



**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2020**  
**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	New Jersey		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	10/25/1947		Commenced Business	02/06/1948		
Statutory Home Office	30 Montgomery Street, 15th Floor (Street and Number)		Jersey City, NJ, US 07302 (City or Town, State, Country and Zip Code)			
Main Administrative Office			30 Montgomery Street, 15th Floor (Street and Number)		Jersey City, NJ, US 07302 (City or Town, State, Country and Zip Code)	
					(201)432-2133 (Area Code) (Telephone Number)	
Mail Address	30 Montgomery Street, 15th Floor (Street and Number or P.O. Box)		Jersey City, NJ, US 07302 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			30 Montgomery Street, 15th Floor (Street and Number)		Jersey City, NJ, US 07302 (City or Town, State, Country and Zip Code)	
					(201)432-2133 (Area Code) (Telephone Number)	
Internet Website Address	www.cloverhealth.com					
Statutory Statement Contact	Joseph Wagner (Name)		(410)274-6891 (Area Code)(Telephone Number)(Extension)			
	joe.wagner@cloverhealth.com (E-Mail Address)					
			(Fax Number)			

**OFFICERS**

Name	Title
Vivek Garipalli	Chief Executive Officer
Joseph Wagner	Chief Financial Officer
Jamie Reynoso	Chief Operating Officer #

**OTHERS**

Wendy Richey, Chief Medicare Compliance Officer	Gia Lee, General Counsel
Rachel Fish, Chief People Officer	Andrew Toy, President & Chief Technology Officer
Mark Spektor, Chief Medical Officer	Sophia Chang, Chief Clinical Informatics Officer

**DIRECTORS OR TRUSTEES**

Vivek Garipalli	Edward Berde
Justin Doheny	

State of New Jersey  
County of Hudson ss

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

(Signature) Vivek Garipalli	(Signature) Joseph Wagner	(Signature) Jamie Reynoso
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
Chief Executive Officer	Chief Financial Officer	Chief Operating Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of , 2021	b. If no:	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(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 .....	192,212	203,000	203,193			598,405
0299997 Subtotal - Group Subscribers: .....						
0299998 Premiums due and unpaid not individually listed .....						
0299999 TOTAL Group .....						
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	192,212	203,000	203,193			598,405

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Caremark .....	5,919,734	5,919,734	5,919,734	6,388,640	6,388,640	17,759,201
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	5,919,734	5,919,734	5,919,734	6,388,640	6,388,640	17,759,201
0299998 Claim Overpayment Receivables - Not Individually Listed .....				7,828,556	5,644,053	2,184,503
0299999 Subtotal - Claim Overpayment Receivables .....				7,828,556	5,644,053	2,184,503
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 .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	5,919,734	5,919,734	5,919,734	14,217,196	12,032,693	19,943,704

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	14,262,425	41,800,009	2,035,820	22,112,021	16,298,245	16,429,540
2. Claim overpayment receivables .....	11,933,356	1,530,314	6,954,959	873,596	18,888,316	5,073,491
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	26,195,781	43,330,323	8,990,780	22,985,617	35,186,561	21,503,031

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 .....	14,493,413	1,656,755	674,232	430,471	1,614,271	18,869,142
0499999 Subtotals .....	14,493,413	1,656,755	674,232	430,471	1,614,271	18,869,142
0599999 Unreported claims and other claim reserves .....						74,954,773
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						93,823,915
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Clover HMO of New Jersey, LLC .....	33,419					33,419	
Clover Health Investments Corp. ....	26,500,000					26,500,000	
0199999 Total - Individually listed receivables .....	26,533,419					26,533,419	
0299999 Receivables not inidividually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	26,533,419					26,533,419	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Clover Health ASO, LLC .....	Management fee true up .....	4,477,472	4,477,472	
Clover Health Labs, LLC .....	Manangement fee true up .....	247,867	247,867	
Clover Health Investments Corp. ....	Expense paid on behalf of Company .....	8,148	8,148	
MSPNJ, LLC .....	Medical expense paid on behalf of Company .....	2,520	2,520	
0199999 Total - Individually Listed Payables .....	X X X .....	4,736,007	4,736,007	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	4,736,007	4,736,007	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	5,320,245	0.995	1,924	3.660	5,320,245	
2.	Intermediaries .....						
3.	All other providers .....						
4.	TOTAL Capitation Payments .....	5,320,245	0.995	1,924	3.660	5,320,245	
<b>Other Payments:</b>							
5.	Fee-for-service .....			X X X	X X X		
6.	Contractual fee payments .....	526,033,863	98.336	X X X	X X X		526,033,863
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 .....	3,580,093	0.669	X X X	X X X	3,580,093	
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	TOTAL Other Payments .....	529,613,956	99.005	X X X	X X X	3,580,093	526,033,863
13.	TOTAL (Line 4 plus Line 12) .....	534,934,201	100.000	X X X	X X X	8,900,338	526,033,863

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control 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
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	606									606
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	63							63		
2. First Quarter .....	37							37		
3. Second Quarter .....	51							51		
4. Third Quarter .....	59							59		
5. Current Year .....	60							60		
6. Current Year Member Months .....	677							677		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	32							32		
8. Non-Physician .....	33							33		
9. TOTAL .....	65							65		
10. Hospital Patient Days Incurred .....	38							38		
11. Number of Inpatient Admissions .....	7							7		
12. Health Premiums Written (b) .....	494,186							494,186		
13. Life Premiums Direct .....	6,972									6,972
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	494,186							494,186		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	231,109							231,109		
18. Amount Incurred for Provision of Health Care Services .....	236,148							236,148		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....494,186



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	32,587									32,587
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF COLORADO DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	17,298									17,298
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	10,164									10,164
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	1,286									1,286
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
NAIC Group Code 4918 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	774									774
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	3,318									3,318
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	381							381		
2. First Quarter .....	407							407		
3. Second Quarter .....	392							392		
4. Third Quarter .....	386							386		
5. Current Year .....	877							877		
6. Current Year Member Months .....	10,530							10,530		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	4,634							4,634		
8. Non-Physician .....	1,457							1,457		
9. TOTAL .....	6,091							6,091		
10. Hospital Patient Days Incurred .....	755							755		
11. Number of Inpatient Admissions .....	109							109		
12. Health Premiums Written (b) .....	8,427,408							8,427,408		
13. Life Premiums Direct .....	4,791									4,791
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	8,427,408							8,427,408		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	6,888,450							6,888,450		
18. Amount Incurred for Provision of Health Care Services .....	7,038,633							7,038,633		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....8,427,408



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
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	46,903									46,903
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF IDAHO DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	3,823									3,823
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	109,213									109,213
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF INDIANA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	10,977									10,977
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF IOWA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	17,669									17,669
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF KANSAS DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	10,652									10,652
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
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 .....	5,203									5,203
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	2,726									2,726
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	18,258									18,258
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:	
NAIC Group Code 4918		BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR	
		NAIC Company Code 86371	
	1	Comprehensive (Hospital & Medical)	
		2	3
	Total	Individual	Group
			Medicare Supplement
			Vision Only
			Dental Only
			Federal Employees Health Benefits Plan
			Title XVIII Medicare
			Title XIX 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	11,476	
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	100									100
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	420									420
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	24,899									24,899
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	19,221									19,221
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF NEVADA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	2,221									2,221
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	38,513							38,513		
2. First Quarter	37,025							37,025		
3. Second Quarter	37,567							37,567		
4. Third Quarter	38,335							38,335		
5. Current Year	50,529							50,529		
6. Current Year Member Months	596,005							596,005		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	183,787							183,787		
8. Non-Physician	84,538							84,538		
9. TOTAL	268,325							268,325		
10. Hospital Patient Days Incurred	51,789							51,789		
11. Number of Inpatient Admissions	7,454							7,454		
12. Health Premiums Written (b)	593,548,327							593,548,327		
13. Life Premiums Direct	1,139									1,139
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	593,548,327							593,548,327		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	519,959,625							519,959,625		
18. Amount Incurred for Provision of Health Care Services	531,295,881							531,295,881		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....593,548,327



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	141									141
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	1,772									1,772
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	30,949									30,949
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	2,965									2,965
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF OREGON DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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 .....	9,020									9,020
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	152							152		
2. First Quarter	125							125		
3. Second Quarter	145							145		
4. Third Quarter	147							147		
5. Current Year	585							585		
6. Current Year Member Months	6,355							6,355		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	659							659		
8. Non-Physician	1,276							1,276		
9. TOTAL	1,935							1,935		
10. Hospital Patient Days Incurred	639							639		
11. Number of Inpatient Admissions	92							92		
12. Health Premiums Written (b)	5,228,476							5,228,476		
13. Life Premiums Direct	38,726									38,726
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	5,228,476							5,228,476		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	4,390,074							4,390,074		
18. Amount Incurred for Provision of Health Care Services	4,485,787							4,485,787		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....5,228,476





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	93,486									93,486
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	83							83		
2. First Quarter	72							72		
3. Second Quarter	73							73		
4. Third Quarter	86							86		
5. Current Year	332							332		
6. Current Year Member Months	3,761							3,761		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	668							668		
8. Non-Physician	997							997		
9. TOTAL	1,665							1,665		
10. Hospital Patient Days Incurred	163							163		
11. Number of Inpatient Admissions	35							35		
12. Health Premiums Written (b)	3,043,333							3,043,333		
13. Life Premiums Direct	324									324
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,043,333							3,043,333		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,573,840							2,573,840		
18. Amount Incurred for Provision of Health Care Services	2,629,956							2,629,956		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....3,043,333



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	5,135									5,135
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year	18							18		
2. First Quarter	19							19		
3. Second Quarter	17							17		
4. Third Quarter	19							19		
5. Current Year	20							20		
6. Current Year Member Months	201							201		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	1							1		
8. Non-Physician	17							17		
9. TOTAL	18							18		
10. Hospital Patient Days Incurred	6							6		
11. Number of Inpatient Admissions	3							3		
12. Health Premiums Written (b)	88,630							88,630		
13. Life Premiums Direct	2,495									2,495
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	88,630							88,630		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	68,140							68,140		
18. Amount Incurred for Provision of Health Care Services	69,626							69,626		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....88,630



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	115							115		
2. First Quarter .....	133							133		
3. Second Quarter .....	128							128		
4. Third Quarter .....	119							119		
5. Current Year .....	162							162		
6. Current Year Member Months .....	1,916							1,916		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	705							705		
8. Non-Physician .....	91							91		
9. TOTAL .....	796							796		
10. Hospital Patient Days Incurred .....	71							71		
11. Number of Inpatient Admissions .....	13							13		
12. Health Premiums Written (b) .....	1,524,832							1,524,832		
13. Life Premiums Direct .....	20,953									20,953
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,524,832							1,524,832		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	822,963							822,963		
18. Amount Incurred for Provision of Health Care Services .....	840,905							840,905		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....1,524,832



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
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 .....	1,102									1,102
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
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 .....	15,327									15,327
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	3,619									3,619
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	123									123
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	8,888									8,888
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF WYOMING DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	781									781
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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 4918 NAIC Company Code 86371

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	39,325							39,325		
2. First Quarter	37,818							37,818		
3. Second Quarter	38,373							38,373		
4. Third Quarter	39,151							39,151		
5. Current Year	52,565							52,565		
6. Current Year Member Months	619,445							619,445		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	190,486							190,486		
8. Non-Physician	88,409							88,409		
9. TOTAL	278,895							278,895		
10. Hospital Patient Days Incurred	53,461							53,461		
11. Number of Inpatient Admissions	7,713							7,713		
12. Health Premiums Written (b)	612,355,192							612,355,192		
13. Life Premiums Direct	598,502									598,502
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	612,355,192							612,355,192		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	534,934,201							534,934,201		
18. Amount Incurred for Provision of Health Care Services	546,596,936							546,596,936		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....612,355,192

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4  Name of Company	5  Domiciliary Jurisdiction	6  Paid Losses	7  Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
69744 ....	13-1423090 ...	10/01/2012	UNION LABOR LIFE INS CO .....	MD .....		50,000
60445 ....	74-1915841 ...	05/01/1999	SAGICOR LIFE INS CO .....	TX .....		37,504
0899999 Subtotal - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates .....						87,504
1099999 Total - Life and Annuity - Non-Affiliates .....						87,504
1199999 Total - Life and Annuity .....						87,504
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....						
1899999 Total - Accident and Health - Affiliates .....						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835 ....	04-1590940 ...	01/01/2019	PARTNERRE AMER INS CO .....	DE .....	5,047	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					5,047	
2199999 Total - Accident and Health - Non-Affiliates .....					5,047	
2299999 Total - Accident and Health .....					5,047	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					5,047	87,504
9999999 Total (Sum of 1199999 and 2299999) .....					5,047	87,504

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
11835 ...	04-1590940 ...	01/01/2020	PARTNERRE AMER INS CO .....	DE .....	SSL/I ...	MR .....	473,839 .....	.....	.....	.....	.....	.....	.....
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates .....							473,839 .....	.....	.....	.....	.....	.....	.....
1099999 Total - General Account - Authorized - Non-Affiliates .....							473,839 .....	.....	.....	.....	.....	.....	.....
1199999 Total - General Account - Authorized .....							473,839 .....	.....	.....	.....	.....	.....	.....
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
1899999 Total - General Account - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
2299999 Total - General Account - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
2999999 Total - General Account - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
3399999 Total - General Account - Certified .....							.....	.....	.....	.....	.....	.....	.....
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
4499999 Total - General Account - Reciprocal Jurisdiction .....							.....	.....	.....	.....	.....	.....	.....
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified .....							473,839 .....	.....	.....	.....	.....	.....	.....
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
5299999 Total - Separate Accounts - Authorized Affiliates .....							.....	.....	.....	.....	.....	.....	.....
5699999 Total - Separate Accounts - Authorized .....							.....	.....	.....	.....	.....	.....	.....
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
6399999 Total - Separate Accounts - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
6799999 Total - Separate Accounts - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
7499999 Total - Separate Accounts - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
7899999 Total - Separate Accounts - Certified .....							.....	.....	.....	.....	.....	.....	.....
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
8999999 Total - Separate Accounts - Reciprocal Jurisdiction .....							.....	.....	.....	.....	.....	.....	.....
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified .....							.....	.....	.....	.....	.....	.....	.....
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999) .....							473,839 .....	.....	.....	.....	.....	.....	.....
9999999 Total (Sum of 4599999 and 9099999) .....							473,839 .....	.....	.....	.....	.....	.....	.....

**34 Schedule S - Part 4 ..... NONE**

**35 Schedule S - Part 5 ..... NONE**



SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums .....					
2. Title XVIII-Medicare .....	474	472	67,368	344	137,836
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	2	1,150	63,583	(2,591)	
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....	88	62	17,636	10,237	
8. Reinsurance recoverable on paid losses .....	5	482	1	13,336	77,134
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS 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. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS 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) .....					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	88,166,095		88,166,095
2. Accident and health premiums due and unpaid (Line 15) .....	34,527,749		34,527,749
3. Amounts recoverable from reinsurers (Line 16.1) .....	5,047	(5,046)	0
4. Net credit for ceded reinsurance .....	X X X	136,435	136,435
5. All other admitted assets (Balance) .....	55,114,330		55,114,330
6. TOTAL Assets (Line 28) .....	177,813,220	131,388	177,944,608
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	93,736,411	87,504	93,823,915
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) .....	15,853,187	43,884	15,897,071
15. TOTAL Liabilities (Line 24) .....	109,589,598	131,388	109,720,986
16. TOTAL Capital and Surplus (Line 33) .....	68,223,622	X X X	68,223,622
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	177,813,220	131,388	177,944,608
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	87,504		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	5,047		
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....	92,551		
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 .....	(43,884)		
30. TOTAL Ceded Reinsurance Payables/Offsets .....	(43,884)		
31. TOTAL Net Credit for Ceded Reinsurance .....	136,435		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4918	Clover Health Group .....	00000	47-1435489	0000000000	0000000000	.....	Clover Health Investments, Corp .....	DE	UIP	NJ Healthcare Investments .....	Ownership .....	57.8	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	86371	31-0522223	0000000000	0000000000	.....	CLOVER INS CO .....	NJ	RE	Clover Health Holdings, Inc. ....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	38-3889370	0000000000	0000000000	.....	Clover Health, LLC .....	NJ	NIA	Clover Health Corp. ....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	27-2761894	0000000000	0000000000	.....	Clover Healthcare, LLC .....	NJ	NIA	Clover Health Corp. ....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	36-4744890	0000000000	0000000000	.....	Clover HMO, LLC .....	NJ	NIA	Clover HMO Corp. ....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	47-2552172	0000000000	0000000000	.....	Clover Health Corp. ....	DE	NIA	Clover Health Investments, Corp .....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	47-2580683	0000000000	0000000000	.....	Clover Health Labs, LLC .....	CA	NIA	Clover Health, LLC .....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	47-2551324	0000000000	0000000000	.....	Clover HMO Corp. ....	DE	NIA	Clover Health Investments, Corp .....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	47-2542375	0000000000	0000000000	.....	Clover Health Holdings, Inc. ....	DE	UDP	Clover Health Investments, Corp .....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	16347	38-4057194	0000000000	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	0000000000	0000000000	.....	Clover Health International .....	DE	NIA	Clover Health Investment, Corp .....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	69601330	0000000000	0000000000	.....	Clover Health HK .....	HKG	NIA	Clover Health International .....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	83-1769911	0000000000	0000000000	.....	Clover Therapeutics .....	DE	NIA	Clover Health Investment, Corp .....	Ownership .....	51.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	47-240286	0000000000	0000000000	.....	Principium Health, LLC .....	DE	NIA	Clover HMO of New Jersey, Inc. ....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	82-0735027	0000000000	0000000000	.....	MSPNJ, LLC .....	NJ	NIA	Clover HMO of New Jersey, Inc. ....	Ownership .....	100.0	Clover Health Investments, Corp .....	N	0000000
4918	Clover Health Group .....	00000	84-4934476	0000000000	0000000000	.....	Seek Insurance Services .....	DE	NIA	Clover Health Corp. ....	Ownership .....		Clover Health Investments, Corp .....	N	0000000

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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
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 86371 ..	.. 31-0522223 ..	CLOVER INS CO .....	.....	... 26,500,000	.....	.....	.. (65,818,782)	.....	.....	.....	.. (39,318,782)	.....
.. 16347 ..	.. 38-4057194 ..	CLOVER HMO OF NJ INC .....	.....	... 1,500,000	.....	.....	.. (5,376,832)	.....	.....	.....	.. (3,876,832)	.....
.....	.. 38-3889370 ..	CLOVER HEALTH, LLC .....	.....	.....	.....	.....	.. 71,195,614	.....	.....	.....	.. 71,195,614	.....
.....	.. 47-1435489 ..	CLOVER HEALTH INVESTMENTS CORP. ....	.....	.. (28,000,000)	.....	.....	.....	.....	.....	.....	.. (28,000,000)	.....
9999999 Control Totals .....			.....	.....	.....	.....	..... 0	.....	X X X	.....	..... 0	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
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
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? Yes
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
14. Will the actuarial opinion on participating and non-participating policies as 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? No
15. 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? No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? 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 filed electronically with the NAIC by March 1? No
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
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? No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? Yes
25. 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
AUGUST FILING
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:

Medicare Supplement Insurance Experience Exhibit
8637120203600000 2020 Document Code: 360

Schedule SIS
8637120204200000 2020 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
8637120203710000 2020 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
8637120203700000 2020 Document Code: 370

Medicare Part D Coverage Supplement
8637120203650000 2020 Document Code: 365

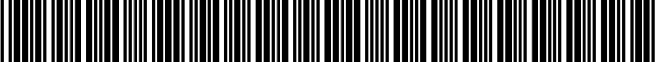
Approval for Relief related to five-year rotation for lead Audit Partner
8637120202240000 2020 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
8637120202250000 2020 Document Code: 225

Approval for Relief related to Require. for Audit Committees
8637120202260000 2020 Document Code: 226

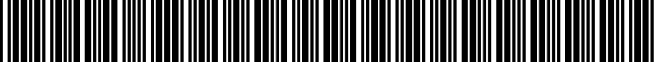
SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



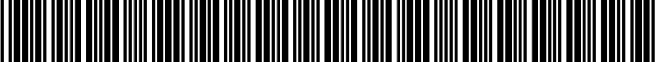
86371202030600000 2020 Document Code: 306

Health Life Supplement - April



86371202021100000 2020 Document Code: 211

Management's Report of Internal Control over Financial Reporting



86371202022300000 2020 Document Code: 223







LIFE SUPPLEMENTS

For the Year Ended December 31, 2020

To Be Filed By March 1

Of The CLOVER INSURANCE COMPANY Insurance Company

Address (City, State and Zip Code) 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

1	2	3	4	5	6
Valuation Standard	Total (a)	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance (Gross)					
1958 CSO ALB 3.0% NL	1,431		1,431		
1958 CSO ALB 3.0% CRVM	2,748		2,748		
1958 CSO ALB 4.0% NL	3,823		3,823		
1958 CSO ALB 4.5% NL	901		901		
1958 CSO ALB 4.5% CRVM	11,820		11,820		
1980 CSO 3.5% CRVM	3,268,230		3,268,230		
1980 CSO 4.5% CRVM	2,024,788		2,024,788		
0199997 Subtotal - Life Insurance (Gross)	5,313,741		5,313,741		
0199998 Reinsurance Ceded	5,313,741		5,313,741		
0199999 Totals - (Net)					
Annuities (excluding supplementary contracts with life contingencies) (Gross)					
83a 5.50% CARVM DEF 94, 96-97	833,159	X X X	83,810	X X X	749,349
83a 5.75% CARVM DEF 93	16,639	X X X		X X X	16,639
0299997 Subtotal - Annuities (excluding supplementary contracts with life contingencies) (Gross)	849,798	X X X	83,810	X X X	765,988
0299998 Reinsurance Ceded	849,798	X X X	83,810	X X X	765,988
0299999 Totals - (Net)		X X X		X X X	
0399998 Reinsurance Ceded					
0399999 Totals - (Net)					
Accidental Death Benefits (Gross)					
1959 ADB & 1980 CSO 4.50%	2,960		2,960		
0499997 Subtotal - Accidental Death Benefits (Gross)	2,960		2,960		
0499998 Reinsurance Ceded	2,960		2,960		
0499999 Totals - (Net)					
Disability-Active Lives (Gross)					
1952 Dis & 1958 CSO 3.50%	3,923		3,923		
0599997 Subtotal - Disability-Active Lives (Gross)	3,923		3,923		
0599998 Reinsurance Ceded	3,923		3,923		
0599999 Totals - (Net)					
Disability-Disabled Lives (Gross)					
1952 Dis & 1958 CSO 3.50%	3,596		3,596		
0699997 Subtotal - Disability-Disabled Lives (Gross)	3,596		3,596		
0699998 Reinsurance Ceded	3,596		3,596		
0699999 Totals - (Net)					
Miscellaneous Reserves (Gross)					
Substandard Reserve	951		951		
0799997 Subtotal - Miscellaneous Reserves (Gross)	951		951		
0799998 Reinsurance Ceded					
0799999 Totals - (Net)	951		951		
9999999 Totals - (Net) -Page 3, Line 1	951		951		

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$.....0; Annuities \$.....0; Supplementary Contracts with Life Contingencies \$.....0; Accidental Death Benefits \$.....0; Disability - Active Lives \$.....0; Disability - Disabled Lives \$.....0; Miscellaneous Reserves \$.....0.

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:

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[ ] No[X]

4. Has the reporting entity any assessment or stipulated premium contracts in force?

If so, state:

4.1 Amount of insurance:

4.2 Amount of reserve:

4.3 Basis of reserve

4.4 Basis of regular assessments

4.5 Basis of special assessments

4.6 Assessments collected during the year

Yes[ ] No[X]

\$ ..... 0

\$ ..... 0

\$ ..... 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 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:  
Attach statement of methods employed in their valuation.

Yes[ ] No[X]

\$ ..... 0

\$ ..... 0

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:

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount

7.3 State the amount of reserves established for this business:

7.4 Identify where the reserves are reported in the blank

Yes[ ] No[X]

\$ ..... 0

\$ ..... 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:

8.2 State the amount of reserves established for this business:

8.3 Identify where the reserves are reported in the blank:

Yes[ ] No[X]

\$ ..... 0

\$ ..... 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?

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

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. 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 .....						
8. 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 .....	(39)				(39)	
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) .....						

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
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 1199999 and 2299999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Affiliates - U.S. - Captive														
0199999 Subtotal - General Account - Authorized - Affiliates - U.S. - Captive														
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total														
0799999 Total - General Account - Authorized - Affiliates														
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CO	TX	CO/I	OL	37,504	20,722	20,215	321				
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CO	TX	CO/I	OL		83,810	108,716					
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CO	TX	CO/G	OL		765,988	820,952	90,000				
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CO	TX	OTH/I	OL		39	39					
82627	06-0839705	09/15/2001	SWISS RE LIFE & HLTH AMER INC	MO	YRT/I	OL	996,470	2,888	2,837	2,080				
82627	06-0839705	09/15/2001	SWISS RE LIFE & HLTH AMER INC	MO	OTH/I	OL	149,000	29	29	63				
69744	13-1423090	12/31/2014	UNION LABOR LIFE INS CO	MD	CO/I	OL	4,150,000	48,828	43,786	19,575				
69418	59-2403689	10/01/2012	SOUTHERN FINANCIAL LIFE INS CO	LA	CO/I	OL	43,754,018	5,252,703	5,194,747	486,464				
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							49,086,992	6,175,007	6,191,321	598,503				
1099999 Total - General Account - Authorized - Non-Affiliates							49,086,992	6,175,007	6,191,321	598,503				
1199999 Total - General Account - Authorized							49,086,992	6,175,007	6,191,321	598,503				
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total														
1899999 Total - General Account - Unauthorized - Affiliates														
2299999 Total - General Account - Unauthorized														
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total														
2999999 Total - General Account - Certified - Affiliates														
3399999 Total - General Account - Certified														
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total														
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates														
4499999 Total - General Account - Reciprocal Jurisdiction														
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							49,086,992	6,175,007	6,191,321	598,503				
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total														
5299999 Total - Separate Accounts - Authorized Affiliates														
5699999 Total - Separate Accounts - Authorized														
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total														
6399999 Total - Separate Accounts - Unauthorized - Affiliates														
6799999 Total - Separate Accounts - Unauthorized														
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total														
7499999 Total - Separate Accounts - Certified - Affiliates														
7899999 Total - Separate Accounts - Certified														
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total														
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates														
8999999 Total - Separate Accounts - Reciprocal Jurisdiction														
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified														

Supp205.5

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							49,086,992	6,175,007	6,191,321	598,503				
9999999 Total (Sum of 4599999 and 9099999)							49,086,992	6,175,007	6,191,321	598,503				



DIRECT BUSINESS IN THE STATE OF ALABAMA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	606				606
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) .....	606				606
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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





DIRECT BUSINESS IN THE STATE OF ARIZONA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	6,894				6,894
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) .....	6,894				6,894
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
DIRECT DEATH BENEFITS AND MATURED 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	11	955,746	(a)						11	955,746
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	11	955,746	(a)						11	955,746

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	32,665				32,665
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) .....	32,665				32,665
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	35,805				35,805
10.	Matured endowments .....					
11.	Annuity benefits .....					
12.	Surrender values and withdrawals for life contracts .....	5,662				5,662
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	41,467				41,467

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year .....										
17.	Incurred during current year .....	1	35,805							1	35,805
	Settled during current year:										
18.1	By payment in full .....	1	35,805							1	35,805
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	35,805							1	35,805
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	35,805							1	35,805
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	70	5,567,608	(a).						70	5,567,608
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(3)	(132,284)							(3)	(132,284)
23.	In force December 31 of current year .....	67	5,435,324	(a).						67	5,435,324

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF COLORADO

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	17,298				17,298
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) .....	17,298				17,298
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	51,280				51,280
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 .....	51,280				51,280

DETAILS OF WRITE-INS											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
17.	Incurred during current year .....	1	51,280							1	51,280
	Settled during current year:										
18.1	By payment in full .....	1	51,280							1	51,280
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	51,280							1	51,280
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	51,280							1	51,280
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	24	1,596,700	(a)						24	1,596,700
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(51,280)							(1)	(51,280)
23.	In force December 31 of current year .....	23	1,545,420	(a)						23	1,545,420

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	10,164				10,164
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) .....	10,164				10,164
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....			113,860		113,860
12.	Surrender values and withdrawals for life contracts .....			10,837		10,837
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....			124,697		124,697

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	1	5,000							1	5,000
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) .....	1	5,000							1	5,000
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	16	882,991	(a).						16	882,991
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	16	882,991	(a).						16	882,991

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF DELAWARE

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	1,286				1,286
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) .....	1,286				1,286
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
DIRECT DEATH BENEFITS AND MATURED 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	2	45,000	(a)						2	45,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	2	45,000	(a)						2	45,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	774				774
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) .....	774				774

DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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					
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page .....				
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....				

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
DIRECT DEATH BENEFITS AND MATURED 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	2	65,000	(a)						2	65,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	2	65,000	(a)						2	65,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF FLORIDA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	3,318				3,318
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) .....	3,318				3,318
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
POLICY EXHIBIT						No. of 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).....	.....	.....	.....	.....	.....	.....	.....

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF **GEORGIA**

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1		2		3		4		5	
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1.	Life Insurance .....	4,791								4,791	
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) .....	4,791								4,791	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301. ....											
1302. ....											
1303. ....											
1398. Summary of remaining write-ins for Line 13 from overflow page .....											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	5	495,000	(a).						5	495,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	5	495,000	(a).						5	495,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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





DIRECT BUSINESS IN THE STATE OF HAWAII

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	46,903				46,903
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) .....	46,903				46,903
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
DIRECT DEATH BENEFITS AND MATURED 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	70	5,911,417	(a).						70	5,911,417
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	70	5,911,417	(a).						70	5,911,417

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF IDAHO

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	3,823				3,823
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) .....	3,823				3,823
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	6	443,000	(a).						6	443,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	6	443,000	(a).						6	443,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	109,213				109,213
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) .....	109,213				109,213
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	53,874				53,874
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	53,874				53,874

DETAILS OF WRITE-INS											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	171	10,727,978	(a)						171	10,727,978
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(8)	(602,434)							(8)	(602,434)
23.	In force December 31 of current year .....	163	10,125,544	(a)						163	10,125,544

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF INDIANA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	10,977				10,977
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) .....	10,977				10,977
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	13	772,003	(a).						13	772,003
21.	Issued during year .....										
22.	Other changes to in force (Net) .....		1,408								1,408
23.	In force December 31 of current year .....	13	773,411	(a).						13	773,411

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF IOWA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	17,669				17,669
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) .....	17,669				17,669
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	5,000				5,000
10.	Matured endowments .....					
11.	Annuity benefits .....					
12.	Surrender values and withdrawals for life contracts .....	5,375				5,375
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	10,375				10,375

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	2	15,000							2	15,000
17.	Incurred during current year .....	1	5,000							1	5,000
	Settled during current year:										
18.1	By payment in full .....	2	15,000							2	15,000
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	2	15,000							2	15,000
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	2	15,000							2	15,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....	1	5,000							1	5,000
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	37	1,438,308	(a).						37	1,438,308
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(2)	(15,000)							(2)	(15,000)
23.	In force December 31 of current year .....	35	1,423,308	(a).						35	1,423,308

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF KANSAS

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	10,652				10,652
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) .....	10,652				10,652
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	11,006				11,006
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	11,006				11,006

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	4	10,652							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	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) .....	4	10,652							4	10,652
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	24	918,091	(a).						24	918,091
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(65,000)							(1)	(65,000)
23.	In force December 31 of current year .....	23	853,091	(a).						23	853,091

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	5,203				5,203
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) .....	5,203				5,203
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	4,602				4,602
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	4,602				4,602

DETAILS OF WRITE-INS					
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page .....				
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....				

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	16	594,014	(a).						16	594,014
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(25,000)							(1)	(25,000)
23.	In force December 31 of current year .....	15	569,014	(a).						15	569,014

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	2,726				2,726
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) .....	2,726				2,726
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
DIRECT DEATH BENEFITS AND MATURED 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 .....										
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 Policies					
POLICY EXHIBIT											
20.	In force December 31, prior year .....	3	175,077	(a)						3	175,077
21.	Issued during year .....										
22.	Other changes to in force (Net) .....		196								196
23.	In force December 31 of current year .....	3	175,273	(a)						3	175,273

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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





DIRECT BUSINESS IN THE STATE OF MARYLAND

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	18,258				18,258
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) .....	18,258				18,258
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	25,000				25,000
10.	Matured endowments .....					
11.	Annuity benefits .....					
12.	Surrender values and withdrawals for life contracts .....	1,275				1,275
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	26,275				26,275

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year .....										
17.	Incurred during current year .....	1	25,000							1	25,000
	Settled during current year:										
18.1	By payment in full .....	1	25,000							1	25,000
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	25,000							1	25,000
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	25,000							1	25,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	44	1,752,381	(a).						44	1,752,381
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(4)	(100,671)							(4)	(100,671)
23.	In force December 31 of current year .....	40	1,651,710	(a).						40	1,651,710

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	11,476				11,476
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) .....	11,476				11,476
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	11	966,225	(a)						11	966,225
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	11	966,225	(a)						11	966,225

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	100				100
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) .....	100				100

DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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					
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page .....				
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....				

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of 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).							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	420				420
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) .....	420				420
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF MISSOURI

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	24,899				24,899
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) .....	24,899				24,899
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	25,000				25,000
10.	Matured endowments .....					
11.	Annuity benefits .....					
12.	Surrender values and withdrawals for life contracts .....	7,416				7,416
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	32,416				32,416

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....										
17.	Incurred during current year .....	1	25,000							1	25,000
	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) .....	1	25,000							1	25,000
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	34	1,941,850	(a).						34	1,941,850
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(50,000)							(1)	(50,000)
23.	In force December 31 of current year .....	33	1,891,850	(a).						33	1,891,850

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	19,221				19,221
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) .....	19,221				19,221
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	10,000				10,000
10.	Matured endowments .....					
11.	Annuity benefits .....					
12.	Surrender values and withdrawals for life contracts .....	2,611				2,611
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	12,611				12,611

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	1	10,000							1	10,000
17.	Incurred during current year .....	1	10,000							1	10,000
	Settled during current year:										
18.1	By payment in full .....	1	10,000							1	10,000
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	10,000							1	10,000
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	10,000							1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....	1	10,000							1	10,000
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	37	1,835,413	(a).						37	1,835,413
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(3)	(58,488)							(3)	(58,488)
23.	In force December 31 of current year .....	34	1,776,925	(a).						34	1,776,925

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF NEVADA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	2,221				2,221
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) .....	2,221				2,221
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	3	318,000	(a).						3	318,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	3	318,000	(a).						3	318,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	1,139				1,139
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) .....	1,139				1,139
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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





DIRECT BUSINESS IN THE STATE OF NEW MEXICO

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	141				141
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) .....	141				141
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	1,772				1,772
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) .....	1,772				1,772
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF OHIO

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	30,949				30,949
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) .....	30,949				30,949
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	5,000				5,000
10.	Matured endowments .....					
11.	Annuity benefits .....					
12.	Surrender values and withdrawals for life contracts .....	4,034				4,034
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	9,034				9,034

DETAILS OF WRITE-INS											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year .....										
17.	Incurred during current year .....	1	5,000							1	5,000
	Settled during current year:										
18.1	By payment in full .....	1	5,000							1	5,000
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	5,000							1	5,000
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	5,000							1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	89	2,511,810	(a)						89	2,511,810
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(5)	(122,095)							(5)	(122,095)
23.	In force December 31 of current year .....	84	2,389,715	(a)						84	2,389,715

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	2,965				2,965
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) .....	2,965				2,965
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	3	120,086	(a).						3	120,086
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	3	120,086	(a).						3	120,086

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF OREGON

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	9,020				9,020
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) .....	9,020				9,020
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	5,186				5,186
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	5,186				5,186

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	18	1,166,180	(a)						18	1,166,180
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(33,000)							(1)	(33,000)
23.	In force December 31 of current year .....	17	1,133,180	(a)						17	1,133,180

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	38,726				38,726
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) .....	38,726				38,726
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	5,000				5,000
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 .....	5,000				5,000

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....										
17.	Incurred during current year .....	1	5,000							1	5,000
	Settled during current year:										
18.1	By payment in full .....	1	5,000							1	5,000
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	5,000							1	5,000
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	5,000							1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	87	3,886,646	(a).						87	3,886,646
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(4,664)							(1)	(4,664)
23.	In force December 31 of current year .....	86	3,881,982	(a).						86	3,881,982

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	3,486				3,486
2.	Annuity considerations .....			90,000		90,000
3.	Deposit-type contract funds .....		X X X		X X X	
4.	Other considerations .....					
5.	TOTALS (sum of Lines 1 to 4) .....	3,486		90,000		93,486
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	3,936		46,517		50,453
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	3,936		46,517		50,453

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	9	845,550	(a).						9	845,550
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	9	845,550	(a).						9	845,550

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	324				324
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) .....	324				324
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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





DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	5,135				5,135
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) .....	5,135				5,135
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	2,495				2,495
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) .....	2,495				2,495
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	1	50,000	(a).						1	50,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	1	50,000	(a).						1	50,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF TEXAS

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	20,953				20,953
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) .....	20,953				20,953
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	14,000				14,000
10.	Matured endowments .....					
11.	Annuity benefits .....					
12.	Surrender values and withdrawals for life contracts .....	2,888				2,888
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	16,888				16,888

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	3	21,852							3	21,852
17.	Incurred during current year .....	1	14,000							1	14,000
	Settled during current year:										
18.1	By payment in full .....	1	14,000							1	14,000
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	14,000							1	14,000
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	14,000							1	14,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....	3	21,852							3	21,852
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	39	1,368,020	(a).						39	1,368,020
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(3)	(89,000)							(3)	(89,000)
23.	In force December 31 of current year .....	36	1,279,020	(a).						36	1,279,020

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF UTAH

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	1,102				1,102
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) .....	1,102				1,102
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	3	260,000	(a)						3	260,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	3	260,000	(a)						3	260,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	15,327				15,327
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) .....	15,327				15,327
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	10,000				10,000
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 .....	10,000				10,000

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
17.	Incurred during current year .....	1	10,000							1	10,000
	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) .....	1	10,000							1	10,000
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	31	1,317,354	(a).						31	1,317,354
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(10,000)							(1)	(10,000)
23.	In force December 31 of current year .....	30	1,307,354	(a).						30	1,307,354

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	3,619				3,619
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) .....	3,619				3,619
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	4	374,000	(a)						4	374,000
21.	Issued during year .....										
22.	Other changes to in force (Net) .....										
23.	In force December 31 of current year .....	4	374,000	(a)						4	374,000

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	123				123
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) .....	123				123
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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											
1301.	.....										
1302.	.....										
1303.	.....										
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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 .....										
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) .....										
POLICY EXHIBIT						No. of 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).....							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	8,888				8,888
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) .....	8,888				8,888
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	50,000				50,000
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 .....	50,000				50,000

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....										
17.	Incurred during current year .....	1	50,000							1	50,000
	Settled during current year:										
18.1	By payment in full .....	1	50,000							1	50,000
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	1	50,000							1	50,000
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	1	50,000							1	50,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	18	1,192,855	(a).						18	1,192,855
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(1)	(50,000)							(1)	(50,000)
23.	In force December 31 of current year .....	17	1,142,855	(a).						17	1,142,855

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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





DIRECT BUSINESS IN THE STATE OF WYOMING

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	781				781
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) .....	781				781

DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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					
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page .....				
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....				

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & 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) .....										
POLICY EXHIBIT						No. of 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).							

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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



DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life Insurance .....	508,503				508,503
2.	Annuity considerations .....			90,000		90,000
3.	Deposit-type contract funds .....		X X X		X X X	
4.	Other considerations .....					
5.	TOTALS (sum of Lines 1 to 4) .....	508,503		90,000		598,503
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS 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 .....	236,085				236,085
10.	Matured endowments .....					
11.	Annuity benefits .....			113,860		113,860
12.	Surrender values and withdrawals for life contracts .....	107,865		57,354		165,219
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14.	All other benefits, except accident and health .....					
15.	TOTALS .....	343,950		171,214		515,164

DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of remaining write-ins for Line 13 from overflow page .....					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certi- ficates	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	11	62,504							11	62,504
17.	Incurred during current year .....	11	236,085							11	236,085
	Settled during current year:										
18.1	By payment in full .....	10	211,085							10	211,085
18.2	By payment on compromised claims .....										
18.3	TOTALS Paid .....	10	211,085							10	211,085
18.4	Reduction by compromise .....										
18.5	Amount rejected .....										
18.6	TOTAL Settlements .....	10	211,085							10	211,085
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....	12	87,504							12	87,504
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year .....	901	50,494,303	(a).						901	50,494,303
21.	Issued during year .....										
22.	Other changes to in force (Net) .....	(36)	(1,407,312)							(36)	(1,407,312)
23.	In force December 31 of current year .....	865	49,086,991	(a).						865	49,086,991

(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 \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct 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	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) .....					

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