership	100.0	Clover Health Investments,	N	
	4918	Clover Health Group	00000	82-0735027	000000000	0000000000		MSPNJ, LLC	NJ .	NIA	Clover HMO of New Jersey, Inc.	Ownership	100.0		N	

Asterisk	Explanation
0000001	

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
					Purchases, Sales	Income/(Disburse-				Any Other		Reinsurance
					or Exchanges of	ments) Incurred in				Material Activity		Recoverable/
					Loans, Securities,	Connection with	Management	Income/		not in the		(Payable)
					Real Estate,	Guarantees or	Agreements	(Disbursements)		Ordinary		on Losses
NAIC					Mortgage	Undertakings	and	Incurred Under		Course of		and/or Reserve
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Loans or Other	for the Benefit	Service	Reinsurance		the Insurer's		Credit Taken/
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
14203	45-4535883	Clover Insurance Company		85,600,000			(46,916,671)			l	38,683,329	
	38-3889370	Clover Health, LLC					46,916,671				46,916,671	
16347		Clover HMO of NJ		7,463,015			(2,686,224)				4,776,791	
		Clover Health Holdings, Inc.		(93,063,015)			2,686,224				(90,376,791)	
9999999 Cor	ntrol Totals								XXX			

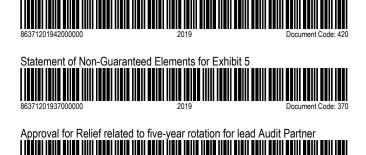
Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Will an actuarial opinion be filed by March 1? Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes Yes Yes Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes **APRIL FILING** Will Management's Discussion and Analysis be filed by April 1?
Will the Supplemental Investment Risks Interrogatories be filed by April 1?
Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes Yes Yes JUNE FILING Will an audited financial report be filed by June 1? Yes Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? **AUGUST FILING** 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes The following supplemental reports are required to be filed as part of your 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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? Yes Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

Will the actuarial opinion on participating and non-participating policies required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? Nο No Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No No 17. 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 file electronically with the NAIC by March 1?
18. 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?
18. 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 No 19. 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 APRIL FILING 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by Yes April 1?
Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and Yes 24 Yes Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? Yes 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No Explanation:

Bar Code:



Response



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)





OVERFLOW PAGE FOR WRITE-INS

ASSETS

		Current Year		Prior Year
	1	2	3	4
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols.1-2)	Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Other Receivables	317,192	317,192		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	317,192	317,192		

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
				Change in Total
		Current Year Total	Prior Year Total	Nonadmitted Assets
		Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1197.	Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2504.	Other Receivables	317,192		(317,192)
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	317,192		(317,192)



LIFE SUPPLEMENTS

For the Year Ended December 31, 2019

To Be Filed By March 1

Of The		CLOVER INSURANCE C	Insurance Company					
Address (City, State and Zip Code	1		Jersey City, NJ 07302					
NAIC Group Code	4918	NAIC Company Code	86371	Employer's ID Number	31-0522223			

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

EXHIBIT 5 - AGGREGATE RESE	2	3	1	5	6
ı	2	3	4	Credit (Group	0
Valuation Standard	Total	Industrial	Ordinary	and Individual)	Group
Life Insurance (Gross)					
1958 CSO ALB 3.0% NL	1 369		1.369		
1958 CSO ALB 3.0% CRVM			2,689		
1958 CSO ALB 4.0% NL			3,740		
1958 CSO ALB 4.5% NL					
1958 CSO ALB 4.5% CRVM			11,541 3.238.262		
1980 CSO 4.5% CRVM					
0199997 Subtotal - Life Insurance (Gross)			5,249,859		
0199998 Reinsurance Ceded					
0199999 Totals - (Net)					
Annuities (excluding supplementary contracts with life contingencies) (Gross)					
· • · · · · · · · · · · · · · · · · · ·		.,,,,	04445	.,,,,,	050.05
			84,115		
	115.187				
			24,601		
0299997 Subtotal - Annuities (excluding supplementary contracts with life contingencies) (Gross)					
029998 Reinsurance Ceded					
0299999 Totals - (Net)					
0399998 Reinsurance Ceded					
0399999 Totals - (Net)					
Accidental Death Benefits (Gross)					
1959 ADB & 1958 CSO 3.00%	2.908		2.908		
0499997 Subtotal - Accidental Death Benefits (Gross)			2,908		
0499998 Reinsurance Ceded					
0499999 Totals - (Net)					
Disability-Active Lives (Gross)					
1952 Dis & 1958 CSO 3.50%	4,088		4,088		
0599997 Subtotal - Disability-Active Lives (Gross)					
0599998 Reinsurance Ceded	4,088		4,088		
0599999 Totals - (Net)					
Disability-Disabled Lives (Gross)					
1952 Dis & 1958 CSO 3.50%	3.693		3.693		
0699997 Subtotal - Disability-Disabled Lives (Gross)			3,693		
0699998 Reinsurance Ceded	3,693		3,693		
0699999 Totals - (Net)					
Miscellaneous Reserves (Gross)					
Substandard Reserve	1,065		1,065		
0799997 Subtotal - Miscellaneous Reserves (Gross)					
0799998 Reinsurance Ceded	1,065		1,065		
0799999 Totals - (Net)					
9999999 Totals - (Net) -Page 3, Line 1					

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?1.2 If not, state which kind is issued: Non-participating (was issued)		Yes[] No[X]	
2.1 Does the reporting entity at present issue both participating and non-participating contracts?2.2 If not, state which kind is issued.		Yes[] No[X]	
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.		Yes[X] No[]	
4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:		Yes[] No[X]	
4.1 Amount of insurance: 4.2 Amount of reserve: 4.3 Basis of reserve	\$ \$		0 0
4.4 Basis of regular assessments 4.5 Basis of special assessments			
4.6 Assessments collected during the year	\$		0
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts			
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? 6.1 If so, state the amount of reserve on such contracts on the basis actually held: 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the	\$	Yes[] No[X]	0
same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:	\$		0
Attach statement of methods employed in their valuation.			
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:	\$	Yes[] No[X]	0
 7.2 Specify the basis (fair value, amortized cost, etc.) for détermining the amount 7.3 State the amount of reserves established for this business: 7.4 Identify where the reserves are reported in the blank 	\$		0
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:	\$	Yes[] No[X]	0
8.2 State the amount of reserves established for this business:8.3 Identify where the reserves are reported in the blank:	\$. 0
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?		Yes[] No[X]	
9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:9.2 State the amount of reserves established for this business:9.3 Identify where the reserves are reported in the blank:	\$	Yes[] No[X]	0 0

Suppze

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
		Guaranteed			Dividend	Premium and
		Interest	Annuities	Supplemental	Accumulations	Other Deposit
	Total	Contracts	Certain	Contracts	or Refunds	Funds
Balance at the beginning of the year before reinsurance	39				39	
2. Deposits received during the year						
3. Investment earnings credited to the account						
4. Other net change in reserves						
5. Fees and other charges assessed						
6. Surrender charges						
7. Net surrender or withdrawal payments						
B. Other net transfers to or (from) Separate Accounts						
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4						
- 5 - 6 - 7 - 8)	39				39	
10. Reinsurance balance at the beginning of the year						
11. Net change in reinsurance assumed						
12. Net change in reinsurance ceded						
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)	(39)				(39)	
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)						

Sup

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
										Reinsurance		Funds
NAIC					Type of	Type of	Amount of			Payable on	Modified	Withheld
Company	ID	Effective		Domiciliary	Reinsurance	Business	In force at			Paid and	Coinsurance	Under
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	End of Year	Reserve	Premiums	Unpaid Losses	Reserve	Coinsurance
]						
			1									
				V ()	$N \vdash$							
				•								
9999999 Tot	al (Sum of 11	99999 and 22999	999)									

SCHEDULE S - PART 3 - SECTION 1

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

1 2 3 4 5 6 7 79pe of NAICE Flifective Domiciliary Reinsurance Domiciliary Reinsurance Domiciliary Reinsurance		Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year													
Demolitary Demolitary Demolitary Reinsurance Business Fore at End Current Prior Corent Prior Consumone Under Code Ceded Ce	1	2	3	4	5	6	7 8 Reserve Credit Taken		dit Taken	11	Outstanding Surplus Relief		14	15	
Cocie Number Date Date Name of Company Junsdiction Ceded Ceded Of Year Reserve Coinsurance	NAIC					Type of	Type of	Amount in	9	10		12	13	Modified	Funds Withheld
General Account - Authorized - Non-Affiliates - U.S. O.	Company	' ID	Effective		Domiciliary	Reinsurance	Business	Force at End	Current	Prior		Current	Prior	Coinsurance	Under
60446	Code	Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
60445 74-1915841 05011999 SAGICOR LIFE INS CO	General	General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
BO445 74-1915841 05(01)1999 SAGICOR LIFE INS CO	60445	74-1915841	05/01/1999	SAGICOR LIFE INS CO		CO/I	OL	37,504	20,215	21,942	394				
60445 774-1915841 05/01/1999 SAGICOR LIFE INS CO					TX	CO/I			108,716	107,912					
82677 06-08397/05 09/15/2001 SWISS RE LIFE & HLTH AMER INC MO NRTI OL 1,039.647 2,837 3,145 2,106 82627 06-08397/05 09/15/2001 SWISS RE LIFE & HLTH AMER INC MO OTHI OL 149,000 29 51 73 82627 06-08397/05 09/15/2001 SWISS RE LIFE & HLTH AMER INC MO OTHI OL 149,000 29 51 73 82627 06-08397/05 09/15/2001 SWISS RE LIFE & HLTH AMER INC MO OTHI OL 149,000 29 51 73 73 82627 06-08397/05 09/15/201 SWISS RE LIFE & HLTH AMER INC MO OTHI OL 149,000 29 51 73 73 82627 06-08397/05 09/15/201 SWISS RE LIFE & HLTH AMER INC MD OTHI OL 149,000 29 51 73 73 82627 06-08397/05 09/15/201 SWISS RE LIFE & HLTH AMER INC MD OL 14,150,000 43,766 40,651 17,930 08/15/201 CWISS RE LIFE & HLTH AMER INC MD OL 41,150,000 43,766 40,651 17,930 08/15/201 CWISS RE LIFE & HLTH AMER INC MD OL 41,150,000 43,766 40,651 17,930 08/15/201 CWISS RE LIFE & HLTH AMER INC CWISS RE STORE S							OL		820,952	829,102					
82627 06-0839705 09/15/2001 SWISS RE LIFE & H.ITH AMER INC MO OTH OL 149,000 29 51 73 69418 59-2403689 1001/2012 SOUTHERN FINANCIAL LIFE INS CO MD COI OL 4,150,000 4,3768 4,0651 17,950 69418 59-2403689 1001/2012 SOUTHERN FINANCIAL LIFE INS CO LA COI OL 45,118,152 5,194,747 5,045,049 531,270 50,09999 7014 Ceneral Account - Authorized - Non-Affiliates - U.S. Non-Affiliates 50,494,303 6,191,321 6,047,891 551,773 50,09999 7014 Ceneral Account - Authorized - Non-Affiliates - U.S Total 199999 Subtotal - General Account - Authorized - Affiliates - U.S Total 1999999 Subtotal - General Account - Unauthorized - Affiliates Color - Centified - Affiliates - U.S Total 2999999 Total - General Account - Centified - Affiliates Color - Centified - C							OL	4 000 047	39						
68744 13-1423090 1231/2014 UNION LASOR LIFE INS CO					MO		OL	1,039,647	2,837		2,106				
68418. 59-2403689 1001/2012 SOUTHERN FINANCIAL LIFE INS CO											17 930				
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates 50.494,303 6,191,321 6,047,891 551,773 1099999 Total - General Account - Authorized - Mon-Affiliates - U.S Total 6,047,891 551,773 1499999 Subtotal - General Account - Authorized - Affiliates - U.S Total 6,047,891 551,773 1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S Total 6,047,891 551,773 1499999 Total - General Account - Unauthorized - Affiliates - U.S Total 6,047,891 551,773 1499999 Total - General Account - Unauthorized - Affiliates - U.S Total 7,049,047,047,047,047,047,047,047,047,047,047			10/01/2012	SOUTHERN FINANCIAL LIFE INS CO	LA	CO/I	OL				531.270				
1099999 Total - General Account - Authorized - Non-Affiliates 50.494.303 6.191.321 6.047.891 551.773 1199999 Total - General Account - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Account - Unauthorized - Affiliates U.S Total 1899999 Total - General Account - Unauthorized - Affiliates U.S Total 1899999 Total - General Account - Unauthorized - Affiliates U.S Total 1899999 Subtotal - General Account - Unauthorized - Affiliates U.S Total 1899999 Subtotal - General Account - Certified - Affiliates U.S Total 1899999 Subtotal - General Account - Certified - Affiliates U.S Total 1899999 Subtotal - General Account - Certified - Affiliates U.S Total 1899999 Subtotal - General Account - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Account - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Account - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Accounts - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Accounts - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Accounts - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Accounts - Authorized - Affiliates - U.S Total 1899999 Subtotal - General Accounts - Authorized - Affiliates - U.S Total 18999999 Subtotal - General Accounts - Unauthorized - Affiliates - U.S Total 1899999999999999999999999999999999999		!													
1199999 Total - General Account - Authorized								, ,	-, - ,-	- , - ,					
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S Total 1899999 Total - General Account - Unauthorized - Affiliates - U.S Total 299999 Total - General Account - Unauthorized 2999999 Subtotal - General Account - Certified - Affiliates - U.S Total 2999999 Total - General Account - Certified - Affiliates 2000															
1899999 Total - General Account - Unauthorized - Affiliates	1499999	Subtotal - Genera	al Account - Un	authorized - Affiliates - U.S Total											
299999 Total - General Account - Certified - Affiliates - U.S Total	1899999	1899999 Total - General Account - Unauthorized - Affiliates													
2999999 Total - General Account - Certified - Affiliates	2299999	Total - General A	ccount - Unaut	horized											
3399999 Total - General Account - Authorized, Unauthorized and Certified 3499999 Total - General Account - Authorized, Unauthorized and Certified 50,494,303 6,191,321 6,047,891 551,773 3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S Total 4199999 Total - Separate Accounts - Authorized Affiliates 4599999 Total - Separate Accounts - Authorized - Affiliates 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates 5299999 Total - Separate Accounts - Unauthorized - Affiliates 5999999 Total - Separate Accounts - Unauthorized 5999999999999999999999999999999999999	2599999	Subtotal - Genera	al Account - Ce	rtified - Affiliates - U.S Total											
349999 Total - General Account - Authorized, Unauthorized and Certified 50,494,303 6,191,321 6,047,891 551,773 3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S Total 4199999 Total - Separate Accounts - Authorized Affiliates 4899999 Total - Separate Accounts - Unauthorized - Affiliates - U.S Total 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates 4899999 Total - Separate Accounts - Unauthorized - Affiliates 599999 Total - Separate Accounts - Unauthorized - Affiliates 599999 Total - Separate Accounts - Unauthorized 599999 Subtotal - Separate Accounts - Certified - Affiliates - U.S Total 599999 Subtotal - Separate Accounts - Certified - Affiliates 599999 Total - Separate Accounts - Certified - Affiliates 599999 Total - Separate Accounts - Certified - Affiliates 599999 Total - Separate Accounts - Certified - Affiliates 599999 Total - Separate Accounts - Certified 5999999 Total - Separate Accounts - Certified 5999999 Total - Separate Accounts - Certified 5999999 Total - Separate Accounts - Certified 599999999999999999999999999999999999															
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S Total 4199999 Total - Separate Accounts - Authorized Affiliates 4599999 Total - Separate Accounts - Authorized - Affiliates - U.S Total 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates 4599999 Total - Separate Accounts - Unauthorized - Affiliates 4599999 Total - Separate Accounts - Unauthorized - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates - U.S Total 5999999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 4599999 Total - Separate Accounts - Certified - Affiliates 45999999 Total - Separate Accounts - Certified 45999999 Total - Separate Accounts - Certified - Affiliates 4599999999999999999999999999999999999	3399999	Total - General A	ccount - Certifi	ed											
4199999 Total - Separate Accounts - Authorized Affiliates 4899999 Total - Separate Accounts - Unauthorized - Affiliates - U.S Total 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates 5899999 Total - Separate Accounts - Unauthorized - Affiliates 5899999 Total - Separate Accounts - Certified - Affiliates - U.S Total 58999999 Total - Separate Accounts - Certified - Affiliates - U.S Total 5899999999999999999999999999999999999	3499999	Total - General A	ccount - Autho	rized, Unauthorized and Certified				50,494,303	6,191,321	6,047,891	551,773				
4199999 Total - Separate Accounts - Authorized Affiliates 4899999 Total - Separate Accounts - Unauthorized - Affiliates - U.S Total 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates 5899999 Total - Separate Accounts - Unauthorized - Affiliates 5899999 Total - Separate Accounts - Certified - Affiliates - U.S Total 58999999 Total - Separate Accounts - Certified - Affiliates - U.S Total 5899999999999999999999999999999999999	3799999	Subtotal - Separa	te Accounts - A	Authorized - Affiliates - U.S Total											
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates 5699999 Total - Separate Accounts - Unauthorized 5699999 Subtotal - Separate Accounts - Certified - Affiliates - U.S Total 5999999 Total - Separate Accounts - Certified - Affiliates 5999999 Total - Separate Accounts - Certified - Affiliates 6799999 Total - Separate Accounts - Certified 5999999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified 5999999 Total - Separate Accounts - Authorized, Unauthorized and Certified 6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5999999 and 6499999) 50,494,303 6,191,321 6,047,891 551,773	14199999	Total - Separate /	Accounts - Autl	norized Affiliates											
5299999 Total - Separate Accounts - Unauthorized - Affiliates 5699999 Total - Separate Accounts - Unauthorized 5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S Total 5999999 Total - Separate Accounts - Certified - Affiliates 6399999 Total - Separate Accounts - Certified - Affiliates 5999999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified 5999999 Total - Separate Accounts - Authorized, Unauthorized and Certified 6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5999999 and 6499999) 50,494,303 6,191,321 6,047,891 551,773	4599999	Total - Separate	Accounts - Aut	norized											
5299999 Total - Separate Accounts - Unauthorized - Affiliates 5699999 Total - Separate Accounts - Unauthorized 5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S Total 5999999 Total - Separate Accounts - Certified - Affiliates 6399999 Total - Separate Accounts - Certified - Affiliates 5999999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified 5999999 Total - Separate Accounts - Authorized, Unauthorized and Certified 6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5999999 and 6499999) 50,494,303 6,191,321 6,047,891 551,773	4899999	Subtotal - Separa	ite Accounts - I	Jnauthorized - Affiliates - U.S Total											
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S Total 6399999 Total - Separate Accounts - Certified - Affiliates 6799999 Total - Separate Accounts - Certified - Affiliates 6899999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified 6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 25999999, 3799999, 4299999, 4899999, 5999999 and 6499999) 50,494,303 6,191,321 6,047,891 551,773	5299999	Total - Separate	Accounts - Una	uthorized - Affiliates											
6399999 Total - Separate Accounts - Certified - Affiliates 6799999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified 6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) 50,494,303 6,191,321 6,047,891 551,773															
6399999 Total - Separate Accounts - Certified - Affiliates 6799999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Certified 6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified 6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) 50,494,303 6,191,321 6,047,891 551,773	5999999	Subtotal - Separa	te Accounts - 0	Certified - Affiliates - U.S Total											
6799999 Total - Separate Accounts - Certified	6399999	Total - Separate	Accounts - Cer	tified - Affiliates											
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)	6799999	Total - Separate	Accounts - Cer	lified											
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)	6899999	Total - Separate	Accounts - Autl	norized, Unauthorized and Certified											
9999999 Total (Sum of 3499999 and 6899999)	6999999	Total U.S. (Sum o	of 0399999, 08	99999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 48	399999, 539999	9, 5999999 and	649999)	50,494,303	6,191,321						
	9999999	Total (Sum of 349	99999 and 689	9999)				50,494,303	6,191,321	6,047,891	551,773				



DIRECT BUSINESS IN THE STATE OF ALABAMA

DURING THE YEAR 2019 NAIC Group Code: 4918 LIFE INSURANCE NAIC Company Code: 86371

1 1/ 1/	O Oloup Code. 7310				LII L INOUN	1110		1 1/ 1	io company	Quue.	00071
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordir		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance			606							606
2.	Annuity considerations										
	Deposit-type contract funds			X X X				X X X			
5.	TOTALS (sum of Lines 1 to 4)										606
	CT DIVIDENDS TO POLICYHOLD										
		EN3/NEFU	INDS TO MEM	DENO							
Life	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annu	iities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other									.	
_	7.4 TOTALS (sum of Lines 7.1 to 7.									.	
	GRAND TOTALS (Lines 6.5 plus 7.4)									.	
	DIRECT CLAIMS AND BENEFITS										
	Death benefits										
	Matured endowments										
	Annuity benefits										
	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous	direct claims									
	and benefits paid										
	All other benefits, except accident and										
15.	TOTALS										
DET/	AILS OF WRITE-INS										
1301.											
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu	ıs 1398)									
	(Line 13 above)										
					Credit Life						
		C	rdinary (Grou		p and Individual)		Group	Industrial			Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected	[
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies	3				
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										

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

ACCIDENT AND HEALTH INSURANCE

(a).

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

In force December 31 of current year



DIRECT BUSINESS IN THE STATE OF ARIZONA

NAIC Group Code: 4918

DURING THE YEAR 2019 LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5	
	DIRECT PREMIUMS				Credit Life							
	AND ANNUITY CONSIDERATIONS		Ordin	,	(Group and Indiv	dual)	Group		Industrial		Total	
1.	Life Insurance			8,662							8,662	
2.	Annuity considerations											
3.	Deposit-type contract funds				X X X				X X X			
4.	Other considerations											
5.	TOTALS (sum of Lines 1 to 4)			8,662							8,662	
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	INDS TO MEMI	BERS								
	nsurance:		1	-								
	6.1 Paid in cash or left on deposit											
	6.2 Applied to pay renewal premium											
	6.3 Applied to provide paid-up addit											
	shorten the endowment or prem											
	paying period											
	6.4 Other											
	6.5 TOTALS (sum of Lines 6.1 to 6.											
Annı	ities:	.+)										
Annu												
	7.1 Paid in cash or left on deposit											
	7.2 Applied to provide paid-up annu											
	7.3 Other											
	7.4 TOTALS (sum of Lines 7.1 to 7.											
8.	GRAND TOTALS (Lines 6.5 plus 7.4)											
	DIRECT CLAIMS AND BENEFITS							1				
9.	Death benefits											
10.	Matured endowments											
11.	Annuity benefits											
12.	Surrender values and withdrawals for I			1,946							1,946	
13.	Aggregate write-ins for miscellaneous											
	and benefits paid											
14.	All other benefits, except accident and		1									
15.	TOTALS			1,946							1,946	
DET	AILS OF WRITE-INS											
1301.												
1302.												
1303.												
1398.	Summary of remaining write-ins for Lin	e 13 from										
	overflow page											
1399.	TOTALS (Lines 1301 through 1303 plu											
	(Line 13 above)											
	(======================================				Credit Life	T						
			Ordinary	(Grou	p and Individual)		Group		ndustrial		Total	
		1	2	3	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS	No. of	2	No. of Ind.	7	No. of		No. of		No. of	10	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &		
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount	
16												
16. 17.	Unpaid December 31, prior year Incurred during current year									1	1 046	
17.	iliculted duffid cufferit veal	1								1	1,946	
10 1		1										
18.1	Settled during current year:		1,946								1 046	
	Settled during current year: By payment in full	1	1,946							1		
18.2	Settled during current year: By payment in full	1	1,946							1		
18.2 18.3	Settled during current year: By payment in full By payment on compromised claims	1 1	1,946 1,946 1,946							1		
18.2 18.3 18.4	Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise	1								1	1,946	
18.2 18.3 18.4 18.5	Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected	1								1	1,946	
18.2 18.3 18.4 18.5 18.6	Settled during current year: By payment in full By payment on compromised claims . TOTALS Paid	1								1	1,946	
18.2 18.3 18.4 18.5	Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines	1	1,946 1,946 1,946							1	1,946	
18.2 18.3 18.4 18.5 18.6	Settled during current year: By payment in full By payment on compromised claims . TOTALS Paid	1	1,946 1,946 1,946							1	1,946	
18.2 18.3 18.4 18.5 18.6	Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,946 1,946 1,946			No. of				1	1,946	
18.2 18.3 18.4 18.5 18.6 19.	Settled during current year: By payment in full By payment on compromised claims . TOTALS Paid	1	1,946 1,946 1,946			No. of Policies				1	1,946	
18.2 18.3 18.4 18.5 18.6 19.	Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year	1	1,946 1,946 1,946 1,946		(a)	No. of Policies				1		
18.2 18.3 18.4 18.5 18.6 19.	Settled during current year: By payment in full By payment on compromised claims . TOTALS Paid	1	1,946 1,946 1,946 1,946		(a)	No. of Policies				1		
18.2 18.3 18.4 18.5 18.6 19.	Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year	1	1,946 1,946 1,946 1,946		(a).	No. of Policies				1		

..0.

ACCIDENT AND HEALTH INSURANCE

(a).

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

In force December 31 of current year | 11 | 955,746



DIRECT BUSINESS IN THE STATE OF ARKANSAS

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	/ Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	arv	2 Credit Life (Group and Individ	tual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4.	Other considerations					I					200
5.	TOTALS (sum of Lines 1 to 4) CT DIVIDENDS TO POLICYHOLD										328
1	CT DIVIDENDS TO POLICTHOLD	EKS/KEFU	JND9 IO MEMI	BEKS							
Lile	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	Applied to provide paid-up addit shorten the endowment or prem paying period	ions or nium -									
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu		٠٠٠٠٠٠٠٠٠٠									
7	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
9.	DIRECT CLAIMS AND BENEFITS Death benefits			5,000							5,000
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.											
14.	and benefits paid										
	TOTALS										5,000
	AILS OF WRITE-INS			0,000							0,000
	ALS OF WINTE-INS				T						
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)			1	Credit Life	<u> .</u> .				· · · · · · · · · · · · · · · · · · ·	
			Ordinary	1	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
10	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year	11	5,000								5,000
17.	Settled during current year:		3,000								3,000
18.1	By payment in full		5,000							11	5,000
18.2	By payment on compromised claims .										
18.3	TOTALS Paid	1	5,000	1						1	5,000
18.4	Reduction by compromise										
18.5 18.6	Amount rejected TOTAL Settlements	1	5,000	1							5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year				(a)						
21. 22.	Other changes to in force (Net)										
22.	Other changes to in force (Net)				(0)						

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF CALIFORNIA

NAIC Group Code: 4918

DURING THE YEAR 2019 LIFE INSURANCE NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life		_				
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individual		Group		Industrial		Total
1. 2.	Life Insurance										38,824
3.	Deposit-type contract funds				XXX				X X X	1	
4.	Other considerations									I	
5.	TOTALS (sum of Lines 1 to 4)			38,824							38,824
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REFUI	NDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	uities:	,									
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
8.	7.4 TOTALS (sum of Lines 7.1 to 7.	১)									
0.	GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS										
9.	Death benefits			85 288							85,288
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous										
11	and benefits paid										
14. 15.	All other benefits, except accident and TOTALS										85.288
	AILS OF WRITE-INS			05,200							
	AILS OF WRITE-INS		1		1						
1301.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)					<u> .</u>		·····		· · · · · · · · · · · · · · · · · · ·	
		0.	rdinary	I	Credit Life p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10(a)
	DIRECT DEATH BENEFITS	No. of	-	No. of Ind.	·	No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year			I						1	
17.	Incurred during current year										
18.1	Settled during current year: By payment in full	1	25 722							1	85.288
18.2	By payment on compromised claims .	1		I							
18.3	TOTALS Paid		85,288							1	I I
18.4	Reduction by compromise										
18.5	Amount rejected			1							
18.6	TOTAL Settlements	1 .	85,288							1	85,288
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	10 + 17 - 10.0)					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	73 .	5,713,230		(a)		_			73	5,713,230
21.	Issued during year	1									
22.	Other changes to in force (Net)		(145,622)							(3)	(145,622)
23	In force December 31 of current year	70	5 567 608	1	l (a)	1				70	5 567 608

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			· -		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF COLORADO

NAIC Group Code: 4918

DURING THE YEAR 2019 LIFE INSURANCE NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS		0.11		Credit Life						
1.	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ		Group		Industrial	_	Total 18,198
2.	Life Insurance			10,190							
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										18,198
	CT DIVIDENDS TO POLICYHOLDE	ERS/REFU	INDS TO MEME	BERS							
Life	nsurance: 6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up additi										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
Annı	uities:	7)									
/	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu	ities									
	7.3 Other										
8.	7.4 TOTALS (sum of Lines 7.1 to 7.3 GRAND TOTALS (Lines 6.5 plus 7.4)	ა)								.	
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits									.	
10.	Matured endowments										
11.	Annuity benefits										
12. 13.	Surrender values and withdrawals for li Aggregate write-ins for miscellaneous of										
13.	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DET/	AILS OF WRITE-INS										
1301.											
1302. 1303.											
	Summary of remaining write-ins for Line										
1000.	overflow page									.	
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)					<u></u> .				.	
		_	N-40	(0	Credit Life		0		la di sakala l		T-4-1
	ł	1	Ordinary 2	(Grou	p and Individual)	5	Group 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS	No. of	2	No. of Ind.	7	No. of	Ŭ	No. of		No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year										
17.	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise Amount rejected										
18.6	,										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	DOLLOV EVLUDIT					No. of					
20	POLICY EXHIBIT In force December 31, prior year	25	1,631,035		(a)	Policies				25	1,631,035
20. 21.	Issued during year		1,031,035		(a)					25	1,031,035
22.	Other changes to in force (Net)		(34,335)							(1)	
23.	In force December 31 of current year		1,596,700		(a)					24	` '

ACCIDENT AND HEALTH INSURANCE

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26	TOTALS (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					



DIRECT BUSINESS IN THE STATE OF CONNECTICUT

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total
1. 2.	Life Insurance										10,319
3.	Deposit-type contract funds				XXX				XXX	I	
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										10,319
DIRE	CT DIVIDENDS TO POLICYHOLD										,
	Insurance:			J (0							
•	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	ა)									
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits		1								
12.	Surrender values and withdrawals for li										11,139
13.	Aggregate write-ins for miscellaneous										,
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS			11,139							11,139
DET/	AILS OF WRITE-INS										
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin										
1200	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)										
	(Liffe 13 above)				Credit Life	····· -		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
			Ordinary	I	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of	-	No. of Ind.	·	No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year	1	11,139							1	11,139
	Settled during current year:										
18.1	By payment in full			1						1	
18.2	By payment on compromised claims										
18.3	TOTALS Paid			I						1	,
18.4	Reduction by compromise										
18.5	Amount rejected									1	11,139
19.	Unpaid Dec. 31, current year (Lines		11,133								11,133
'5.	16 + 17 - 18.6)	1	5 000	l			.	l		1	5,000
						No. of					3,000
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	17	925,991		(a)					17	925,991
21.	Issued during year				(2)						
22.	Other changes to in force (Net)		(43,000)							(1)	(43,000)
23.	In force December 31 of current year	Ì6	882,991	<u> </u>	(a)					Ì6	

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF DELAWARE

DURING THE YEAR 2019 NAIC Company Code: 86371

	NAIC Group Code: 4918			LIFE INSURANCE					NAIC Company Code: 86371		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	on.	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
	Life Insurance		Ordin				Group		musmai		10tai 1.31
	Annuity considerations										
	Deposit-type contract funds Other considerations								X X X	1	
	TOTALS (sum of Lines 1 to 4)					I					
	CT DIVIDENDS TO POLICYHOLD										,
ife Ir	nsurance:										
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit shorten the endowment or prem	nium -									
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
	uities: 7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
3.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS	PAID									
	Death benefits										10,0
	Matured endowments										
	Annuity benefits										
	Aggregate write-ins for miscellaneous										
٥.	and benefits paid										
4.	All other benefits, except accident and	health									
5.	TOTALS			10,000							
ETA	AILS OF WRITE-INS										
398.	Summary of remaining write-ins for Lin	e 13 from									
398.	Summary of remaining write-ins for Lin overflow page	e 13 from									
398. 399.	Summary of remaining write-ins for Lin overflow page	ne 13 from us 1398)									
398. 399.	Summary of remaining write-ins for Lin overflow page	ne 13 from us 1398)									
398. 399.	Summary of remaining write-ins for Lin overflow page	ue 13 from us 1398)	ordinary	(Grou	Credit Life p and Individual)		Group		ndustrial		Total
398. 399.	Summary of remaining write-ins for Lin overflow page	us 1398)		(Grou	Credit Life	5		7		9	Total 10
398. 399.	Summary of remaining write-ins for Lin overflow page	us 1398)	ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of	Group	7 No. of	ndustrial	9 No. of	
398. 399.	Summary of remaining write-ins for Lin overflow page	us 1398) C 1 No. of Pols. &	ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certi-	Group 6	7 No. of Pols. &	ndustrial 8	9 No. of Pols. &	10
398.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	us 1398) The state of the stat	ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of	Group	7 No. of	ndustrial	9 No. of Pols. & Certifs.	10 Amount
398. 399. 6.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	13 from (13	ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	Group 6	7 No. of Pols. &	ndustrial 8	9 No. of Pols. &	10 Amount
398. 399. 6.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	us 1398) The state of the stat	ordinary 2 Amount10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	Group 6	7 No. of Pols. & Certifs.	ndustrial 8	9 No. of Pols. & Certifs.	10 Amount
3398. 3399. 66. 77.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	1 No. of Pols. & Certifs.	ordinary 2 Amount10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	Group 6	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs.	Amount 10,0
66. 7. 8.1 8.2	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims	13 from Signature 14 from Signature 14 from Signature 14 from Signature 15 from Sign	Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	Amount 10,0
3998. 3999. 	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid	13 from Is 1398) CO 1 No. of Pols. & Certifs	Amount 10,000 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	Amount 10,0 10,0 10,0
3398. 3399. 6. 7. 8.2 8.3 8.3	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise	13 from 1398) 15 1398) 1 No. of Pols. & Certifs. 1	Amount 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	Amount 10,00
3998. 3999. 53. 7. 33.3 33.4 33.5	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected	1 No. of Pols. & Certifs	Amount 10,000 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount
3998. 3999. 7. 33.1 33.2 33.3 33.4 33.5 33.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	1 No. of Pols. & Certifs	Amount 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount
3998. 3999. 33.1 33.2 33.3 34.4 33.5 36.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected	1 No. of Pols. & Certifs	Amount 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount
66. 77. 8.1 8.2 8.3 8.4 8.5 8.6 9.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines)	13 from	Amount 10,000 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount
398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs	Amount 10,000 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount
398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year	13 from 15 1398) 1 No. of Pols. & Certifs. 1 1	Amount 10,000 10,000 10,000 45,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount 10,00 10
398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year	1 No. of Pols. & Certifs	Amount 10,000 10	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	No. of Policies	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount
398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year	1 No. of Pols. & Certifs	Amount 10,000 10,000 10,000 45,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	5 No. of Certificates No. of Policies	Group 6 Amount	7 No. of Pols. & Certifs.	ndustrial 8 Amount	9 No. of Pols. & Certifs	10 Amount

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF **DISTRICT OF COLUMBIA**

NAIC Group Code: 4918 LIFE INSURANCE **DURING THE YEAR 2019** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance										774
2.	Annuity considerations									I	
3.	Deposit-type contract funds				X X X				X X X		
4. 5.	Other considerations										774
_	CT DIVIDENDS TO POLICYHOLD										
	nsurance:	EK3/KEFUI	NDS TO MEME	DEKO							
Life	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9. 10.	Death benefits		I								
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DETA	AILS OF WRITE-INS										
1301.											
1302.											
1398.	Summary of remaining write-ins for Lin										
4000	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)					· · · · · · ·		·····		 T	
			din on t	I	Credit Life		Croun		المطريمة بأما		Total
		1	dinary 2	3	p and Individual)	5	Group 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS	No. of	2	No. of Ind.	7	No. of		No. of		No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4 18.5	Reduction by compromise Amount rejected										
18.6	TOTAL Settlements	1 1									
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	,					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	2	65,000		(a)					2	65,000
21.	Issued during year	1									
22.	Other changes to in force (Net)										
23	In force December 31 of current year	2	65 000	1	(a)	I		1		2	65 000

ACCIDENT AND HEALTH INSURANCE

	710015211	. ,				
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF FLORIDA

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	C Group Code: 4918	Code: 4918 LI				LIFE INSURANCE			NAIC Company Code: 86371			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordii		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total	
1.	Life Insurance						Group				3.018	
2.	Annuity considerations											
3.	Deposit-type contract funds				X X X				X X X			
4.	Other considerations											
5.	TOTALS (sum of Lines 1 to 4)										3,018	
	CT DIVIDENDS TO POLICYHOLD	ERS/REF	JNDS TO MEM	BERS								
Life I	nsurance:											
	6.1 Paid in cash or left on deposit .6.2 Applied to pay renewal premiun											
	Applied to provide paid-up addishorten the endowment or prempaying period Other	tions or nium -								.		
	6.5 TOTALS (sum of Lines 6.1 to 6.											
Annu	•	٠٠٠										
	7.1 Paid in cash or left on deposit.											
	7.2 Applied to provide paid-up annu	iities										
	7.3 Other											
	7.4 TOTALS (sum of Lines 7.1 to 7.											
8.	GRAND TOTALS (Lines 6.5 plus 7.4)											
9.	DIRECT CLAIMS AND BENEFITS Death benefits											
10.	Matured endowments											
11.	Annuity benefits											
12.	Surrender values and withdrawals for I											
13.	Aggregate write-ins for miscellaneous											
	and benefits paid											
14. 15.	All other benefits, except accident and											
	TOTALS											
	AILS OF WRITE-INS				1							
1301.												
	Summary of remaining write-ins for Lin											
	overflow page											
1399.	TOTALS (Lines 1301 through 1303 plu											
	(Line 13 above)					. T				 I		
			Onding	I	Credit Life p and Individual)		0		la di catalal		T-4-1	
		1	Ordinary 2	3	4	5	Group 6	7	Industrial 8	9	Total 10	
	DIRECT DEATH BENEFITS	No. of	_	No. of Ind.	•	No. of	1	No. of		No. of		
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &		
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount	
16.	Unpaid December 31, prior year											
17.	Incurred during current year Settled during current year:											
18.1	By payment in full											
18.2	By payment on compromised claims .											
18.3	TOTALS Paid											
18.4	Reduction by compromise											
18.5	Amount rejected											
18.6 19.	TOTAL Settlements Unpaid Dec. 31, current year (Lines											
13.	16 + 17 - 18.6)						.					
	,					No. of						
	POLICY EXHIBIT					Policies	3					
20.	In force December 31, prior year				(a)							
21. 22.	Other changes to in force (Net)											
22.	Other changes to in force (Net)				(0)							

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF GEORGIA

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance						Gloup				6,425
2.	Annuity considerations									_ I	
3.	Deposit-type contract funds					I			X X X	_ I	
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										6,42
	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	JNDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.										
	 6.2 Applied to pay renewal premiur 6.3 Applied to provide paid-up addi shorten the endowment or pren paying period 6.4 Other 	tions or nium -									
	6.5 TOTALS (sum of Lines 6.1 to 6										
Annu	•	٠٠٠,									
Aiiii	7.1 Paid in cash or left on deposit.									.	
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
9.	DIRECT CLAIMS AND BENEFITS Death benefits										
10.	Matured endowments		I								
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
4.4	and benefits paid									.	
14. 15.	All other benefits, except accident and TOTALS										
_	AILS OF WRITE-INS										
	AILO OF WRITE-INO				1						
1301.										.	
1398.	Summary of remaining write-ins for Lir	e 13 from									
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)			 T		······ ·				.	
			Ordinary	(Grou	Credit Life p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of	_	No. of Ind.		No. of	-	No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5 18.6	Amount rejected	1									
19.	TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
						No. of					
20.	POLICY EXHIBIT In force December 31, prior year	5	495,000		(a)	Policies	>			5	495,000
21.	Issued during year		495,000		(<i>a</i>)						495,000
22.	Other changes to in force (Net)										
22	In force December 21 of current year	_ E	405,000	1	(0)	1	1	1			105 000

ACCIDENT AND HEALTH INSURANCE

	7.00.52.11			_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	All other (b)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF HAWAII

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	,	(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance										51,617
2.	Annuity considerations										
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)			51,617							51,617
	CT DIVIDENDS TO POLICYHOLD	ERS/REF	JNDS TO MEMI	BERS							
Life I	Insurance:										
	6.1 Paid in cash or left on deposit .										
	6.2 Applied to pay renewal premiur										
	6.3 Applied to provide paid-up addi										
	shorten the endowment or pren										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6	.4)									
Annu	uities:										
	7.1 Paid in cash or left on deposit.									.	
	7.2 Applied to provide paid-up annu									.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7									.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										57
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for			33,151							33,151
13.	Aggregate write-ins for miscellaneous										
	and benefits paid									.	
	All other benefits, except accident and										00.000
	TOTALS			33,208							33,208
	AILS OF WRITE-INS				1						
1301.											
1302.											
1303.											
1390.	Summary of remaining write-ins for Lir										
1200	overflow page										
1399.	TOTALS (LINES 1301 through 1303 ph										
	(Line 13 ahove)	us 1398)									
	(Line 13 above)	us 1398)									
	(Line 13 above)	us 1398) 	Ordinary	(Grou	Credit Life p and Individual)		Group		ndustrial		Total
	(Line 13 above)	us 1398) 			Credit Life	5	Group 6	7	ndustrial 8	9	Total 10
	(Line 13 above)	us 1398)	Ordinary	(Grou	Credit Life p and Individual)					9 No. of	
	,	us 1398)	Ordinary	(Grou	Credit Life p and Individual)	5		7			
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of		7 No. of		No. of	
16.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	1 No. of Pols. & Certifs.	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. &	8	No. of Pols. & Certifs.	10 Amount57
16. 17.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year	1 No. of Pols. & Certifs.	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10 Amount
17.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year:	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
17. 18.1	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	Amount
17. 18.1 18.2	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims .	1 No. of Pols. & Certifs	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	Amount 57 33,151 33,208
17. 18.1 18.2 18.3	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid	1 No. of Pols. & Certifs	Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	Amount 57 33,151 33,208 33,208
17. 18.1 18.2 18.3 18.4 18.5	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4 18.5 18.6	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	Amount 57 33,151 33,208 33,208
17. 18.1 18.2 18.3 18.4 18.5	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4 18.5 18.6	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4 18.5 18.6	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs	Ordinary 2 Amount 57	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	No. of Policies	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year	1 No. of Pols. & Certifs	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	No. of Certificates No. of Policies	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year	1 No. of Pols. & Certifs	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	No. of Policies	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	10 Amount
17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year	1 No. of Pols. & Certifs	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	No. of Policies	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs	Amount 57 33,151 33,208 33,208 33,208 6,218,373 (306,956)

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF IDAHO

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

443,000

NAI	C Group Code: 4918				LIFE INSURA	ANCE		N/	AIC Company	/ Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	arv	2 Credit Life (Group and Individual	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										3,823
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4. 5.	Other considerations		I								3.823
_	CT DIVIDENDS TO POLICYHOLDI										3,023
1	nsurance:	EN3/NEFC		DENO							
Life	6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premium 6.3 Applied to provide paid-up addit shorten the endowment or prem paying period	ns ions or iium -									
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu		,									
	 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annu 7.3 Other	ities									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li		I								
13.	Aggregate write-ins for miscellaneous of										
14.	and benefits paid										
	TOTALS										
	AILS OF WRITE-INS									1	
-					T						
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
					Credit Life						
			Ordinary		p and Individual)		Group		Industrial		Total
	DIRECT DEATH BENEFITS	1 No. of	2	3 No. of Ind.	4	5 No. of	6	7 No. of	8	9 No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected			[
18.6 19.	TOTAL Settlements Unpaid Dec. 31, current year (Lines										
13.	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies					
20	In force December 31, prior year	6	1/13 000		(a)					۵	443,000

..0.0.

443,000

ACCIDENT AND HEALTH INSURANCE

(a).

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

Issued during year

Other changes to in force (Net)

In force December 31 of current year

22.

23.



DIRECT BUSINESS IN THE STATE OF ILLINOIS

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAIC Group Code: 4918					LIFE INSURANCE			NA	NAIC Company Code: 86371			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	nary	2 Credit Life (Group and Indiv		3 Group		4 Industrial		5 Total	
1.	Life Insurance										116,942	
2.	Annuity considerations									I		
3. 4.	Deposit-type contract funds Other considerations								X X X			
5.	TOTALS (sum of Lines 1 to 4)											
	CT DIVIDENDS TO POLICYHOLD											
	nsurance:	LICOTICLIC		DLING								
	6.1 Paid in cash or left on deposit.											
	6.2 Applied to pay renewal premiur											
	6.3 Applied to provide paid-up addi shorten the endowment or pren paying period	nium -										
	6.4 Other											
_	6.5 TOTALS (sum of Lines 6.1 to 6	.4)										
Annu	iities:											
	7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annuments.											
	7.3 Other											
	7.4 TOTALS (sum of Lines 7.1 to 7											
8.	GRAND TOTALS (Lines 6.5 plus 7.4)											
	DIRECT CLAIMS AND BENEFITS											
9.	Death benefits											
10.	Matured endowments											
11. 12.	Annuity benefits										5,404	
13.	Aggregate write-ins for miscellaneous			5,404							3,404	
	and benefits paid											
14.	All other benefits, except accident and											
15.	TOTALS			5,404							5,404	
	AILS OF WRITE-INS											
1302.												
	Summary of remaining write-ins for Lir											
1000.	overflow page											
1399.	TOTALS (Lines 1301 through 1303 plu											
	(Line 13 above)	· · · · · · · · · · · · · · · · · · ·										
				1	Credit Life							
			Ordinary		p and Individual)		Group		Industrial		Total	
	DIRECT DEATH BENEFITS	No. of	2	No. of Ind.	4	5 No. of	6	7 No. of	8	9 No. of	10	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &		
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount	
16.	Unpaid December 31, prior year											
17.	Incurred during current year Settled during current year:	1	5,404							. 1	5,404	
18.1	By payment in full	l1	5,404				.			. 1	5,404	
18.2	By payment on compromised claims .											
18.3	TOTALS Paid	1	5,404							. 1	5,404	
18.4	Reduction by compromise											
18.5	Amount rejected		5.404	1						.	5.404	
18.6 19.	TOTAL Settlements Unpaid Dec. 31, current year (Lines	······	5,404							. 1	5,404	
13.	16 + 17 - 18.6)						.			.		
						No. of						
	POLICY EXHIBIT					Policies						
20.	In force December 31, prior year	173	10,709,478		(a)					173	10,709,478	
21.	Issued during year										40.500	
22.	Other changes to in force (Net)		18,500 10,727,978		(a)					(2)	10,727,978	

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF INDIANA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Indivi	dual)	Group		Industrial		Total
1. 2.	Life Insurance			11,477		I				- 1	11,477
3.	Deposit-type contract funds							I	X X X	1	
4.	Other considerations					I .			XXX		
5.	TOTALS (sum of Lines 1 to 4)										11 477
-	CT DIVIDENDS TO POLICYHOLD										
		EK9/KEF	ONDS TO MEMI	DEKO							
Life	nsurance:										
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premiun6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	vities:	٠٠									
A	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu									.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	-,								.	
-	DIRECT CLAIMS AND BENEFITS	PAID								1	
9.	Death benefits				1					.	
10.	Matured endowments		I								
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid										
14.	All other benefits, except accident and	health									
15.	TOTALS										
DETA	AILS OF WRITE-INS										
1301.					Ī						
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu	ıs 1398)									
	(Line 13 above)										
					Credit Life						
			Ordinary	(Grou	ip and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year	l									
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise	I									
18.5	Amount rejected	1									
19.	Unpaid Dec. 31, current year (Lines										
13.		1									
1	16 + 17 - 18 6\					1					
	16 + 17 - 18.6)					No of					
	,					No. of					
20	POLICY EXHIBIT				(a)	No. of Policies				1.4	Q21 100
20.	POLICY EXHIBIT In force December 31, prior year	14	821,100		(a)	No. of Policies				14	*
21.	POLICY EXHIBIT In force December 31, prior year Issued during year	14	821,100		(a)	No. of Policies					
	POLICY EXHIBIT In force December 31, prior year	14	821,100		` '	No. of Policies				14	

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF IOWA

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	any	2 Credit Life (Group and Individual	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										19,167
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4.	Other considerations										10.167
5.	TOTALS (sum of Lines 1 to 4) CT DIVIDENDS TO POLICYHOLDI										19,167
	nsurance: 6.1 Paid in cash or left on deposit										
	Applied to pay renewal premium Applied to provide paid-up addit shorten the endowment or prem paying period Other	nsions or iium -									
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu	•	٠,									
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu	ities				I					
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4) . DIRECT CLAIMS AND BENEFITS										
9. 10.	Death benefits										10,000
11.	Annuity benefits										
12. 13.	Surrender values and withdrawals for li Aggregate write-ins for miscellaneous of	direct claim	s								
14. 15.	and benefits paid	health									10,000
_	AILS OF WRITE-INS			10,000						.	10,000
	ALO OF WINTE-ING				T						
1302.											
	Summary of remaining write-ins for Lin overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)	,						 I			
			Ordinary	(Grou	Credit Life p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6 Group	7	8	9	10tai 10
	DIRECT DEATH BENEFITS AND MATURED	No. of Pols. &	Amazont	No. of Ind. Pols. & Gr.	A	No. of Certi-	Amount	No. of Pols. &		No. of Pols. &	
16.	ENDOWMENTS INCURRED Unpaid December 31, prior year	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
17.	Incurred during current year Settled during current year:	3	25,000							3	25,000
18.1	By payment in full	1	10,000							1	10,000
18.2 18.3	By payment on compromised claims . TOTALS Paid		10,000	1						1	10,000
18.4 18.5	Reduction by compromise										
18.6	Amount rejected			1						1	10,000
13.	16 + 17 - 18.6)	2	15,000			 				2	15,000
	POLICY EXHIBIT					No. of Policies					
20. 21.	In force December 31, prior year Issued during year	42	1,503,308		(a)	Policies				42	1,503,308
22.	Other changes to in force (Net)		(65,000)							(5)	
23.	In force December 31 of current year	37			(a)					37	1,438,308

..0.

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF KANSAS

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	arv	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance						Croup				11,746
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4.	Other considerations					I					11 746
5.	TOTALS (sum of Lines 1 to 4) CT DIVIDENDS TO POLICYHOLDI										11,746
	nsurance: 6.1 Paid in cash or left on deposit										
	 6.2 Applied to pay renewal premium 6.3 Applied to provide paid-up addit shorten the endowment or prem paying period 	ns iions or nium -								.	
	6.4 Other										
Annu	•	٠٠,									
Aiiii	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9. 10.	Death benefits										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous of and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
-	AILS OF WRITE-INS										
1301. 1302.											
	Summary of remaining write-ins for Lin	e 13 from									
1300	overflow page										
1399.	(Line 13 above)										
	(Line to above)			T	Credit Life	T					
		(Ordinary	(Grou	p and Individual)		Group		Industrial		Total
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16.	Unpaid December 31, prior year	4	10,652	Ceruis.	Amount	iicates	Amount	Ociulo.	Amount	4	10,652
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3 18.4	TOTALS Paid	1									
18.5	Amount rejected	1									
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	10,652							4	10,652
						No. of					
20	POLICY EXHIBIT	25	040.001		(-)	Policies				0.5	040.004
20. 21.	In force December 31, prior year Issued during year	25	943,091		(a)					25	943,091
22.	Other changes to in force (Net)	(1)	(25,000)							(1)	(25,000)
23.	In force December 31 of current year		918,091	1	(a)					24	918,091

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF KENTUCKY

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance									1	5,635
2.	Annuity considerations									I	
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										E 62E
5.	TOTALS (sum of Lines 1 to 4)										5,035
	CT DIVIDENDS TO POLICYHOLD	ERS/REFUI	NDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Δnnı	ities:	٠٠, ٠٠٠٠٠٠٠٠٠									
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous										
l	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
	AILS OF WRITE-INS										
1302.											
1398.	Summary of remaining write-ins for Lin										
1200	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)										
	(Line 13 above)				Credit Life	· · · · · · · · · · · · · · · · · · ·				·· ······	
		0	rdinary	I	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of	-	No. of Ind.	·	No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected	l I									
18.6	TOTAL Settlements	-									
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	DOLLOV EVI "DIT					No. of					
200	POLICY EXHIBIT	40	E04.044		(-)	Policies			-	40	504.044
20.	In force December 31, prior year		594,014		(a)					16	594,014
21. 22.	Other changes to in force (Net)										
22.	In force December 31 of current year	16	594 014		(a)					16	594 014

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF LOUISIANA

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										2,411
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4. 5.	Other considerations										
_	CT DIVIDENDS TO POLICYHOLD										Z,411
	nsurance: 6.1 Paid in cash or left on deposit										
	Applied to pay renewal premium Applied to provide paid-up addit shorten the endowment or prem paying period Other	nstions or nium -									
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu	·	4)									
Aiiiu	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
٥	DIRECT CLAIMS AND BENEFITS Death benefits										
9. 10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous of and benefits paid										
14.	All other benefits, except accident and	health									
	TOTALS										
DETA	AILS OF WRITE-INS										
1302.											
	Summary of remaining write-ins for Lin										
1330.	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)	ıs 1398)									
	(2	<u> </u>		<u> </u>	Credit Life						
			Ordinary	(Grou	ip and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED ENDOWMENTS INCURRED	Pols. & Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. & Certifs.	Amount	Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year	Certiis.	Amount	Ceruis.	Amount	licates	Amount	Ceruis.	Amount	Certiis.	Amount
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4 18.5	Reduction by compromise										
18.6	Amount rejected										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	DOLLO: T. T. T. T.					No. of					
	POLICY EXHIBIT		474.00-	-	(-)	Policies				_	171.00-
20.	In force December 31, prior year	1	174,895		(a)					3	
21. 22.	Other changes to in force (Net)										
23.	In force December 31 of current year		175,077	1	(a)						175,077
	,				4 + 4						

ACCIDENT AND HEALTH INSURANCE

				_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies	1				
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	All other (b)					
26	TOTALS (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MARYLAND

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS		Oution		Credit Life	I .	0		la di catalal		T-1-1
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordin	,	(Group and Indiv		Group		Industrial		Total 19,337
2.	Annuity considerations										
3.	Deposit-type contract funds		I						X X X		
4. 5.	Other considerations		I								19,337
_	CT DIVIDENDS TO POLICYHOLD										19,557
	nsurance:	LIKO/IKLI C		DEINO							
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annu											
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
0	DIRECT CLAIMS AND BENEFITS Death benefits										
9. 10.	Matured endowments									.	
11.	Annuity benefits										
12.	Surrender values and withdrawals for li		I	5,033	8						5,033
13.	Aggregate write-ins for miscellaneous of and benefits paid										
14.	All other benefits, except accident and									.	
	TOTALS				3						5,033
DET/	AILS OF WRITE-INS					•		•			
1301.											
1302.											
1303.	Summary of remaining write-ins for Lin										
1000.	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)				1	<u></u> .					
		,	Ordinon	(Crou	Credit Life up and Individual)		Croup		Industrial		Total
		1	Ordinary 2	3	4	5	Group 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
16	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates		Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year		5,033							1	5,033
	Settled during current year:										
18.1	By payment in full					1				1	5,033
18.2	By payment on compromised claims .					1				1	
18.3 18.4	TOTALS Paid									1	5,033
18.5	Amount rejected					1					
18.6	TOTAL Settlements	1	5,033							1	5,033
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	10 + 11 - 10.0)					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year		2,088,820		(a)					48	2,088,820
21.	Issued during year(Nat)					1					(220, 420)
22.	Other changes to in force (Net)		1 752 291		(0)					(4)	(336,439)

	ACCIDENT	AND HEALI	H INSURANC	· C		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies	1				
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Other accident only All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

LIFE INSURANCE NAIC Group Code: 4918

DURING THE YEAR 2019 NAIC Company Code: 86371

	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
L	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Indivi		Group		Industrial		Total
1. 2.	Life Insurance										12,323
3.	Deposit-type contract funds								X X X	- 1	
4.	Other considerations									- 1	
5.	TOTALS (sum of Lines 1 to 4)										12,323
1	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	INDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu	uities:	,									
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu	ities									
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9. 10.	Death benefits										
11.	Annuity benefits									.	
12.	Surrender values and withdrawals for li										1.549
13.	Aggregate write-ins for miscellaneous	direct claims		1,010						.	
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS			1,549							1,549
DETA	AILS OF WRITE-INS										
1301.											
1302.											
1398.	Summary of remaining write-ins for Lin										
1200	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)										
	(Line 13 above)				Credit Life	<u> .</u>		····		.	
			Ordinary	I	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year	1	1,549							1	1,549
10.1	Settled during current year:		1.540							,	1.540
18.1	By payment in full		1,549							1	1,549
18.2	TOTALS Paid									1	1.549
18.4	Reduction by compromise										
18.5	Amount rejected			I							
18.6	TOTAL Settlements		1,549							1	1,549
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year		1,034,225		(a)					12	1,034,225
21.	Issued during year										/00.000
22.	Other changes to in force (Net)	(1)	(68,000)		(a)					(1)	(68,000)

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			· -		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF MICHIGAN

DURING THE YEAR 2019 LIFE INSURANCE NAIC Group Code: 4918 NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordin	ary	Credit Life (Group and Individ	lual)	Group		Industrial		Total
1.	Life Insurance			,							1,200
2. 3.	Annuity considerations Deposit-type contract funds				X X X				X X X	I	
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REFUN	NDS TO MEM	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premiun6.3 Applied to provide paid-up addit										• • • • • • • • • • • • • • • • • • • •
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu 7.3 Other	lities									
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
10.	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
	AILS OF WRITE-INS										
1302.											
	Summary of remaining write-ins for Lin										
1000.	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)	· · · · · · · · · · · · · · · · · · ·									
					Credit Life						
			dinary 2	(Grou	p and Individual) 4	5	Group	7	Industrial	9	Total
	DIRECT DEATH BENEFITS	1 No. of	2	No. of Ind.	4	No. of	6	No. of	8	No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
18.1	Settled during current year: By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid	1									
18.4	Reduction by compromise										
18.5	Amount rejected	1									
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	10 - 11 10.0/					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	710015211	. ,				
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YE	AR 2019
NAIC Company C	Code: 86371
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INAIN	J Gloup Gode. 43 lo				LII L IIVOOIV	TIVOL		11/7	io company	Quue.	00071
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordir	narv	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance			. ,			2.004		maaama		
	Annuity considerations		1								
									X X X	- 1	
	Deposit-type contract funds				X X X						
	Other considerations									.	
	TOTALS (sum of Lines 1 to 4)										42
	CT DIVIDENDS TO POLICYHOLD insurance:	ERS/REFU	NDS TO MEM	BERS							
	6.1 Paid in cash or left on deposit										
	 Applied to pay renewal premiun Applied to provide paid-up addit shorten the endowment or prem 	tions or nium -								.	
	paying period					I .					
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)								.	
۱nnu	ities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu									.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.	.3)								.	
	GRAND TOTALS (Lines 6.5 plus 7.4)									.	
	DIRECT CLAIMS AND BENEFITS										
	Death benefits										
	Matured endowments									.	
	Annuity benefits										
	•									.	
	Surrender values and withdrawals for life contracts										
3.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
	All other benefits, except accident and										
	TOTALS										
DETA	ILS OF WRITE-INS										
301.											
302.										.	
303.										.	
398.	Summary of remaining write-ins for Lin	ne 13 from									
	overflow page									.	
399	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
	(Line 10 above)			1	Credit Life	T				.	
			rdinary		p and Individual)		Group		Industrial		Total
		1 Ĭ	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of	-	No. of Ind.	'	No. of		No. of		No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
6.		Ocidio.	Amount	Octuis.	Amount	licates	Airibuilt	Ociula.	Amount	Ociula.	Amount
	Unpaid December 31, prior year										
7.	Incurred during current year					1					
0 1	Settled during current year:										
8.1	By payment in full	-									
8.2	By payment on compromised claims .										
3.3	TOTALS Paid										
3.4	Reduction by compromise										
3.5	Amount rejected	[· · · · · · · · · · · · · · · · · · ·									
3.6	TOTAL Settlements										
9.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies					
).	In force December 31, prior year				(a)						
1.	Issued during year				[`	1	.		[]		
2.	Other changes to in force (Net)				l	1	.		[
				1	L, ,	1	1		1		1

..0.

(a).

	ACCIDENT	AND HEALI	H INSURANC	E		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
	Official Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

In force December 31 of current year



DIRECT BUSINESS IN THE STATE OF MISSOURI

DURING THE YEAR 2019 LIFE INSURANCE NAIC Group Code: 4918 NAIC Company Code: 86371

	DIRECT PREMIUMS		'		Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordin	an/	(Group and Individ	lual)	Group		Industrial		Total
1.	Life Insurance				<u> </u>		Oroup		maasman		25.011
2.	Annuity considerations			- , -						I	25,011
3.	Deposit-type contract funds								X X X	I	
4.	Other considerations								XXX		
5.	TOTALS (sum of Lines 1 to 4)										
-	CT DIVIDENDS TO POLICYHOLD										20,011
	nsurance:	EN3/NEFC		DENO							
Lile	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period	ilulii -									
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	ities:	¬) ······									
Aiiii	7.1 Paid in cash or left on deposit										
	7.1 Paid in cash of left on deposit 7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
J	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits			5 000							5.000
10.	Matured endowments										3,000
11.	Annuity benefits										
12.	Surrender values and withdrawals for li									I	1,768
13.	Aggregate write-ins for miscellaneous			1,700							1,700
	and benefits paid	an oot olaime	´								
14.	All other benefits, except accident and	health									
	TOTALS										6,768
	AILS OF WRITE-INS				•						
					1						
1301.											
1											
1	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
	(======================================				Credit Life						
			Ordinary	I	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	-
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year		1,768				.				1,768
	Settled during current year:										,
18.1	By payment in full	2	6,768							2	6,768
18.2	By payment on compromised claims .										
18.3	TOTALS Paid	2	6,768							2	6,768
18.4	Reduction by compromise										
18.5	Amount rejected								1		
18.6	TOTAL Settlements	2	6,768							2	6,768
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies	i				
20.	In force December 31, prior year	36	1,976,850		(a)					36	1,976,850
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(35,000)							(2)	, ,
23.	In force December 31 of current year	34	1,941 <u>,</u> 850		(a)					34	1,941,850

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ACCIDENT AND HEALTH INSURANCE

	ACCIDENT	AND HEALT		'		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF NEBRASKA

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance						Gloup		muusman		21,632
2.	Annuity considerations									I	
3.	Deposit-type contract funds								X X X		
4.	Other considerations		I								04 620
5.	TOTALS (sum of Lines 1 to 4) CT DIVIDENDS TO POLICYHOLD										21,632
	CI DIVIDENDS TO POLICINOLDI nsurance:	EK3/KEF	ONDS TO MEMI	DEKO							
Liici	6.1 Paid in cash or left on deposit									.	
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period		I								
	6.4 Other										
Annı	ities:	٠٠٠									
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other		I								
	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)										
8.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li		1,443						.	1,443	
13.	Aggregate write-ins for miscellaneous of and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DETA	AILS OF WRITE-INS							'		•	
1301.											
1302.											
	0									.	
1398.	Summary of remaining write-ins for Lin overflow page										
1399	TOTALS (Lines 1301 through 1303 plu										
1000.	(Line 13 above)										
	,				Credit Life					<u> </u>	
			Ordinary	(p and Individual)		Group		Industrial		Total
	DIDECT DEATH DENEETS	1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS AND MATURED	No. of Pols. &		No. of Ind. Pols. & Gr.		No. of Certi-		No. of Pols. &		No. of Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year	2	11,443							2	11,443
40.4	Settled during current year:		1 440								4 440
18.1	By payment in full		1,443								1,443
18.3	TOTALS Paid		1,443							1	1,443
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements	1	1,443							1	1,443
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000							11	10,000
	10 · 11 - 10.0/					No. of				I	10,000
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	40	1,946,903		(a)					40	1,946,903
21.	Issued during year										
22.	Other changes to in force (Net)		(111,490)		(a)					(3)	
23.	In force December 31 of current year	3/	1,835,413		(a)	1				37	1,835,413

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			'		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF NEVADA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

1			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	nary	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			3,722							3,722
2.	Annuity considerations				1						
3.	Deposit-type contract funds				XXX				XXX	.	
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										3,722
	OT DIVIDENDO TO DOLLOVILOLD	EDO/DEEL	INDO TO MEN	3,122							
	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	INDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium	ns			1						
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	. ,										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annı	ıities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu	ities									
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li	ife contracts	s								
13.	Aggregate write-ins for miscellaneous of	direct claims	s								
	and benefits paid				1						
14.	All other benefits, except accident and									.	
15.	TOTALS										
_											
_	AILS OF WRITE-INS										
_											
DET	AILS OF WRITE-INS										
DET/ 1301.	AILS OF WRITE-INS										
1301. 1302. 1303.	AILS OF WRITE-INS										
1301. 1302. 1303.	AILS OF WRITE-INS Summary of remaining write-ins for Lin	ne 13 from									
1301. 1302. 1303. 1398.	AILS OF WRITE-INS Summary of remaining write-ins for Lin overflow page	e 13 from									
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	ue 13 from us 1398)									
1301. 1302. 1303. 1398.	AILS OF WRITE-INS Summary of remaining write-ins for Lin overflow page	ue 13 from us 1398)									
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	ue 13 from us 1398)			Credit Life						
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	ue 13 from us 1398)		(Grou	1		Group		Industrial		Total
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	ue 13 from us 1398)			Credit Life		Group 6		Industrial 8	9	Total 10
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	ue 13 from us 1398)	Ordinary	(Grou	Credit Life p and Individual)					9 No. of	
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	us 1398)	Ordinary	(Grou	Credit Life p and Individual)	5 No. of		7 No. of		No. of	
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED	13 from us 1398) 1 No. of Pols. &	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	as 1398) 1 No. of Pols. & Certifs.	Ordinary 2	(Grou	Credit Life p and Individual)	5 No. of		7 No. of		No. of	
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year:	e 13 from us 1398) 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	us 1398) 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	13 from 13 1398) 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	13 from 13 1398) 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	1 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	1 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 19.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount (a).	5 No. of Certi- ficates No. of Policies	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 19.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual) 4 Amount (a).	5 No. of Certi- ficates No. of Policies	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10 Amount

ACCIDENT AND HEALTH INSURANCE

	7.00.52.11			_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	All other (b)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW JERSEY

LIFE INSURANCE NAIC Group Code: 4918

DURING THE YEAR 2019 NAIC Company Code: 86371

										7 5 5 5 5	-
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordir		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance			1.139							1.139
2. 3.	Annuity considerations Deposit-type contract funds				XXX				X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										1,139
DIRE	CT DIVIDENDS TO POLICYHOLDI	ers/Refu	JNDS TO MEM	BERS							
Life I	Insurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem	nium -									
	paying period										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı	uities:										
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu										
	7.3 Other										
8.	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li	ife contracts	;								
13.	Aggregate write-ins for miscellaneous of	direct claims	3								
	and benefits paid										
14. 15.	All other benefits, except accident and TOTALS										
DFT	AILS OF WRITE-INS		•					<u> </u>		'	
1301.					T						
1302.											
			I								
	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
	()				Credit Life			'			
		(Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5 18.6	Amount rejected										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year				(a)	1 30.00					
21.	Issued during year				(4)	ļ					
22.	Other changes to in force (Net)										
	In force December 31 of current year			1	(a)		1		1	1	

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA

LIFE INSURANCE NAIC Group Code: 4918

DURING THE YEAR 2019 NAIC Company Code: 86371

NAIC Group Code: 4918				LIFE INSUR	ANCE		NA	<u> IC Company Code: 86371</u>			
		1		2		3		4		5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATION	9	Ordir	nan/	Credit Life (Group and Indivi	dual)	Group		Industrial		Total	
. Life Insurance						Group		industriai		2,07	
. Annuity considerations											
B. Deposit-type contract funds				X X X				X X X			
Other considerations											
5. TOTALS (sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLD										2,07	
Life Insurance:	JEKO/KEF	DINDS TO MICINI	DEKO								
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiu											
6.3 Applied to provide paid-up add											
shorten the endowment or pre											
paying period											
6.5 TOTALS (sum of Lines 6.1 to 6											
nnuities:	,										
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up ann											
7.3 Other											
GRAND TOTALS (Lines 6.5 plus 7.4)											
DIRECT CLAIMS AND BENEFIT					1						
. Death benefits											
0. Matured endowments											
Annuity benefits Surrender values and withdrawals for											
 Aggregate write-ins for miscellaneous 											
and benefits paid											
4. All other benefits, except accident and											
15. TOTALS											
DETAILS OF WRITE-INS				1							
301											
303.											
398. Summary of remaining write-ins for Li											
overflow page											
399. TOTALS (Lines 1301 through 1303 p											
(Line 13 above)	<u></u>		1		······ ··				 		
		Ordinary	Credit Life (Group and Individual			Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of		
AND MATURED ENDOWMENTS INCLIRED	Pols. & Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi-	Amount	Pols. & Certifs.	Amount	Pols. & Certifs.	Amount	
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year		Amount	Ceruis.	Amount	ficates	Amount	Octus.	Amount	Ceruis.	Amount	
Incurred during current year											
Settled during current year:											
8.1 By payment in full											
8.2 By payment on compromised claims 8.3 TOTALS Paid											
8.4 Reduction by compromise											
3.5 Amount rejected											
8.6 TOTAL Settlements											
9. Unpaid Dec. 31, current year (Lines											
16 + 17 - 18.6)					No. of						
POLICY EXHIBIT					Policies						
0. In force December 31, prior year				(a)							
Issued during year				· · · · · · · · · · · · · · · · · · ·							
22. Other changes to in force (Net)	1	1	1	1	1	1	I	1	1	1	
Other changes to in force (Net)In force December 31 of current year				(a)							

	ACCIDENT	AND HEALI	H INSURANC	· C		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies	1				
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Other accident only All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF OHIO

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

		1		2		3		4		5	
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Individ	lual)	Group		Industrial		Total
1.	Life Insurance									1	32,097
2. 3.	Annuity considerations Deposit-type contract funds				XXX				X X X		
4.	Other considerations								ХХХ		
5.	TOTALS (sum of Lines 1 to 4)										32 097
_	CT DIVIDENDS TO POLICYHOLD										
		EK3/KEFUI	ADS TO MEME	DEKO							
Life	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prempaying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu		4)									
Annu											
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu									.	
	7.2 Applied to provide paid-up annu 7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	3)									
0.	DIRECT CLAIMS AND BENEFITS	DAID									
9.	Death benefits			Q 1/Q							8.149
10.	Matured endowments										0,149
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										8.149
DET	AILS OF WRITE-INS										,
	THE OF THE INC										
1301.											
1303.											
	Summary of remaining write-ins for Lin										
1000.	overflow page										
1399	TOTALS (Lines 1301 through 1303 plu										
1000.	(Line 13 above)										
	(Line to above)				Credit Life			T			
		Or	dinary		p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year	1 .	5,000							1	5,000
17.	Incurred during current year		3,149							1	3,149
	Settled during current year:										
18.1	By payment in full	2	8,149							2	8,149
18.2	By payment on compromised claims .										
18.3	TOTALS Paid		8,149							2	8,149
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements	2 .	8,149							2	8,149
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies	3				
20.	In force December 31, prior year	91 .	2,575,186		(a)					91	2,575,186
21.	Issued during year										
22.	Other changes to in force (Net)		(63,376)							(2)	(63,376)
23.	In force December 31 of current year	89 .	2,511,810		(a)					89	2,511,810

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF OKLAHOMA

DURING THE YEAR 2019 NAIC Group Code: 4918 LIFE INSURANCE NAIC Company Code: 86371

INAI	Group Gode: 49 16				TILE INSORY	AINCE		<u>INA</u>	ic company	y Code:	003/1
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Individual	dual)	3 Group		4 Industrial		5 Total
1	Life Insurance			,			· · · · · ·				
1. 2. 3. 4. 5.	Annuity considerations Deposit-type contract funds Other considerations TOTALS (sum of Lines 1 to 4)				XXX				XXX		2,965
	CT DIVIDENDS TO POLICYHOLD										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	nsurance: 6.1 Paid in cash or left on deposit . 6.2 Applied to pay renewal premiun 6.3 Applied to provide paid-up addii shorten the endowment or prem paying period	nstions or									
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annu	iities:										
	7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu7.3 Other	uities									
8.	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)	.3)									
-	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
	Matured endowments										
	Annuity benefits									.	
2.	Surrender values and withdrawals for I										
	Aggregate write-ins for miscellaneous									.	
	and benefits paid										
14.	All other benefits, except accident and										
	TOTALS										
DET/	AILS OF WRITE-INS										
	Summary of remaining write-ins for Lin									.	
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)				1						
	(======================================				Credit Life					1	
			Ordinary	(Grou	ip and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
6.	Unpaid December 31, prior year										
7.	Incurred during current year Settled during current year:										
18.1	By payment in full										
8.2	By payment on compromised claims .										
8.3	TOTALS Paid										
8.4	Reduction by compromise										
8.5	Amount rejected										
8.6 9.	TOTAL Settlements Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	,					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	3	120,086		(a)					3	120,08
21.	Issued during year		,								
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	3	120,086		(a)	ļ				3	120,08
	, ,		-,	<u> </u>	1 1 7		1	<u> </u>	1		- /

In force December 31 of current year 3 120,086 .

	ACCIDEN	I AND HEALI	H INSURANC	E		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26	TOTALS (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)					



DIRECT BUSINESS IN THE STATE OF OREGON

NAIC Group Code: 4918

DURING THE YEAR 2019 LIFE INSURANCE NAIC Company Code: 86371

		1		2		3		4		5	
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	,	(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance			10,180							10,180
2.	Annuity considerations									I	
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										10,180
	CT DIVIDENDS TO POLICYHOLDE	ERS/REFU	NDS TO MEM	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up additi shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.4										
Annı		.,									
7 11110	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu									.	
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.3	3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4) .										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous of										
10.	and benefits paid									.	
14.	All other benefits, except accident and										
15.	TOTALS										
DETA	AILS OF WRITE-INS										
1301.											
1302.											
1398.	Summary of remaining write-ins for Line										
4000	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)				Credit Life	<u> </u> .					
		0	ordinary		p and Individual)		Group	Industrial			Total
	i	1 Ĭ	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.	·	No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
40.4	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims . TOTALS Paid										
18.4											
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
00	POLICY EXHIBIT	10	4 400 400		(-)	Policies				10	4 400 400
20.	In force December 31, prior year		1,166,180		(a)					18	
21.	Issued during year Other changes to in force (Net)										
23.	In force December 31 of current year	1	1,166,180		(a)					18	1,166,180
			1,100,100	1	(~/	1		1	1		1,100,100

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT	AND HEALT	11 111001171110			
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

1 47 11	O Oloup Code. 7310				LII L INOUIV	HIVE		1 1/ 1	io company	Quuc.	00071
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	ary	2 Credit Life (Group and Individual	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										42,116
2. 3.	Annuity considerations Deposit-type contract funds				X X X				XXX		
4.	Other considerations										40.440
5.	TOTALS (sum of Lines 1 to 4))						42,116
	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	JNDS TO MEM	BERS							
Life I	nsurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiun 6.3 Applied to provide paid-up addit	ns tions or									
	shorten the endowment or prempaying period										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annı	itities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annu 7.3 Other	iities									
8.	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)	.3)									
9.	DIRECT CLAIMS AND BENEFITS Death benefits	PAID		75,000)						75,000
10. 11.	Matured endowments										
12.	Surrender values and withdrawals for I									1	2,025
13.	Aggregate write-ins for miscellaneous and benefits paid	direct claims	5								
14.	All other benefits, except accident and										
	TOTALS										77,025
DET	AILS OF WRITE-INS										
1301.											
l			l l								
	Summary of remaining write-ins for Lin overflow page	e 13 from									
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)	ıs 1398)									
			•				Crown		la di catrial	'	Total
		1	Ordinary 2	3	up and Individual) 4	5	Group 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.		No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year Settled during current year:	3	77,025							3	77,025
18.1	By payment in full	3								3	77,025
18.2 18.3 18.4	By payment on compromised claims . TOTALS Paid	3	77,025							3	77,025
18.5 18.6 19.	Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									3	77,025
						No. of					
00	POLICY EXHIBIT	00	4 000 001		(-)	Policies				00	4 000 004
20. 21.	In force December 31, prior year Issued during year	90	4,033,284		(a)					90	4,033,284
22. 23.	Other changes to in force (Net) In force December 31 of current year	(3)	(146,638)		(a)					(3)	(146,638)
۷٥.	in force December 31 of current year	07	3,886,646		(a)	1				01	3,000,040

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE										
		1	2	3	4	5				
				Policyholder Dividends						
				Paid, Refunds to						
			Direct	Members or Credited	Direct	Direct				
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred				
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees									
24.1	Federal Employees Health Benefits Plan Premium (b)									
24.2	Credit (Group and Individual)									
24.3	Collectively renewable policies/certificates (b)									
24.4	Medicare Title XVIII exempt from state taxes or fees									
	()ther Individual Policies									
25.1	Non-cancelable (b)									
25.2	Guaranteed renewable (b)									
25.3	Non-renewable for stated reasons only (b)									
25.4	Other accident only									
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)									
25.6	TOTALS (sum of Lines 25.1 to 25.5)									
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)									

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

		1		2		3			4		5	
	DIRECT PREMIUMS				Credit Life							
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Indivi	dual)	Group	1		Industrial		Total
1. 2.	Life Insurance								1		1	3,561
3.	Deposit-type contract funds				X X X					X X X	I	
4.	Other considerations											
5.	TOTALS (sum of Lines 1 to 4)											3,561
DIRE	CT DIVIDENDS TO POLICYHOLDI	ERS/REFU	NDS TO MEME	BERS								
	nsurance:		1									
	6.1 Paid in cash or left on deposit											
	6.2 Applied to pay renewal premium	ns										
	6.3 Applied to provide paid-up addit											
	shorten the endowment or prem											
	paying period											
	6.4 Other											
١.	6.5 TOTALS (sum of Lines 6.1 to 6.	4)										
Annı	iities:											
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu											
	7.2 Applied to provide paid-up annu 7.3 Other											
	7.4 TOTALS (sum of Lines 7.1 to 7.											
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	o)										
0.	DIRECT CLAIMS AND BENEFITS	ΡΔΙΝ										
9.	Death benefits											
10.	Matured endowments											
11.	Annuity benefits											
12.	Surrender values and withdrawals for li	fe contracts										
13.	Aggregate write-ins for miscellaneous of	direct claims										
	and benefits paid											
14.	All other benefits, except accident and											
15.	TOTALS											
	AILS OF WRITE-INS								,			
1302.												
	Commence of managining make in fact in											
1398.	Summary of remaining write-ins for Lin											
1300	overflow page											
1399.	(Line 13 above)											
	(Line 13 above)				Credit Life	·····						
		0	rdinary		p and Individual)		Group		Industrial			Total
		1 Ĭ	2	3	4	5	6		7	8	9	10
	DIRECT DEATH BENEFITS	No. of	_	No. of Ind.		No. of			o. of	•	No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Po	ols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	s Amount	t Ce	ertifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year											
17.	Incurred during current year											
l	Settled during current year:											
18.1	By payment in full											
18.2	By payment on compromised claims .											
18.3	TOTALS Paid Reduction by compromise											
18.5	Amount rejected											
18.6	TOTAL Settlements											
19.	Unpaid Dec. 31, current year (Lines											
	16 + 17 - 18.6)	l										
	,	ľ	·			No. of				· ·		
	POLICY EXHIBIT					Policie						
20.	In force December 31, prior year	9	845,550		(a)						9	845,550
21.	Issued during year	l l										
22.	Other changes to in force (Net)	l I										
23.	In force December 31 of current year	9	845,550		(a)		<u> </u>			<u></u>	9	845,550

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA

NAIC Group Code: 4918

DURING THE YEAR 2019 LIFE INSURANCE NAIC Company Code: 86371

	Ordinary (Group and Individual) Group Industrial Total 1,092 XXX XXX 1,092 1,092 S TO MEMBERS 3
2. Annuity considerations 3. Deposit-type contract funds XXX XXX 3. 4. Other considerations 1.092 1.	XXX XXX XXX XXX 1,092 1,092 1,092
3. Deposit-type contract funds 4. Other considerations 5. TOTALS (sum of Lines 1 to 4) 5. TOTALS (sum of Lines 1 to 4) 6. Paid in cash or left on deposit 6.1 Paid in cash or left on deposit 6.2 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annutities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annutities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	1,092 1,092 1,092 1,092 1,092
4. Other considerations 1,092 1,092 1,005	1,092 1,092 1,092 STO MEMBERS
5. TOTALS (sum of Lines 1 to 4) 1,092 1,092 DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to provide paid-up additions or shorten the endowment or premium - paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	1,092 1,092 1,092 5 TO MEMBERS
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	
6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (sum of Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	
shorten the endowment or premium - paying period 6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
6.4 Other 6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
6.5 TOTALS (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	
7.2 Applied to provide paid-up annuities 7.3 Other 7.4 TOTALS (sum of Lines 7.1 to 7.3) 8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS	
7.3 Other	
8. GRAND TOTALS (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	
and benefits paid 14. All other benefits, except accident and health 15. TOTALS DETAILS OF WRITE-INS 1301.	
15. TOTALS	
DETAILS OF WRITE-INS 1301.	
1301.	
1303	
1398. Summary of remaining write-ins for Line 13 from overflow page	
overflow page	
(Line 13 above)	
Credit Life Credit Life	
Ordinary (Group and Individual) Group Industrial Total	
DIDECT DEATH DENERGED. No. of	
DIRECT DEATH BENEFITS	
ENDOWMENTS INCURRED Certifs. Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount	I Pols & Gr Certi- Pols & Pols & Pols &
16. Unpaid December 31, prior year	Pols. & Gr. Certi- Pols. & Pols. & Pols. & Amount Certifs. Amount Certifs. Amount Certifs. Amount Certifs.
17. Incurred during current year	
Settled during current year: 18.1 By payment in full	
10.0 By a support on a support and a latina	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
18.3 TOTALS Paid	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
18.4 Reduction by compromise	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
18.5 Amount rejected	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
18.6	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
16 + 17 - 18.6)	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
No. of	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
POLICY EXHIBIT Policies	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount
20. In force December 31, prior year	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount No. of
21. Issued during year	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount No. of Policies
23. In force December 31 of current year (a).	Amount Certifs. Amount ficates Amount Certifs. Amount Certifs. Amount No. of Policies

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA

NAIC Group Code: 4918 LIFE INSURANCE **DURING THE YEAR 2019** NAIC Company Code: 86371

NAIC Group Code: 49 16				FILE INOUK			1 1/ 1	ic company	, 0000.	00011
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	9		1 inarv	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
I. Life Insurance			. ,			Oloup				4.66
Annuity considerations Deposit-type contract funds Other considerations				X X X				XXX		4,00
5. TOTALS (sum of Lines 1 to 4)										4,66
DIRECT DIVIDENDS TO POLICYHOLD										
ife Insurance:	/ENS/NEF		IDENS							
6.2 Applied to pay renewal premiu6.3 Applied to provide paid-up add										
shorten the endowment or prei										
paying period	mann									
6.4 Other					I .					
6.5 TOTALS (sum of Lines 6.1 to 6										
Annuities:	,									
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up ann										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7										
3. GRAND TOTALS (Lines 6.5 plus 7.4)	<u></u>	<u></u>	<u></u> .	<u> </u>	<u> .</u>		<u> </u>		<u> </u>	
DIRECT CLAIMS AND BENEFITS	S PAID									
Death benefits										
0. Matured endowments										
1. Annuity benefits										
Surrender values and withdrawals for										
 Aggregate write-ins for miscellaneous 	direct claim	S								
and benefits paid										
4. All other benefits, except accident and										
15. TOTALS										
DETAILS OF WRITE-INS										
1301										
1302										
1303. 1398. Summary of remaining write-ins for Li										
overflow page										
1399. TOTALS (Lines 1301 through 1303 pl										
(Line 13 above)										
(Line 13 above)	Т			Credit Life	·····			<u></u>	·· ······	
		Ordinary		p and Individual)		Group		ndustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS	No. of						1	1	1	1
AND MATURED	1		No. of Ind.		No. of		No. of		No. of	
- · -	Pols. &		No. of Ind. Pols. & Gr.		No. of Certi-		No. of Pols. &		No. of Pols. &	
ENDOWMENTS INCURRED	Pols. & Certifs.	Amount		Amount	1	Amount		Amount	l .	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year	Certifs.	Amount	Pols. & Gr.	Amount	Certi-	Amount	Pols. &	Amount	Pols. &	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year	Certifs.	Amount	Pols. & Gr.	Amount	Certi-	Amount	Pols. &	Amount	Pols. &	Amount
ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year:	Certifs.	Amount	Pols. & Gr.	Amount	Certi-	Amount	Pols. &	Amount	Pols. &	Amount
ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	Certifs.	Amount	Pols. & Gr.	Amount	Certi-	Amount	Pols. &	Amount	Pols. &	Amount
ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims	Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi-	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid	Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi-	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims TOTALS Paid Reduction by compromise	Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 TOTALS Paid Reduction by compromise 8.5 Amount rejected	Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 7. TOTALS Paid Reduction by compromise 4. Reduction by compromise 5. Amount rejected TOTAL Settlements 9. Unpaid Dec. 31, current year (Lines	Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year 8.1 By payment in full 8.2 By payment on compromised claims 8.3 TOTALS Paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 TOTAL Settlements 9. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year 8.1 By payment in full 8.2 By payment on compromised claims 8.3 TOTALS Paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 TOTAL Settlements 9. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	Certifs.	Amount	Pols. & Gr. Certifs.		Certificates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 7. TOTALS Paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 TOTAL Settlements 9. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	Certifs.	Amount	Pols. & Gr. Certifs.		Certi- ficates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount
ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims TOTALS Paid 18.4 Reduction by compromise Amount rejected TOTAL Settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year	Certifs.	Amount	Pols. & Gr. Certifs.		Certi- ficates	Amount	Pols. &	Amount	Pols. & Certifs.	Amount

	ACCIDEN	I AND HEALI	H INSURANC	E		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26	TOTALS (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)					



DIRECT BUSINESS IN THE STATE OF **TENNESSEE**

NAIC Group Code: 4918

DURING THE YEAR 2019 LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	arv	(Group and Individual	dual)	Group		Industrial		Total
1.	Life Insurance			,		,					2,395
	Annuity considerations									.	2,000
2.										.	
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										2,395
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REFL	JNDS TO MEMI	BERS							
	nsurance:										
Life											
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or pren	nium -									
	paying period										
	6.4 Other									.	
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı	iities:	• • • • • • • • • • • • • • • • • • • •								.	
Annu											
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.	.3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS	R PAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid										
14.	All other benefits, except accident and	health									
15.	TOTALS										
	AILS OF WRITE-INS		- I								
					1						
1301.											
1302.											
										.	
1303.											
	Summary of remaining write-ins for Lin										
	Summary of remaining write-ins for Lin	ne 13 from									
1398.	Summary of remaining write-ins for Lin overflow page	ne 13 from									
1398.	Summary of remaining write-ins for Lin overflow page	ne 13 from us 1398)									
1398.	Summary of remaining write-ins for Lin overflow page	ne 13 from us 1398)			Condit I if a						
1398.	Summary of remaining write-ins for Lin overflow page	us 1398)			Credit Life						
1398.	Summary of remaining write-ins for Lin overflow page	us 1398)	Ordinary	(Grou	Credit Life p and Individual)		Group		ndustrial		Total
1398.	Summary of remaining write-ins for Lin overflow page	us 1398)		(Grou	Credit Life	5	Group 6	7	ndustrial 8	9	Total 10
1398.	Summary of remaining write-ins for Lin overflow page	us 1398)	Ordinary	(Grou	Credit Life p and Individual)		, '			9 No. of	
1398.	Summary of remaining write-ins for Lin overflow page	us 13 fromus 1398)	Ordinary	(Grou	Credit Life p and Individual)	5	, '	7			
1398.	Summary of remaining write-ins for Lin overflow page	us 1398)	Ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of	, '	7 No. of		No. of	
1398.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. &	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1398. 1399.	Summary of remaining write-ins for Lin overflow page	as 1398) 1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1398.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. &	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1398. 1399. 16. 17.	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1	Summary of remaining write-ins for Lin overflow page	1 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
1398. 1399. 16. 17. 18.1 18.2	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3	Summary of remaining write-ins for Lin overflow page	1 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2	Summary of remaining write-ins for Lin overflow page	1 1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	ale 13 from	Drdinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount	No. of Certificates No. of Certificates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	ale 13 from	Drdinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	No. of Certificates No. of Certificates	6	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	ale 13 from	Drdinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4 Amount (a)	No. of Policies	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount

..0.

ACCIDENT AND HEALTH INSURANCE

	, 100.52.11			_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26	TOTALS (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					



DIRECT BUSINESS IN THE STATE OF TEXAS

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			22,549							22,549
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X	.	
4.	Other considerations									.	
5.	TOTALS (sum of Lines 1 to 4)										22,549
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	NDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annu											
	7.1 Paid in cash or left on deposit					.				.	
	7.2 Applied to provide paid-up annu	iities				.				.	
	7.3 Other					.				.	
	7.4 TOTALS (sum of Lines 7.1 to 7.	.3)				.				.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)			<u></u> .		<u> </u>	<u></u>	<u></u>	<u></u>	<u>. </u>	· · · · · · · · · · · · · · · · · · ·
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits			10,053						.	10,053
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li	ife contracts									
13.	Aggregate write-ins for miscellaneous of	direct claims									
	and benefits paid										
14.	All other benefits, except accident and	health									
15.	TOTALS			10,053							10,053
DET/	AILS OF WRITE-INS										
1301.					Ī						
1302.											
1303.										.	
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page									.	
1399.	TOTALS (Lines 1301 through 1303 plu	ıs 1398)									
	(Line 13 above)									.	
			•		Credit Life					<u> </u>	
		0	rdinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year	4	107,140							4	107,140
17.	Incurred during current year									1	(75,235)
	Settled during current year:										
18.1	By payment in full	2 .	10,053				.			2	10,053
18.2	By payment on compromised claims .	[
18.3	TOTALS Paid	2 .	10,053				.			2	10,053
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements	2 .	10,053							2	10,053
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	3 .	21,852							3	21,852
						No. of					
	POLICY EXHIBIT					Policies	i				
20.	In force December 31, prior year	40	1,378,020		(a)					40	1,378,020
21.	Issued during year										
22.	Other changes to in force (Net)										(10,000)
23	In force December 31 of current year	39	1 368 020		(a)			1		39	1 368 020

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			-		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF UTAH

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS		Ordir	on.	Credit Life (Group and Indiv	idual\	Group		Industrial		Total
1.	AND ANNUITY CONSIDERATIONS Life Insurance			,			Gloup		inuusinai		1,378
2.	Annuity considerations										
3. 4.	Deposit-type contract funds				X X X .				X X X		
5.	TOTALS (sum of Lines 1 to 4)					I					1,378
DIRE	CT DIVIDENDS TO POLICYHOLD										,
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
Annu	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Aiiiiu	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu	ities									
	7.3 Other										
8.	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)										
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid										
	All other benefits, except accident and TOTALS										
	AILS OF WRITE-INS										
1301.	RIES OF WINITE-INS										
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)	,									
			o "		Credit Life						
		1	Ordinary 2	(Grou	p and Individual) 4	5	Group 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS	No. of	_	No. of Ind.	7	No. of		No. of		No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
16	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2 18.3	By payment on compromised claims . TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
				1		No. of					
	POLICY EXHIBIT					Policies		1			
20. 21.	In force December 31, prior year		260,000		(a)					3	,
22.	Other changes to in force (Net)										
22	In force December 21 of current year		260,000		(0)	1		1	1	ء ا	260,000

	ACCIDENT	AND HEALI	H INSURANC	· C		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies	1				
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Other accident only All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF VIRGINIA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			15,966							15,966
2.	Annuity considerations										
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)			15,966							15,966
DIRE	CT DIVIDENDS TO POLICYHOLDI	ERS/REFU	NDS TO MEMI	BERS							
	Insurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.				İ						
Annı	uities:	.,									
Aiiii	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits			3 000							3,000
10.	Matured endowments			-,							3,000
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous of										
10.	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										3.000
	AILS OF WRITE-INS			0,000							
					1						
1301.											
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu	,									
	(Line 13 above)									<u> </u>	
					Credit Life						
		C	ordinary	<u> </u>	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year	1	3,000							1	3,000
	Settled during current year:										
18.1	By payment in full	1	3,000							1	3,000
18.2	By payment on compromised claims .										
18.3	TOTALS Paid					1				1	3,000
18.4	Reduction by compromise									1	
18.5	Amount rejected					1					
18.6	TOTAL Settlements	1	3,000							1	3,000
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	32	1,320,354		(a)					32	1,320,354
21.	Issued during year										
22.	Other changes to in force (Net)										(3,000)
22	In force December 21 of ourrent year	21	1 217 251		(-)			1	1	21	1 217 251

ACCIDENT AND HEALTH INSURANCE

ADDIDENT AND HEALTH INCONANCE									
		1	2	3	4	5			
				Policyholder Dividends					
				Paid, Refunds to					
			Direct	Members or Credited	Direct	Direct			
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred			
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees								
24.1	Federal Employees Health Benefits Plan Premium (b)								
24.2	Credit (Group and Individual)								
24.3	Collectively renewable policies/certificates (b)								
24.4	Medicare Title XVIII exempt from state taxes or fees								
	Other Individual Policies								
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)								
25.2	Guaranteed renewable (b)								
25.3	Non-renewable for stated reasons only (b)								
25.4	Other accident only								
25.5	All other (b)								
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)								
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)								



DIRECT BUSINESS IN THE STATE OF WASHINGTON

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

NAI	NAIC Group Code: 4918				LIFE INSURANCE				NAIC Company Code: 86371			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indiv	dual)	3 Group		4 Industrial		5 Total	
1.	Life Insurance						Gloup					
2.	Annuity considerations									_ I		
3.	Deposit-type contract funds				X X X				X X X			
4.	Other considerations											
5.	TOTALS (sum of Lines 1 to 4)										3,947	
	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	JNDS TO MEMI	BERS								
Life I	nsurance:											
	6.1 Paid in cash or left on deposit.											
	 6.2 Applied to pay renewal premiur 6.3 Applied to provide paid-up addi shorten the endowment or pren paying period 6.4 Other 	tions or nium -										
	6.5 TOTALS (sum of Lines 6.1 to 6											
Δnnı	ities:)										
Aiiiiu	7.1 Paid in cash or left on deposit.											
	7.2 Applied to provide paid-up annu											
	7.3 Other											
	7.4 TOTALS (sum of Lines 7.1 to 7											
8.	GRAND TOTALS (Lines 6.5 plus 7.4)											
	DIRECT CLAIMS AND BENEFITS											
9. 10.	Death benefits									.		
11.	Annuity benefits									.		
12.	Surrender values and withdrawals for I											
13.	Aggregate write-ins for miscellaneous									.		
	and benefits paid											
14.	All other benefits, except accident and											
15.	TOTALS											
DET/	AILS OF WRITE-INS				·							
1302.										.		
	Summary of remaining write-ins for Lir									.		
1390.	overflow page											
1399	TOTALS (Lines 1301 through 1303 plu											
	(Line 13 above)											
			•		Credit Life							
			Ordinary	<u> </u>	p and Individual)		Group		Industrial		Total	
		1 1	2	3	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS	No. of Pols. &		No. of Ind. Pols. & Gr.		No. of Certi-		No. of Pols. &		No. of Pols. &		
	AND MATURED ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates		Certifs.	Amount	Certifs.	Amount	
16.	Unpaid December 31, prior year	Certiis.	Amount	Ceruis.	Amount	licates	Amount	Ceruis.	Amount	Certiis.	Amount	
17.	Incurred during current year											
	Settled during current year:											
18.1	By payment in full											
18.2	By payment on compromised claims .											
18.3	TOTALS Paid											
18.4 18.5	Reduction by compromise											
18.6	Amount rejected	1										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
	·					No. of						
00	POLICY EXHIBIT		074 000	-	(-)	Policie	S	+			074.00	
20. 21.	In force December 31, prior year	4			(a)					4	374,000	
22.	Other changes to in force (Net)											
22.	In force December 21 of ourrent year		274 000		(0)	1					274 000	

ACCIDENT AND HEALTH INSURANCE

	7100.52.11	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only	1	l	l	l	1
25.5	All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF WISCONSIN

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2019 NAIC Company Code: 86371

·		1		2		3		4		5	
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance									1	9,814
2.	Annuity considerations		l l								
3.	Deposit-type contract funds Other considerations				X X X				X X X		
4. 5.	TOTALS (sum of Lines 1 to 4)										0.014
	CT DIVIDENDS TO POLICYHOLDI										9,014
		EKS/KEFU	ND2 TO MEME	SEK2							
Lite	nsurance:										
	6.1 Paid in cash or left on deposit6.2 Applied to pay renewal premium										
	6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı		,									
7	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits		l l							.	
12.	Surrender values and withdrawals for li			5,486							5,486
13.	Aggregate write-ins for miscellaneous of										
14.	and benefits paid										
15.	TOTALS										5.486
	AILS OF WRITE-INS			5,400							
1301.											
1302.											
	Summary of remaining write-ins for Line										
1000.	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
	,				Credit Life						
		0	ordinary	(Grou	p and Individual)		Group	Industrial			Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year	1	5,486							1	5,486
18.1	By payment in full	1	5 196							1	5.486
18.2	By payment on compromised claims .										
18.3	TOTALS Paid									1	
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements		5,486							1	5,486
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	<u> </u>	<u></u>	<u></u>							<u> </u>
						No. of					
	POLICY EXHIBIT					Policies	i				
20.	In force December 31, prior year	19	1,227,855		(a)					19	1,227,855
21.	Issued during year										(0= 000)
22.	Other changes to in force (Net)	` '	(35,000)							(1)	(35,000)
23.	In force December 31 of current year	18	1,192,855		(a)					18	1,192,855

..0.

ACCIDENT AND HEALTH INSURANCE

	710015211	. ,		_		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF WYOMING

DURING THE YEAR 2019 NAIC Group Code: 4918 LIFE INSURANCE NAIC Company Code: 86371

11//11	J Gloup Gode. 7310				LII L INOUIV	NOL		11/7	io company	Coue.	00011	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordir	nary	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total	
1.	Life Insurance			. ,							904	
	Annuity considerations											
	Deposit-type contract funds								X X X	I		
	Other considerations											
										1		
	TOTALS (sum of Lines 1 to 4)										904	
	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	INDS TO MEM	BERS								
Life lı	nsurance:											
	6.1 Paid in cash or left on deposit.									.		
	6.2 Applied to pay renewal premiun	ns										
	6.3 Applied to provide paid-up addit	tions or										
	shorten the endowment or prem	nium -										
	paying period											
	6.4 Other											
	6.5 TOTALS (sum of Lines 6.1 to 6.											
	ities:	,								.		
	7.1 Paid in cash or left on deposit.											
	7.1 Paid in cash of left off deposit. 7.2 Applied to provide paid-up annu											
	7.3 Other	۵۱								.		
	7.4 TOTALS (sum of Lines 7.1 to 7.	.3)										
	GRAND TOTALS (Lines 6.5 plus 7.4)											
	DIRECT CLAIMS AND BENEFITS											
	Death benefits									.		
10.	Matured endowments											
11.	Annuity benefits											
12.	Surrender values and withdrawals for I	ife contracts										
13.	Aggregate write-ins for miscellaneous	direct claims										
	and benefits paid									.		
14.	All other benefits, except accident and	health								.		
	TOTALS											
	ILS OF WRITE-INS											
					1							
	Summary of remaining write-ins for Lin											
	overflow page											
	TOTALS (Lines 1301 through 1303 plu											
	(Line 13 above)											
					Credit Life							
		c	Ordinary	(Grou	p and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of	:	No. of		No. of		
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &		
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount	
16.	Unpaid December 31, prior year											
17.	Incurred during current year											
	Settled during current year:											
10 1	• •											
18.1	By payment on comprehend claims											
18.2	By payment on compromised claims .											
18.3	TOTALS Paid											
8.4	Reduction by compromise											
8.5	Amount rejected	[· · · · · · · ·										
8.6	TOTAL Settlements											
19.	Unpaid Dec. 31, current year (Lines											
	16 + 17 - 18.6)											
		I T				No. of						
	POLICY EXHIBIT					Policies	s					
20.	In force December 31, prior year				(a)							
21.	Issued during year			1	[l						
22.	Other changes to in force (Net)			1	l	1		l	l	l	1	
		1		1	L, ,	1	1	1	1	1	1	

In force December 31 of current year (a). (a) Includes Individual Credit Life Insurance prior year \$..................0, current year \$..................0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$....0, current year \$...... ..0. ...0.

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE								
		1	2	3	4	5		
				Policyholder Dividends				
				Paid, Refunds to				
			Direct	Members or Credited	Direct	Direct		
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred		
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees							
24.1	Federal Employees Health Benefits Plan Premium (b)							
24.2	Credit (Group and Individual)							
24.3	Collectively renewable policies/certificates (b)							
24.4	Medicare Title XVIII exempt from state taxes or fees							
	()ther Individual Policies							
25.1	Non-cancelable (b)							
25.2	Guaranteed renewable (b)							
25.3	Non-renewable for stated reasons only (b)							
25.4	Other accident only							
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)							
25.6	TOTALS (sum of Lines 25.1 to 25.5)							
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)							



DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

NAIC Group Code: 4918

DURING THE YEAR 2019 LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance			551,773							551,773
2.	Annuity considerations										·
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										551.773
_	CT DIVIDENDS TO POLICYHOLD										001,770
		EK9/KEFU	NADO LO MEMI	BEKS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit	tions or									
	shorten the endowment or pren	nium -									
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annı	iities:	,									
/	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits			211,547							211,547
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I	ife contracts	3	68,944							68,944
13.	Aggregate write-ins for miscellaneous	direct claims	S								
	and benefits paid										
14.	All other benefits, except accident and	health									
15.	TOTALS			280,491							280,491
DET	AILS OF WRITE-INS				•	'				'	
1301.											
1301.											
	0										
1398.	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu	,									
	(Line 13 above)										
					Credit Life						
			Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year						1			14	228,137
17.	Incurred during current year	22		1	[l	1	l	1	22	114,858
	Settled during current year:	· · · · · · · · · · · · · · · · · · ·	111,000								
18.1	By payment in full	25	280,491							25	280,491
	By payment on compromised claims .			1						1	200,491
18.2	, ,	25	200 404								200 401
18.3	TOTALS Paid	-	280,491							25	280,491
18.4	Reduction by compromise			1		1					
18.5	Amount rejected		000 404								000 404
18.6	TOTAL Settlements	25	280,491							25	280,491
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	11	62,504							11	62,504
						No. of					
L	POLICY EXHIBIT			L		Policies	<u> </u>			<u>L_</u>	
20.	L. C D	027	52,153,574		(a)					937	52,153,574
20.	In force December 31, prior year	937			(ω)						
		937	32,133,374		(u)						
21.	Issued during year				` '					l .	(1,659.271)
			(1,659,271)							(36)	(1,659,271) 50,494,303

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE									
		1	2	3	4	5			
				Policyholder Dividends					
				Paid, Refunds to					
			Direct	Members or Credited	Direct	Direct			
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred			
24.	Group Policies (b)								
24.1	Federal Employees Health Benefits Plan Premium (b)								
24.2	Credit (Group and Individual)								
24.3	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees								
24.4	Medicare Title XVIII exempt from state taxes or fees								
	()ther Individual Policies								
25.1	Non-cancelable (b)								
25.2	Guaranteed renewable (b)								
25.3	Non-renewable for stated reasons only (b)								
25.4	Other accident only								
25.5	All other (b)								
25.6	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)								
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)								

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