

### ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020 OF THE CONDITION AND AFFAIRS OF THE

### **CLOVER INSURANCE COMPANY**

NAIC Group Code	4918	, 4918	NAIC Company Code	86371	Employer's ID Number	31-0522223
	(Current Period)	(Prior Period)		_		
Organized under the La	aws of	New Jersey	, State of Domic	cile or Port of Entry		NJ
Country of Domicile		United States				
Licensed as business t	ype: Life, Accident & H Dental Service Co Other[ ]	orporation[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No	Health M	Medical & Dental Service or Indaintenance Organization[ ]	emnity[ ]
Incorporated/Organized	d	10/25/1947	Comme	nced Business	02/06/194	8
Statutory Home Office		30 Montgomery Street, 1			Jersey City, NJ, US 07302	
Main Administrative Off	fice	(Street and Numbe	,	) Street, 15th Floor	City or Town, State, Country and Zip (	Code)
	lore	ey City, NJ, US 07302	(Street an	d Number)	(201)432-2133	
		State, Country and Zip Code)			(Area Code) (Telephone Num	ber)
Mail Address		30 Montgomery Street, 1			Jersey City, NJ, US 07302	2.1.
Primary Location of Bo	oks and Records	(Street and Number or P.	,	ر) mery Street, 15th F	City or Town, State, Country and Zip ( loor	Code)
,			· ·	reet and Number)		
		City, NJ, US 07302 State, Country and Zip Code)			(201)432-2133 (Area Code) (Telephone Num	her)
Internet Website Addre		www.cloverheal	Ith.com		(Alea Code) (Telephone Num	Dei)
Statutory Statement Co	ontact	Joseph Wag	nner		(410)274-6891	
oldidiony oldiomoni oc		(Name)			(Area Code)(Telephone Number)(E	xtension)
		er@cloverhealth.com E-Mail Address)			(Fax Number)	
	Wendy Richey, Chie Rachel Fish, Chief F Mark Spektor, Chief	Joseph Jamie ef Medicare Compliance C People Officer Medical Officer	And	er cer # Lee, General Coun frew Toy, President thia Chang, Chief C	& Chief Technology Officer linical Informatics Officer	
State of	New Jersey Hudson s	s				
ne absolute property of the contained, annexed or refere eductions therefrom for the nay differ; or, (2) that state ourthermore, the scope of the sc	said reporting entity, free and red to, is a full and true statem a period ended, and have beer rules or regulations require diffinis attestation by the described used statement. The electronic (Signature)  Vivek Garipalli  (Printed Name)	clear from any liens or claims ent of all the assets and liabilit a completed in accordance with ferences in reporting not relate d officers also includes the relate	the described officers of said reporting entity thereon, except as herein stated, and that thi ties and of the condition and affairs of the sain he the NAIC Annual Statement Instructions and to accounting practices and procedures, at ated corresponding electronic filing with the Narious regulators in lieu of or in addition to the (Signature)  Joseph Wagner (Printed Name)	s statement, together was a statement, together was described a Accounting Practices excording to the best of the AIC, when required, the	with related exhibits, schedules and exhibits reporting period stated above, and and Procedures manual except to the cheir information, knowledge and belie at is an exact copy (except for formation) (Signature)  Jamie Reynoso (Printed Name)	oplanations therein d of its income and e extent that: (1) state law of, respectively. ing differences due to
_	1.		2.		3.	
C	Chief Executive Officer (Title)		Chief Financial Officer (Title)		Chief Operating Off (Title)	icer
	sworn to before me this ay of		a. Is this an original filing? b. If no: 1. State the amendment n 2. Date filed 3. Number of pages attact		Yes[X] No[]	- - -
(Notary F	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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
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**

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,		O 1 - D / 111	
	Health Care Rece	eivables Collected	Health Care Rec	eivables Accrued	5	6
	During t	he Year	as of December 3	31 of Current Year		Estimated
	1	2	3	4		Health Care
	On Amounts		On Amounts		Health Care	Receivables
	Accrued Prior	On Amounts	Accrued	On Amounts	Receivables	Accrued as of
	to January 1 of	Accrued During	December 31 of	Accrued During	in Prior Years	December 31 of
Type of Health Care Receivable	Current Year	the Year	Prior Year	the Year	(Columns 1 + 3)	Prior Year
Pharmaceutical rebate receivables	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	5,073,49
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	21,503,03

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	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
Clover HMO of New Jersey, LLC	33,419					33,419	
Clover Health Investments Corp.	20 500 000					26,500,000	
0199999 Total - Individually listed receivables	26,533,419					26,533,419	
0299999 Receivables not inidvidually listed							
0399999 TOTAL Gross Amounts Receivable	26,533,419					26,533,419	

### **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
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	XXX	4,736,007	4,736,007	
0299999 Payables not Individually Listed	XXX			
0399999 TOTAL Gross Payables	XXX	4,736,007	4,736,007	

### **EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
						Column 1	Column 1
		Direct Medical	Column 1	Total	Column 3	Expenses Paid	Expenses Paid
	Payment	Expense	as a %	Members	as a %	to Affiliated	to Non-Affiliated
	Method	Payment	of Total Payments	Covered	of Total Members	Providers	Providers
Capit	ation Payments:						
1.	Medical groups	5,320,245	0.995	1,924	3.660	5,320,245	
2.	Intermediaries All other providers						
3.	All other providers						
4.	TOTAL Capitation Payments	5,320,245	0.995	1,924	3.660	5,320,245	
Other	Payments:						
5.	Fee-for-service						
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						
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	2	3	4	5	6
				Intermediary's	Intermediary's
NAIC	Name of	Capitation	Average Monthly	Total Adjusted	Authorized Control
Code	Intermediary	Paid	Capitation	Capital	Level RBC
	N (	O N E			
9999999 TOTALS			X X X	X X X	X X X

### **EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

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



NAIC Group Code 4918		BUSINES	S IN THE STATE	OF <b>ALABAMA</b> D	URING THE YEA	<b>I</b> R			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	606									60
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
<ol> <li>Amount Paid for Provision of Health Care Services</li> <li>Amount Incurred for Provision of Health Care Services</li> </ol>										
18. Amount Incurred for Provision of Health Care Services										

<sup>(</sup>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



NAIC Group Code 4918			S IN THE STATE		URING THE YEA	R			NAIC Company	Code 86371
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year								63		
2. First Quarter								37		
3. Second Quarter								51		
4. Third Quarter								59		
5. Current Year								60		
	677							677		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	.   32							32		
8. Non-Physician								33		
9. TOTAL								65		
10. Hospital Patient Days Incurred								38		
11. Number of Inpatient Admissions	7							7		
12. Health Premiums Written (b)								494,186		
13. Life Premiums Direct	6.972									6.97
14. Property/Casualty Premiums Written										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. Health Premiums Earned								494.186		
16. Property/Casualty Premiums Earned								. ,		
								024.400		
<ul> <li>Amount Paid for Provision of Health Care Services</li> <li>Amount Incurred for Provision of Health Care Services</li> </ul>	231,109							231,109		
10. Amount incurred for Provision of Health Care Services								230,148		



NAIC	Group Code 4918			IN THE STATE C		DURING THE YE	AR			NAIC Company	Code 86371
	·	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal Employees			
		T. (-1	1. 45 54 .4	0	Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	Other
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4. 5.	Third Quarter										
	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	32,587									32,58
14.	Property/Casualty Premiums Written										İ
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

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

ALIC Cloup Code 43 to		DOGINEO		JI COLOINADO I		-u v			NAIO Company	J006 0037 1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:						·				
Prior Year										
First Quarter										
Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
. Hospital Patient Days Incurred										
Number of Inpatient Admissions										
. Health Premiums Written (b)										
. Health Premiums Written (b)	17,298									17,
. Property/Casualty Premiums Written										
. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
8 Amount Incurred for Provision of Health Care Services										



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

roup Code 4918		BOSINESS I	NIHESTATEO	CONNECTION	DURING THE YE	EAR			NAIC Company	Jode 863/1
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			1
							Employees			[
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	[
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Members at end of:										
irst Quarter										
Second Quarter										
Current Year Member Months										
Member Ambulatory Encounters for Year:										
Physician										
Ion-Physician										
lospital Patient Days Incurred										
lumber of Inpatient Admissions										
Health Premiums Written (b)										
ife Premiums Direct	10,164									10,164
Property/Casualty Premiums Written										
lealth Premiums Earned										
amount Incurred for Provision of Health Care Services										
	Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months  Member Ambulatory Encounters for Year: Physician Non-Physician FOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months  Member Ambulatory Encounters for Year: Physician Non-Physician FOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	Total Individual  Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year Member Months  Member Ambulatory Encounters for Year: Physician Non-Physician FOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	1	1	1	1	1	1   Comprehensive (Hospital & Medical)   2   3	1   Comprehensive (Hospital & Medical)   2   3



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

NAI	C Group Code 4918		BUSINESS	S IN THE STATE (	OF <b>DELAWARE</b> I	DURING THE YEA	AR			NAIC Company	Code 86371
		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TO	FAL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TO	FAL 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										İ
18.	Amount Incurred for Provision of Health Care Services										



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

NAI	C Group Code 4918	1	BUSINESS IN TH	E STATE OF <b>DIS</b>	TRICT OF COLU	MBIA DURING TI	HE YEAR			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:					-					
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b) Life Premiums Direct										
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										



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

NAIC Group Code 4918		BOSINES	SO IN THE STATE	OF FLURIDA D	JRING THE YEAR	Τ			NAIC Company	2006 9031 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
FOTAL Members at end of:										
. Prior Year										
. First Quarter										
. Second Quarter										
. Third Quarter										
. Current Year										
. Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2 Health Premiums Written (b)										
Life Premiums Direct	3,318									3,3
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



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

NAIC Group Code 4918		BUSINES	S IN THE STATE	OF <b>GEORGIA</b> D	URING THE YEAI	R			NAIC Company	Code 86371
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year								381		
2. First Quarter	407							407		
3. Second Quarter								392		[]
4. Third Quarter								386		
5. Current Year	8//							877		
6. Current Year Member Months	10,530							10,530		
TOTAL Member Ambulatory Encounters for Year:										
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		
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		



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

NAIC	Group Code 4918		BOSINE	99 IN THE 21411	E OF HAWAII DU	KING THE TEAK				NAIC Company	200e 0037 I
		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal Employees			
				_	Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTA	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7. 8	Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b)	46 903									46,90
14.	Property/Casualty Premiums Written										
15.	Property/Casualty Premiums Written										
16.	Property/Casualty Premiums Earned										
17. 18.	Amount Paid for Provision of Health Care Services Amount Incurred for Provision of Health Care Services										



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

VAIC Group Code 49 18		BUSIN	200 IN THE STAT	E OF IDAHO DO	RING THE YEAR				NAIC Company	2006 9031 I
	1	Comprehensive (	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
Prior Year										
. First Quarter										
. Second Quarter										
. Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2 Health Premiums Written (b)										
3. Life Premiums Direct	3,823									3,8
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



NAI	C Group Code 4918		BUSINES	SS IN THE STATE	OF <b>ILLINOIS</b> DU	JRING THE YEAF	₹			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	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										



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

VAIC Group Code 4918		BOSINE	SO IN THE STATE	OF INDIANA DU	JRING THE YEAR	τ			NAIC Company	200e 8037 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
. Prior Year										
First Quarter										
Second Quarter										
. Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Health Premiums Written (b)     Life Premiums Direct	10,977									10,9
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
8. Amount Incurred for Provision of Health Care Services										



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

VAIC Group Code 49 18		BOSIN	ESS IN THE STA	IE OF <b>IOWA</b> DUI	RING THE YEAR				NAIC Company	200e 8037 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
Prior Year										
First Quarter										
Second Quarter										
. Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
D. Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2. Health Premiums Written (b)										
Health Premiums Written (b)     Life Premiums Direct	17,669									17,6
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
8. Amount Incurred for Provision of Health Care Services										



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

NAIC Group Code 49 to		DUSINES	SONTIFICATE	OF KANSAS DO	TRING THE TEAR	`			NAIC Company	2006 0031 I
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
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										



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

NAIC Group Code 4918		BUSINESS	SINTHESTATE	OF <b>KENTUCKT</b> L	JURING THE YEA	AK			NAIC Company	2006 9031 I
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
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)										
Health Premiums Written (b)     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										



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

Group Code 4918		BUSINESS	SINTHESTATE	JF LOUISIANA L	OURING THE YEA	<b>N</b> K			NAIC Company	Jode 863/1
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
AL Members at end of:										
First Quarter										
Second Quarter										
Current Year Member Months										
AL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Life Premiums Direct	2,726									2,726
Property/Casualty Premiums Written										
Health Premiums Earned										
Property/Casualty Premiums Earned										
Amount Incurred for Provision of Health Care Services										
	First Quarter Second Quarter Third Quarter Current Year AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	Total  AL Members at end of: Prior Year First Quarter Second Quarter Third Quarter Current Year  Current Year Member Months  AL Member Ambulatory Encounters for Year: Physician Non-Physician TOTAL Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Property/Casualty Premiums Earned Amount Paid for Provision of Health Care Services	1	1	1	1   Comprehensive (Hospital & Medicare   Vision	1   Comprehensive (Hospital & Medicare   Vision   Dental	1   Comprehensive (Hospital & Medicare   Vision   Dental   Employees   Health Benefits   Employees   Health Benefits   Plan	1   Comprehensive (Hospital & Medicar)   2   3	1



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

NAI	C Group Code 4918		BUSINESS	S IN THE STATE (	OF <b>maryland</b> [	OURING THE YEA	AR			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	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										



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

NAIC Group Code 4918			THE STATE OF		TS DURING THE	YEAR			NAIC Company	Code 86371
· · r	1		lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
First Quarter										
B. Second Quarter										
1. Third Quarter										
5. Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										1
7. Physician										
Non-Physician										
O. TOTAL										
Hospital Patient Days Incurred										
1. Number of Inpatient Admissions										
2. Health Premiums Written (b)										
13. Life Premiums Direct	11,476									11,4
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	.]									



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

										Jude 0037 1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
. Prior Year										
. First Quarter										
Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2. Health Premiums Written (b)										
3. Life Premiums Direct	100									
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



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

NAI	C Group Code 4918		BUSINESS	IN THE STATE (	OF MISSISSIPPI I	DURING THE YEA	AR			NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	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										



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

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

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



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

VAIC Group Code 49 10		DUSINES	SINTILSTATE	OF NEDRASKA	DOMING THE TEA	<del>1</del> 17			NAIC Company	Jude 0031 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			ł
							Employees			i
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	i
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:			·	, ,		·				
Prior Year										
First Quarter										1
Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
TAL Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Health Premiums Written (b)	19,221									19
Property/Casualty Premiums Written										
Health Premiums Earned										
Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
Amount Incurred for Provision of Health Care Services	.								1	i



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

										2006 9031 I
1   Comprehensive (Hospital & Medical)   4   5   6   7   8								8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
. Prior Year										
. First Quarter										
. Second Quarter										
. Third Quarter										
Current Year										
. Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2 Health Premiums Written (b)										
3. Life Premiums Direct	2,221									2,2
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

Hospital Patient Days Incurred .

Number of Inpatient Admissions .

Property/Casualty Premiums Earned

Health Premiums Earned .

14.

Health Premiums Written (b)

Amount Paid for Provision of Health Care Services .

Amount Incurred for Provision of Health Care Services



. 51,789

. 7,454

593.548.327

593,548,327

519,959,625

531,295,881

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)** 

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918 BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR NAIC Company Code 86371 Comprehensive (Hospital & Medical) 6 8 Federal Employees Medicare Vision Dental **Health Benefits** Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other **TOTAL Members at end of:** Prior Year ..... . 38,513 38,513 37.025 37.025 Second Quarter 37,567 37,567 Third Quarter 38,335 38,335 . 50,529 50,529 Current Year ..... 596,005 Current Year Member Months 596,005 **TOTAL Member Ambulatory Encounters for Year:** 183,787 183,787 Non-Physician ..... 84,538 . 84,538 268,325 268,325

(	a) For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products	0.
Ì	b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees	\$ \$593.548.327	

. 51,789

593,548,327

593,548,327

519,959,625 531,295,881

7,454



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

NAIC Group Code 4918		BUSINESS	IN THE STATE C	H NEW MEXICO	DURING THE YE	:AR			NAIC Company	Code 863/1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:			·	, .	·	·				
Prior Year										
First Quarter										
B. Second Quarter										
1. Third Quarter										
5. Current Year										
Current Year Member Months										
FOTAL Member Ambulatory Encounters for Year:										
7. Physician										
Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
12. Health Premiums Written (b)	141									14
14. Property/Casualty Premiums Written										
5. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services		1	1	1	1	l	1	1	1	1



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

NAIC (	Group Code 4918		BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR							NAIC Company Code 86371	
		1 Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTA	L Members at end of:										
	Prior Year First Quarter										
3.	Second Quarter										
5.	Third Quarter Current Year										
6.	Current Year Member Months										
TOTA	L Member Ambulatory Encounters for Year:										
7.	Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Life Premiums Direct	1,772									1,77
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services	l	l	l l		l	l	1	1		1

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAI	C Group Code 4918		BUSINI	ESS IN THE STA	TE OF <b>OHIO</b> DUF	RING THE YEAR				NAIC Company	Code 86371
		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Health Premiums Written (b) Life Premiums Direct	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										



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

NAIC Group Code 49 18		BUSINESS	SIN THE STATE (	JF UNLAHUWA I	DURING THE YEA	AK			NAIC Company	Jode 9037 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
<ul><li>12. Health Premiums Written (b)</li><li>13. Life Premiums Direct</li></ul>	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										



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

NAIC Group Code 49 18		BUSINES	SIN THE STATE	OF UKEGON DI	JRING THE YEAR	₹			NAIC Company	Code 9037 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
<ul><li>12. Health Premiums Written (b)</li><li>13. Life Premiums Direct</li></ul>	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										



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

NAIC Group Code 4918		BUSINESS II	N THE STATE OF	PENNSYLVANIA	A DURING THE Y	EAR			NAIC Company	Jode 863/1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year								152		
2. First Quarter								125		
3. Second Quarter								145		
5. Current Year								585		
6. Current Year Member Months								6,355		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	659							659		
8. Non-Physician								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)	1 5.228.476	1						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		



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

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

NAIC Group Code 49 to		DUSINESSI	N THE STATE OF	KHODE ISLAM	DOKING THE T	EAR			NAIC Company	Jude 9037 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
I. Prior Year										
P. First Quarter										
B. Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
<ol> <li>Number of Inpatient Admissions</li> </ol>										
Health Premiums Written (b)										
Health Premiums Written (b)     Life Premiums Direct	93 486									93,48
Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
<ol><li>Amount Incurred for Provision of Health Care Services</li></ol>										



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

			111 1011. 1. 0011		2. 200/111011.					
NAIC Group Code 4918		BUSINESS IN	THE STATE OF	SOUTH CAROLII	<b>NA</b> DURING THE	YEAR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3	1			Federal			1
							Employees			1
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	1
	Tatal	المسائد بالماسيا	0					1	1 7	045
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										[
1. Prior Year								83		
2. First Quarter								72		
3. Second Quarter								73		
4. Third Quarter	.							86		
5. Current Year								332		
6. Current Year Member Months	3,761							3,761		
TOTAL Member Ambulatory Encounters for Year:										[
7. Physician	668							668		
7. Physician	997							997		
9. TOTAL	1,665							1,665		
10. Hospital Patient Days Incurred								163		
11. Number of Inpatient Admissions								35		
12. Health Premiums Written (b)								3,043,333		
13. Life Premiums Direct										
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	.1 2.629.956	I	1	1	1	1	1	1 2.629.956	l	1



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

NAIC Gloup Code 49 10		DUSINESS II	N THE STATE OF	SOUTH DAKOT	A DUKING THE T	LAR			NAIC Company	2006 0031 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
Prior Year										
!. First Quarter										
B. Second Quarter										
Third Quarter										
5. Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
Health Premiums Written (b)										
Health Premiums Written (b)     Life Premiums Direct	5,135									5,135
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



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

NAIC Group Code 4918		BUSINESS	IN THE STATE O	F TENNESSEE	DURING THE YE	AR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	18							18		
2. First Quarter	19							19		
3. Second Quarter	17							17		
4. Third Quarter	19							19		
5. Current Year								20		
6. Current Year Member Months	201							201		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	[ <u>1</u>							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									
16. Property/Casualty Premiums Earned										
	68,140							60 140		
<ul><li>17. Amount Paid for Provision of Health Care Services</li><li>18. Amount Incurred for Provision of Health Care Services</li></ul>	69,626									

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

NAIC Group Code 4918		BUSINE	SS IN THE STAT	E OF <b>TEXAS</b> DU	RING THE YEAR				NAIC Company	Code 86371
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year								115		
2. First Quarter	133							133		
3. Second Quarter	128							128		
4. Third Quarter								119		
5. Current Year								162		
6. Current Year Member Months	1,916							1,916		
TOTAL Member Ambulatory Encounters for Year:										
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		
13. Life Premiums Direct	20,953									20,953
14. Property/Casualty Premiums Written										
15. Health Premiums Earned								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		



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

NAIC Group Code 49 18		BUSIN	ESS IN THE STA	IE OF <b>UTAH</b> DU	RING THE YEAR				NAIC Company	200e 8037 I
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
OTAL Members at end of:										
. Prior Year										
. First Quarter										
. Second Quarter										
. Third Quarter										
Current Year										
Current Year Member Months										
OTAL Member Ambulatory Encounters for Year:										
. Physician										
Non-Physician										
. TOTAL										
Hospital Patient Days Incurred										
Number of Inpatient Admissions										
2 Health Premiums Written (b)										
3. Life Premiums Direct	1,102									1,1
4. Property/Casualty Premiums Written										
5. Health Premiums Earned										
Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



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

NAIC Group Code 4918		BUSINES	S IN THE STATE	OF VIRGINIA DI	JRING THE YEAR	₹			NAIC Company	J00e 8037 I
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
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)										
Health Premiums Written (b)     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										



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

NAIC Group Code 4918		BUSINESS	IN THE STATE O	F WASHINGTON	DURING THE YE	=AK			NAIC Company	Code 863/1
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
P. First Quarter										
B. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
B. Non-Physician										
9. TOTAL										
Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
12. Health Premiums Written (b)	3,619									3,61
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18 Amount Incurred for Provision of Health Care Services										



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

NAIC Group Code 4918  BUSINESS IN THE STATE OF <b>WEST VIRGINIA</b> DURING THE YEAR											
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	
		2	3				Federal			ĺ	
							Employees			1	
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	1	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other	
OTAL Members at end of:			·		·	·				1	
Prior Year										1	
First Quarter										[	
Second Quarter										[	
Third Quarter											
Current Year											
Current Year Member Months											
OTAL Member Ambulatory Encounters for Year:										(	
Physician										1	
Non-Physician										1	
TOTAL											
Hospital Patient Days Incurred											
Number of Inpatient Admissions											
Health Premiums Written (b)											
Health Premiums Written (b) Life Premiums Direct	123	3									
Property/Casualty Premiums Written											
Health Premiums Earned											
Property/Casualty Premiums Earned											
7. Amount Paid for Provision of Health Care Services											
<ol> <li>Amount Incurred for Provision of Health Care Services</li> </ol>		1	I		[			1	[	1	



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

NAIC Group Code 4918		BUSINESS	S IN THE STATE (	OF <b>WISCONSIN</b> [	DURING THE YEA	AR .			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
Health Premiums Written (b)     Life Premiums Direct	8,888									8,88
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



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

NAIC Group Code 4918 BUSINESS IN THE STATE OF WYOMING DURING THE YEAR NAIC Company Code 803/1											
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	
		2	3				Federal				
							Employees				
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX		
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other	
OTAL Members at end of:											
. Prior Year											
. First Quarter											
. Second Quarter											
. Third Quarter											
Current Year											
Current Year Member Months											
OTAL Member Ambulatory Encounters for Year:											
Physician											
Non-Physician											
. TOTAL											
Hospital Patient Days Incurred											
Number of Inpatient Admissions											
Health Premiums Written (b)			1								
3. Life Premiums Direct											
4. Property/Casualty Premiums Written											
5. Health Premiums Earned											
6. Property/Casualty Premiums Earned											
Amount Paid for Provision of Health Care Services											
<ol> <li>Amount Incurred for Provision of Health Care Services</li> </ol>											



REPORT FOR: 1. CORPORATION: 2. LOCATION: Codo 06271

NAIC Group Code 4918		BUSINESS I	N THE STATE OF	GRAND TOTAL	DURING THE Y	EAR			NAIC Company	Code 86371
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year								39,325		
2. First Quarter								37,818		
3. Second Quarter								38,373		
4. Third Quarter								39,151		
5. Current Year								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		
13. Life Premiums Direct	598.502									598,50
14. Property/Casualty Premiums Written										
15. Health Premiums Earned								612,355,192		
16. Property/Casualty Premiums Earned								5.2,000,102		
17. Amount Paid for Provision of Health Care Services								534,934,201		
18. Amount Incurred for Provision of Health Care Services	546,596,936							E 40 E00 000		

#### **SCHEDULE S - PART 1 - SECTION 2**

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

#### **SCHEDULE S - PART 2**

### Reinsurance Recoverable on Paid and Unpaid Losses Listed by

Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC						
Company	ID	Effective		Domiciliary		
Code	Number	Date	Name of Company	Jurisdiction	Paid Losses	Unpaid Losses
Life and A	nnuity - Non-At	filiates - U.S.	Non-Affiliates			
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	d Annuity - No	n-Affiliates - U.S. Non-Affiliates			87,504
			ffiliates			
1199999 7	Total - Life and Ai	nnuity				87,504
1499999 9	Subtotal - Accider	nt and Health -	Affiliates - U.S Total			
			iliates			
Accident	and Health - No	n-Affiliates - l	J.S. Non-Affiliates			
11835	04-1590940	01/01/2019	PARTNERRE AMER INS CO	DE	5,047	
1999999	Subtotal - Accider	nt and Health -	Non-Affiliates - U.S. Non-Affiliates		5,047	
2199999 7	Total - Accident a	nd Health - No	n-Affiliates		5,047	
2299999 7	Total - Accident a	nd Health			5,047	
2399999 7	Total U.S. (Sum c	of 0399999, 08	99999, 1499999 and 1999999)		5,047	87,504
			9999)			87,504

#### **SCHEDULE S - PART 3 - SECTION 2**

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

	Reinsurance Ceded Accident and Health 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
									Reserve	11	12		
									Credit Taken				Funds
NAIC					Type of	Type of		Unearned	Other than for			Modified	Withheld
Company	ID	Effective		Domiciliary	Reinsurance	Business		Premiums	Unearned	Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
General A	Account - Autho	rized - Non-A	ffiliates - U.S. Non-Affiliates										
11835	04-1590940	01/01/2020	PARTNERRE AMER INS CO	DE	SSL/I	MR	473,839						
0899999	Subtotal - Genera	al Account - Au	thorized - Non-Affiliates - U.S. Non-Affiliates				473,839						
			rized - Non-Affiliates										
			rized										
1499999	Subtotal - Genera	al Account - Ur	nauthorized - Affiliates - U.S Total										
			thorized - Affiliates										
2299999	Total - General A	ccount - Unaut	thorized										
2599999	Subtotal - Genera	al Account - Ce	ertified - Affiliates - U.S Total										
2999999	Total - General A	ccount - Certifi	ed - Affiliates										
			ed										
3699999	Subtotal - Genera	al Account - Re	eciprocal Jurisdiction - Affiliates - U.S Total										
4099999	Total - General A	ccount - Recip	rocal Jurisdiction - Affiliates										
4499999	Total - General A	ccount - Recip	rocal Jurisdiction										
			rized, Reciprocal Jurisdiction, Unauthorized and Certified										
			Authorized - Affiliates - U.S Total										
			horized Affiliates										
5699999	Total - Separate	Accounts - Aut	horized										
			Unauthorized - Affiliates - U.S Total										
			authorized - Affiliates										
			authorized										
			Certified - Affiliates - U.S Total										
			tified - Affiliates										
7899999	Total - Separate	Accounts - Cer	tified										
8199999	Subtotal - Separa	ate Accounts -	Reciprocal Jurisdiction - Affiliates - U.S Total										
8599999	Total - Separate	Accounts - Red	ciprocal Jurisdiction - Affiliates										
			ciprocal Jurisdiction										
			horized, Reciprocal Jurisdiction, Unauthorized and Certified										
1	,	•	99999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999										
9999999	Total (Sum of 459	99999 and 909	9999)				473,839						

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34	Schedul	e S - Part	4	 	 	 NONE
35	Schedul	e S - Part	5	 	 	 NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CLOVER INSURANCE COMPANY

#### **SCHEDULE S - PART 6**

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

		1	2	3	4	5
		2020	2019	2018	2017	2016
A. OF	PERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare		472	67,368	344	137,836
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	TOTAL Hospital and Medical Expenses		1,150	63,583	(2,591)	
B. BA	ALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses					
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. UN	IAUTHORIZED REINSURANCE					
(DEP	OSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)			10,069		
16.	Other (O)					
	INSURANCE WITH CERTIFIED REINSURERS					
(DEP	OSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

#### **SCHEDULE S - PART 7**

#### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
ASSET	TS (Page 2, Col. 3)	,	,	,
1.	Cash and invested assets (Line 12)	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)			
LIABIL	ITIES, CAPITAL AND SURPLUS (Page 3)			
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)			
16.	TOTAL Capital and Surplus (Line 33)			
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	177,813,220	131,388	177,944,608
	REDIT FOR CEDED REINSURANCE			
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	1		
22.	Other ceded reinsurance recoverables			
23.	TOTAL Ceded Reinsurance Recoverables	1		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets			
31.	TOTAL Net Credit for Ceded Reinsurance	136,435		

#### **SCHEDULE T - PART 2**

## INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

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

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

						1 / \1 \ 1	IA - DETAIL OF INSURAI		OLDIN	O OOMIN / NITT O TO LEM					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
4918	Clover Health Group	00000	47-1435489	000000000	0000000000		Clover Health Investments, Corp	DE .	UIP	NJ Healthcare Investments	Ownership	57.8	Clover Health Investments,		
											<u> </u>		Corp	N	000000
4918	Clover Health Group	86371	31-0522223	000000000	0000000000		CLOVER INS CO	NJ .	RE	Clover Health Holdings, Inc.	Ownership	100.0	Clover Health Investments,	N	000000
4918	Clover Health Group	00000	38-3889370	000000000	0000000000		Clover Health. LLC	NJ .	NIA	Clover Health Corp.	Ownership	100 0	Clover Health Investments.	.   IN	000000
							,			p and a second			Corp	N	000000
4918	Clover Health Group	00000	27-2761894	000000000	0000000000		Clover Healthcare, LLC	NJ .	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments,		
4918	Clover Health Group	იიიიი	36-4744890	00000000	000000000		Clover HMO. LLC	NJ .	NIA	Clover HMO Corp	Ownership	100.0	Corp	.   N	000000
4310	Glover Fleaith Group	00000	30-4744030	000000000	0000000000		Clover Timo, LLG	NO .	NIA	Clover Tilvio Corp.	Ownership	100.0	Corp	N	000000
4918	Clover Health Group	00000	47-2552172	000000000	0000000000		Clover Health Corp	DE .	NIA	Clover Health Investments, Corp	Ownership	100.0	Clover Health Investments,		
1010			4= 0=0000									400.0	Corp	N	000000
4918	Clover Health Group	00000	47-2580683	000000000	0000000000		Clover Health Labs, LLC	CA .	NIA	Clover Health, LLC	Ownership	100.0	Clover Health Investments,	N	000000
4918	Clover Health Group	00000	47-2551324	000000000	0000000000		Clover HMO Corp.	DE .	NIA	Clover Health Investments, Corp	Ownership	100.0	Clover Health Investments.		000000
							r r r r			,			Corp	N	000000
4918	Clover Health Group	00000	47-2542375	000000000	0000000000		Clover Health Holdings, Inc.	DE .	UDP .	Clover Health Investments, Corp	Ownership	100.0	Clover Health Investments,		000000
4918	Clover Health Group	16347	38-4057194	00000000			Clover HMO of New Jersey, Inc	NJ .	IA	Clover Health Holdings, Inc.	Ownership	100.0	Corp	.   N	000000
4918	Clovel Ticalin Group	10047	30-4037 134	00000000	0000000000		Clover time of New dersey, inc.	140 .	/	Olover ricalar riolalings, inc.	Ownership	100.0	Corp	N	000000
4918	Clover Health Group	00000	83-1700805	000000000	0000000000		Clover Health International	DE .	NIA	Clover Health Investment, Corp	Ownership	100.0	Clover Health Investments,		
4040	Claver Haalth Casses	00000	00004330	00000000	000000000		Clause I I a alth I II/	. HKG	NIIA		Oanabia	100.0	Corp	.   N	000000
4918	Clover Health Group	00000	. 69601330 .	000000000	0000000000		Clover Health HK	. HKG	NIA	Clover Health International	Ownership	100.0	Clover Health Investments,	N	000000
4918	Clover Health Group	00000	83-1769911	000000000	0000000000		Clover Therapeutics	DE .	NIA	Clover Health Investment, Corp	Ownership	51.0	Clover Health Investments.		000000
	'						•			. ,	·		Corp	N	000000
4918	Clover Health Group	00000	. 47-240286	000000000	0000000000		Principium Health, LLC	DE .	NIA	Clover HMO of New Jersey, Inc	Ownership	100.0	Clover Health Investments,	l N	000000
4918	Clover Health Group	00000	82-0735027	00000000	0000000000		MSPNJ. LLC	NJ .	NIA	Clover HMO of New Jersey, Inc.	Ownership	100.0	Corp	.   N	000000
7310	Slover Flediti Group	00000	02-0100021				110, 110, 220	140 .	N//	Olovoi Filmo of New delisey, ille.	Ownording	100.0	Corp	N	000000
4918	Clover Health Group	00000	84-4934476	000000000	0000000000		Seek Insurance Services	DE .	NIA	Clover Health Corp.	Ownership		Clover Health Investments,		
									1			1	Corp	. l N	0000000

Asterisk	Explanation
0000001	

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

1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases, Sales	Income/(Disburse-				Any Other		Reinsurance
					or Exchanges of	ments) Incurred in				Material Activity		Recoverable/
					Loans, Securities,	Connection with	Management	Income/		not in the		(Payable)
					Real Estate,	Guarantees or	Agreements	(Disbursements)		Ordinary		on Losses
NAIC					Mortgage	Undertakings	and	Incurred Under		Course of		and/or Reserve
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Loans or Other	for the Benefit	Service	Reinsurance		the Insurer's		Credit Taken/
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
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 Co	ntrol Totals						0		XXX		0	

Schedule Y Part 2 Explanation:

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Will the actuarial opinion on participating and non-participating policies required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? Nο No Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No No 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No No 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No APRII FILING 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by Yes April 1?
Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and Yes 24 Yes Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? Yes 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No Explanation: Bar Code:



Response



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)







#### **OVERFLOW PAGE FOR WRITE-INS**



#### LIFE SUPPLEMENTS

#### For the Year Ended December 31, 2020

To Be Filed By March 1

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

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS** 

	-1/4 - 1 /			$\Delta$	
1	2	3	4	5	6
				Credit (Group	
Valuation Standard	Total (a)	Industrial	Ordinary	and Individual)	Group
Life Insurance (Gross)	( )		,	,	
1958 CSO ALB 3.0% NL	1 //31		1.431		
1958 CSO ALB 3.0% CRVM					
1958 CSO ALB 4.0% NL					
1958 CSO ALB 4.5% NL			901		
1958 CSO ALB 4.5% CRVM					
1980 CSO 3.5% CRVM					
0199997 Subtotal - Life Insurance (Gross)					
0199998 Reinsurance Ceded			5,313,741		
0199999 Totals - (Net)			5,515,741		
Annuities (excluding supplementary contracts with life contingencies) (Gross)					
, , , ,	000.450	V V V	02.040	V V V	740.04
83a 5.50% CARVM DEF 94, 96-97					
0299997 Subtotal - Annuities (excluding supplementary contracts with life contingencies) (Gross)					
0299998 Reinsurance Ceded					
0299999 Totals - (Net)					
0399998 Reinsurance Ceded					
0399999 Totals - (Net)					
Accidental Death Benefits (Gross)					
1959 ADB & 1980 CSO 4.50%			· · · · · · · · · · · · · · · · · · ·		-
0499997 Subtotal - Accidental Death Benefits (Gross)			,		
0499998 Reinsurance Ceded			· · · · · ·		
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		
0599999 Totals - (Net)					
Disability-Disabled Lives (Gross)					
1952 Dis & 1958 CSO 3.50%	3.596		3.596		
0699997 Subtotal - Disability-Disabled Lives (Gross)					
0699998 Reinsurance Ceded			3.596		
0699999 Totals - (Net)					
Miscellaneous Reserves (Gross)					
Substandard Reserve	951		951		
0799997 Subtotal - Miscellaneous Reserves (Gross)			951		
0799998 Reinsurance Ceded					
0799999 Totals - (Net)					
9999999 Totals - (Net) -Page 3 Line 1			951		

#### **EXHIBIT 5 - INTERROGATORIES**

<ul><li>1.1 Has the reporting entity ever issued both participating and non-participating contracts?</li><li>1.2 If not, state which kind is issued:</li></ul>	Yes[] No[X]
<ul><li>2.1 Does the reporting entity at present issue both participating and non-participating contracts?</li><li>2.2 If not, state which kind is issued.</li></ul>	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 instructions.	Yes[ ] No[X] in the
<ul> <li>4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:</li> <li>4.1 Amount of insurance:</li> <li>4.2 Amount of reserve:</li> <li>4.3 Basis of reserve</li> <li>4.4 Basis of regular assessments</li> <li>4.5 Basis of special assessments</li> <li>4.6 Assessments collected during the year</li> </ul>	Yes[] No[X] \$ 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	
<ol> <li>Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?</li> <li>1 If so, state the amount of reserve on such contracts on the basis actually held:</li> <li>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 same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the standard lives and individual annuity benefits:         Attach statement of methods employed in their valuation.     </li> </ol>	entity
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:	Yes[] No[X] \$0
<ul><li>7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount</li><li>7.3 State the amount of reserves established for this business:</li><li>7.4 Identify where the reserves are reported in the blank</li></ul>	\$ 0
<ul> <li>8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?</li> <li>8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:</li> <li>8.2 State the amount of reserves established for this business:</li> <li>8.3 Identify where the reserves are reported in the blank:</li> </ul>	Yes[ ] No[X] \$0 \$0
<ul> <li>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?</li> <li>9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:</li> <li>9.2 State the amount of reserves established for this business:</li> <li>9.3 Identify where the reserves are reported in the blank:</li> </ul>	Yes[] No[X] \$0

## Suppzus.

#### **EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS**

EXHIBIT 7 - DEI OO			114401	<u> </u>		
	1	2	3	4	5	6
		Guaranteed			Dividend	Premium and
		Interest	Annuities	Supplemental	Accumulations	
	Total	Contracts	Certain	Contracts	or Refunds	Funds
Balance at the beginning of the year before reinsurance	39				39	
2. Deposits received during the year						
B. Investment earnings credited to the account						
l. Other net change in reserves						
. Fees and other charges assessed						
. Surrender charges						
Net surrender or withdrawal payments						
6. Other net transfers to or (from) Separate Accounts						
Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4						
- 5 - 6 - 7 - 8)	39				39	
Reinsurance balance at the beginning of the year	(39)				(39)	
Net change in reinsurance assumed						
2. Net change in reinsurance ceded						
3. 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)						

## Supp205.4

#### **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	v Reinsured Company	v as of December 31 Current Year
Williout Life of Disability Contingencies, and Related Denetits Listed k	ny intilibultu collipali	y as of Decelliber 31, Culteril Tear

1	2	3	4	5	6	7	8	9	10	11	12	13
										Reinsurance		Funds
NAIC					Type of	Type of	Amount of			Payable on	Modified	Withheld
Company	ID	Effective		Domiciliary	Reinsurance	Business	In force at			Paid and	Coinsurance	Under
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	End of Year	Reserve	Premiums	Unpaid Losses	Reserve	Coinsurance
				$N \cap$	NE							1
				V								
												Í
9999999 T	otal (Sum of 119	99999 and 22	99999)									

#### **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

			Contingencies, and Related B	enefits Li	sted by Reir	suring C	ompany as	of Decembe	r 31, Curr	ent Year				
1	2	3	4	5	6	7	8	Reserve Cre	dit Taken	11	Outstanding	Surplus Relief	14	15
NAIC					Type of	Type of	Amount in	9	10		12	13	Modified	Funds Withheld
Company	ID	Effective		Domiciliary	• • •	Business	Force at End	Current	Prior		Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
			es - U.S Captive											
Jonioran			·											
0100000	Libtatal Capar	al Account Au	thorized - Affiliates - U.S Captive											
0199999	Subtotal - Genera	al Account - Au	uthorized - Affiliates - U.S Captive											
			prized - Affiliates											
	-		ffiliates - U.S. Non-Affiliates											
				<b>T</b> ),	00"	01	07.504	00 700	00.045	321				
60445	74-1915841 74-1915841		SAGICOR LIFE INS CO SAGICOR LIFE INS CO		CO/I	OL	37,504		20,215					
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CO	IX	CO/I	OL		83,810	820 052	90,000				
60445	74-1915841		SAGICOR LIFE INS CO			OL		39	39					
82627	06-0839705		SWISS RE LIFE & HLTH AMER INC		YRT/I	OL	996,470	2,888	2,837	2,080				
82627	06-0839705		SWISS RE LIFE & HLTH AMER INC		OTH/I	OL	149,000	29	29	63				
69744	13-1423090		UNION LABOR LIFE INS CO	MD	CO/I	OL	4,150,000	48,828	43,786					
	59-2403689	10/01/2012	SOUTHERN FINANCIAL LIFE INS CO	LA	CO/I	OL	43,754,018	5,252,703	5,194,747					
0899999	Subtotal - Genera	al Account - Au	uthorized - Non-Affiliates - U.S. Non-Affiliates				49,086,992	6,175,007	6,191,321					
1099999	Total - General A	ccount - Autho	orized - Non-Affiliates					6,175,007	6,191,321	598,503				
	Total - General A						49,086,992	6,175,007	6,191,321	598,503				
1499999	Subtotal - Genera	al Account - Un	nauthorized - Affiliates - U.S Total											
1899999	Total - General A	ccount - Unaut	thorized - Affiliates											
2299999	Total - General A	ccount - Unaut	thorized											
2599999	Subtotal - Genera	al Account - Ce	ertified - Affiliates - U.S Total											
2999999	Total - General A	ccount - Certifi	ied - Affiliates											
3399999	Total - General A	ccount - Certifi	ied											
3699999	Subtotal - Genera	al Account - Re	eciprocal Jurisdiction - Affiliates - U.S Total											
4099999	Total - General A	ccount - Recip	procal Jurisdiction - Affiliates											
4499999	Total - General A	ccount - Recip	procal Jurisdiction											
4599999	Total - General A	ccount - Autho	orized, Reciprocal Jurisdiction, Unauthorized and Certified				49,086,992	6,175,007						
4899999	Subtotal - Separa	ate Accounts -	Authorized - Affiliates - U.S Total											
5299999	Total - Separate	Accounts - Aut	horized Affiliates											
5699999	Total - Separate	Accounts - Aut	horized											
5999999	Subtotal - Separa	ate Accounts -	Unauthorized - Affiliates - U.S Total											
			authorized - Affiliates											
6799999	Total - Separate	Accounts - Una	authorized											
7099999	Subtotal - Separa	ate Accounts -	Certified - Affiliates - U.S Total											
7499999	Total - Separate /	Accounts - Cer	rtified - Affiliates											
			rtified											
8199999	Subtotal - Separa	ate Accounts -	Reciprocal Jurisdiction - Affiliates - U.S Total											
8599999	Total - Separate	Accounts - Red	ciprocal Jurisdiction - Affiliates											
8999999	Total - Separate	Accounts - Rec	ciprocal Jurisdiction											
9099999	Total - Separate	Accounts - Aut	horized, Reciprocal Jurisdiction, Unauthorized and Certified											
300000	Total Copulato	1000unto 7tut	and the state of t											

# Supp205.5.1

#### **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

			Gontingonolog, and Itolatoa E		stou by iton	loainig o	onipung ao	or Decemb	oi oi, oaii	onit noun				
1	2	3	4	5	6	7	8	Reserve Ci	redit Taken	11	Outstanding S	Surplus Relief	14	15
NAIC					Type of	Type of	Amount in	9	10		12	13	Modified	Funds Withheld
Company	ID	Effective		Domiciliary	Reinsurance	Business	Force at End	Current	Prior		Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
9199999 To	tal U.S. (Sum	of 0399999, 08	99999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 48	99999, 539999	9, 5999999, 649	9999,								
7099999, 75	599999, 81999	99 and 869999	99)				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

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1. 2.	Life Insurance					I .					606
3.	Deposit-type contract funds				x x x	I .			X X X		
4.	Other considerations					I .			XXX		
5.	TOTALS (sum of Lines 1 to 4)										606
_	ECT DIVIDENDS TO POLICYHOLD										
		EK9/KEFU	ND9 TO MEMI	DEKO							
Life	Insurance:										
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
A	uities:	.4)									
Annu											
	<ul><li>7.1 Paid in cash or left on deposit .</li><li>7.2 Applied to provide paid-up annu</li></ul>										
	7.3 Other	JILLES									
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	.5)									
0.	DIRECT CLAIMS AND BENEFITS	DAID									
9.	Death benefits										
10.	Matured endowments		<b>I</b>								
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid							.			
14.	All other benefits, except accident and										
15.	TOTALS										
DFT	AILS OF WRITE-INS		•		•						
1301.											
1302.											
1303.											
	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)									.	
	( )				Credit Life	'					
		0	rdinary	(Grou	p and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims.										
18.3	, , , , ,	1									
18.4	TOTALS Paid										
140 -	TOTALS Paid										
18.5	TOTALS Paid										
18.6	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements										
	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements  Unpaid Dec. 31, current year (Lines										
18.6	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements										
18.6	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements  Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					No. of					
18.6 19.	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements  Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT					No. of Policies					
18.6 19.	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements  Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT  In force December 31, prior year				(a)	No. of					
18.6 19. 20. 21.	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements  Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT  In force December 31, prior year  Issued during year				(a).	No. of Policies					
18.6 19.	TOTALS Paid  Reduction by compromise  Amount rejected  TOTAL Settlements  Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT  In force December 31, prior year				(a)	No. of Policies					

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

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSUR	ANCE		NA	IC Compan	company Code: 86371				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	narv	2 Credit Life (Group and Indiv		3 Group		4 Industrial		5 Total			
1.	Life Insurance				\ \						6,894			
2.	Annuity considerations													
3.	Deposit-type contract funds				X X X .				X X X					
4.	Other considerations		l l											
5.	TOTALS (sum of Lines 1 to 4)										6,894			
	CT DIVIDENDS TO POLICYHOLD nsurance: 6.1 Paid in cash or left on deposit													
	Applied to pay renewal premium     Applied to provide paid-up addit shorten the endowment or prem paying period     Other	nstions or												
Annı	6.5 TOTALS (sum of Lines 6.1 to 6.													
Aiiii	7.1 Paid in cash or left on deposit													
	7.2 Applied to provide paid-up annu													
	7.3 Other													
	7.4 TOTALS (sum of Lines 7.1 to 7.	.3)												
8.	GRAND TOTALS (Lines 6.5 plus 7.4)													
9.	DIRECT CLAIMS AND BENEFITS Death benefits													
10.	Matured endowments													
11.	Annuity benefits													
12. 13.	Surrender values and withdrawals for I Aggregate write-ins for miscellaneous and benefits paid	direct claims	3											
14.	All other benefits, except accident and													
15.	TOTALS													
	AILS OF WRITE-INS				1									
1301.														
I .	Summary of remaining write-ins for Lin													
	overflow page													
1399.	TOTALS (Lines 1301 through 1303 plu													
	(Line 13 above)													
				1	Credit Life									
			Ordinary		p and Individual)		Group		Industrial		Total			
	DIRECT DEATH BENEFITS  AND MATURED	No. of Pols. &	2	No. of Ind.	4	5 No. of Certi-	6	7 No. of Pols. &	8	9 No. of Pols. &	10			
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount			
16.	Unpaid December 31, prior year													
17.	Incurred during current year													
18.1	By payment in full													
18.2	By payment on compromised claims .													
18.3	TOTALS Paid													
18.4 18.5	Reduction by compromise  Amount rejected													
18.6	TOTAL Settlements													
19.	Unpaid Dec. 31, current year (Lines													
10.	16 + 17 - 18.6)					1				1				
						No. of				1				
	POLICY EXHIBIT					Policies								
20.	In force December 31, prior year	11	955,746		(a)	1				11	955,746			
21.	Issued during year				(α)									
22.	Other changes to in force (Net)										ļ			
23.	In force December 31 of current year	11	955,746		(a)					11	955,746			

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF CALIFORNIA

NAIC Group Code: 4918

**DURING THE YEAR 2020** LIFE INSURANCE NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life		_				
4	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ		Group		Industrial		Total
1. 2.	Life Insurance									- 1	
3.	Deposit-type contract funds				XXX	I			XXX	1	
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)			32,665							32,665
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REFUI	NDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	uities:	,								.	
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu	iities									
	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 Death benefits			25 005							35 905
9. 10.	Matured endowments										35,805
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										5,662
13.	Aggregate write-ins for miscellaneous	direct claims									
1	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS			41,467							41,467
	AILS OF WRITE-INS				T						
1302. 1303.											
	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
				I	Credit Life						
			rdinary	_ `	p and Individual)		Group		Industrial		Total
	DIRECT DEATH BENEFITS	1 No. of	2	No. of Ind.	4	5 No. of	6	7 No. of	8	9 No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year		35,805							1	35,805
	Settled during current year:		_								_
18.1	By payment in full	1 1		I					1	1	
18.2	By payment on compromised claims .  TOTALS Paid		25 005								25 005
18.3 18.4	Reduction by compromise			I						1	35,805
18.5	Amount rejected	1 1		I							
18.6	TOTAL Settlements		35,805							1	35,805
19.	Unpaid Dec. 31, current year (Lines		,								,
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT				( )	Policies		1	-		
20.	In force December 31, prior year		5,567,608		(a)					70	5,567,608
21. 22.	Other changes to in force (Net)		(132 284)							(3)	(132 284)
22.	In force December 31 of current year	67	5 435 324		(a)					67	(132,284) 5 435 324

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF COLORADO

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSUR	ANCE		NA	IC Compan	ompany Code: 86371				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	arv	2 Credit Life (Group and Indi		3 Group		4 Industrial		5 Total			
1.	Life Insurance						Огоир		maasma		17,298			
2.	Annuity considerations					I .				I				
3.	Deposit-type contract funds				X X X				X X X					
4.	Other considerations									1				
5.	TOTALS (sum of Lines 1 to 4)										17,298			
	CT DIVIDENDS TO POLICYHOLD nsurance: 6.1 Paid in cash or left on deposit.													
	6.2 Applied to pay renewal premiun													
	6.3 Applied to provide paid-up addit shorten the endowment or prem paying period	tions or nium -												
	6.5 TOTALS (sum of Lines 6.1 to 6.													
Annı	uities: 7.1 Paid in cash or left on deposit.													
	7.2 Applied to provide paid-up annu	ities												
	7.3 Other													
8.	GRAND TOTALS (Lines 6.5 plus 7.4)													
ļ .	DIRECT CLAIMS AND BENEFITS													
9. 10.	Death benefits										51,280			
11.	Annuity benefits													
12. 13.	Surrender values and withdrawals for I Aggregate write-ins for miscellaneous and benefits paid	direct claims	<b>;</b>											
14.	All other benefits, except accident and					I .				1				
15.	TOTALS			51,280							51,280			
DETA	AILS OF WRITE-INS													
1301.														
1302.														
l	Summary of romaining write ine for Lin													
1390.	Summary of remaining write-ins for Lin overflow page													
1399.	TOTALS (Lines 1301 through 1303 plu	ıs 1398)												
	(Line 13 above)				Credit Life	······   ··								
			Ordinary	1	p and Individual)		Group		Industrial		Total			
		1	2	3	4	5	6	7	8	9	10			
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of				
	AND MATURED	Pols. & Certifs.	A	Pols. & Gr.	A t	Certi-	A	Pols. &	A	Pols. &	A 4			
16.	ENDOWMENTS INCURRED  Unpaid December 31, prior year	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount			
17.	Incurred during current year  Settled during current year:	1	51,280							1	51,280			
18.1	By payment in full	1	51,280							1	51,280			
18.2	By payment on compromised claims .									1				
18.3	TOTALS Paid		51,280											
18.4 18.5	Reduction by compromise Amount rejected													
18.6	TOTAL Settlements		51,280	1										
19.	Unpaid Dec. 31, current year (Lines		- · · · · ·											
	16 + 17 - 18.6)													
						No. of								
20	POLICY EXHIBIT	0.4	4 500 700		(-)	Policies				0.4	4 500 700			
20. 21.	In force December 31, prior year Issued during year	24	1,596,700		(a)					24	1,596,700			
22.	Other changes to in force (Net)		(51,280)											
23.	In force December 31 of current year		1,545,420		(a)			1		1 12				

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF CONNECTICUT

**DURING THE YEAR 2020** LIFE INSURANCE NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	mpany Code: 86371			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	an/	2 Credit Life (Group and Individual	dual)	3 Group		4 Industrial		5 Total		
1.	Life Insurance						Group		IIIuustiiai				
2.	Annuity considerations					I .				<b>I</b>			
3.	Deposit-type contract funds				X X X				X X X				
4.	Other considerations												
5.	TOTALS (sum of Lines 1 to 4)										10,164		
	CT DIVIDENDS TO POLICYHOLD nsurance:												
	6.1 Paid in cash or left on deposit		<b>I</b>			I .							
	<ul><li>6.2 Applied to pay renewal premium</li><li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li></ul>	ions or iium -											
	6.4 Other												
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)											
Annu	iities:												
	<ul><li>7.1 Paid in cash or left on deposit</li><li>7.2 Applied to provide paid-up annu</li></ul>	ities											
	7.3 Other												
8.	GRAND TOTALS (Lines 6.5 plus 7.4)												
<u> </u>	DIRECT CLAIMS AND BENEFITS												
9.	Death benefits												
10.	Matured endowments												
11.	Annuity benefits					I .	113	·		<b>I</b>	113,860		
12. 13.	Surrender values and withdrawals for li Aggregate write-ins for miscellaneous	direct claims	3				10				10,837		
14.	and benefits paid									<b>I</b>			
15.	TOTALS					I .					124.697		
_	AILS OF WRITE-INS				1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			
					T								
1302.													
1398.	Summary of remaining write-ins for Lin												
1200	overflow page												
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)												
-	(Line 13 above)			1	Credit Life	·····   ··		····   ·····		 			
			Ordinary	1	p and Individual)		Group		Industrial		Total		
		1	2	3	4	5	6	7	8	9	10		
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of			
	AND MATURED	Pols. &	A	Pols. & Gr.		Certi-	A	Pols. &	A	Pols. &	A		
16.	ENDOWMENTS INCURRED  Unpaid December 31, prior year	Certifs.	Amount 5,000	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount 5,000		
17.	Incurred during current year  Settled during current year:									1			
18.1	By payment in full									 			
18.2	By payment on compromised claims												
18.3	TOTALS Paid												
18.4	Reduction by compromise												
18.5 18.6	Amount rejected												
19.	Unpaid Dec. 31, current year (Lines												
	16 + 17 - 18.6)	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		

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



# DIRECT BUSINESS IN THE STATE OF DELAWARE

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance				<u> </u>		Group		IIIuustiiai		
2.	Annuity considerations									1	
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										1,286
	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	JNDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.										
	<ul> <li>6.2 Applied to pay renewal premiur</li> <li>6.3 Applied to provide paid-up addi shorten the endowment or pren paying period</li> <li>6.4 Other</li> </ul>	tions or nium -								.	
	6.5 TOTALS (sum of Lines 6.1 to 6										
Δnnı	ities:	. 7)									
A	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous										
10.	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DET/	AILS OF WRITE-INS				•	•		•		•	
1302.											
1398.	Summary of remaining write-ins for Lir										
4000	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)										
	(Line 13 above)	 T		 T	Credit Life	······				· ·   · · · · · · · · · · · · · · · · ·	
		١.,	Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of	:	No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
18.1	Settled during current year: 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)										
	DOLIOV EVUIDIT					No. of					
20	In force December 31 prior year	2	45,000		(a)	Policies	>	+		2	45.00
20. 21.	In force December 31, prior year Issued during year	2	45,000		(a)					2	45,000
22.	Other changes to in force (Net)	l .									
22	In force December 21 of current year	1 2	45.000	1	(0)	1		1	1	۰	45.000

### **ACCIDENT AND HEALTH INSURANCE**

	7.10012=11					
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-cancelable (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



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

**DURING THE YEAR 2020** NAIC Group Code: 4918 LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
i	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			774							774
2.	Annuity considerations										
3.	Deposit-type contract funds					<b>I</b>			X X X	1	
4.	Other considerations								*********************************		
											774
5.	TOTALS (sum of Lines 1 to 4)										114
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	JNDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.				1					.	
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
										.	
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
Annu	ıities:										
	7.1 Paid in cash or left on deposit.				1						
	7.2 Applied to provide paid-up annu										
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits				1					.	
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous									.	
10.	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DET/	AILS OF WRITE-INS										
1301.											
1302											
										_ I	
1											
1 1 3 4 8											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page	ne 13 from									
	overflow page	ne 13 from us 1398)									
	overflow page	ne 13 from us 1398)									
	overflow page	ne 13 from us 1398)			Credit Life						
	overflow page	ne 13 from us 1398)					Group		Industrial		Total
	overflow page	ne 13 from us 1398)			Credit Life	5	Group 6		Industrial 8	9	Total 10
	overflow page	us 1398)	Ordinary	(Grou	Credit Life p and Individual)	5	<del></del>	7		-	
	overflow page	us 1398) 1 No. of	Ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of	<del></del>	7 No. of		No. of	
	overflow page	1 No. of Pols. &	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1399.	overflow page	us 1398)  1 No. of Pols. & Certifs.	Ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of	<del></del>	7 No. of		No. of	
1399.	overflow page	us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1399.	overflow page	us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1399. 16. 17.	overflow page	us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1399.	overflow page	us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1399. 16. 17.	overflow page	us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1	overflow page	us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2	overflow page	1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise	1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year: Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected	as 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	as 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT In force December 31, prior year	1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	Amount
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT In force December 31, prior year Issued during year	as 1398)  1 No. of Pols. & Certifs.	Drdinary 2  Amount	(Grou	Credit Life p and Individual)  4  Amount  (a)	No. of Certificates  No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	Amount
1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT In force December 31, prior year	as 1398)  1 No. of Pols. & Certifs.	Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	Amount

# ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF FLORIDA

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

·		1		2		3		4		5	
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Individ	dual)	Group		Industrial		Total
1. 2.	Life Insurance										3,318
3.	Deposit-type contract funds				X X X				X X X	I	
4.	Other considerations								ХХХ		
5.	TOTALS (sum of Lines 1 to 4)									.	
_	CT DIVIDENDS TO POLICYHOLD										
1		EKS/KEFU	ND9 IO MEMI	DEKO							
Life	nsurance:										
	6.1 Paid in cash or left on deposit										
	<ul><li>6.2 Applied to pay renewal premium</li><li>6.3 Applied to provide paid-up addit</li></ul>										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	ities:	·¬') ······									
Aiiii	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.									.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
-	DIRECT CLAIMS AND BENEFITS	PΔID									
9.	Death benefits										
10.	Matured endowments									.	
11.	Annuity benefits									.	
12.	Surrender values and withdrawals for li									.	
13.	Aggregate write-ins for miscellaneous	direct claims									
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DETA	AILS OF WRITE-INS										
1301.											
1302.										.	
1303.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu	ıs 1398)									
	(Line 13 above)										
					Credit Life						
		0	rdinary	<u> </u>	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
40	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
10 1	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims . TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements				[	[	. [		[		
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	[									
	,					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year				`						
22.	Other changes to in force (Net)	[									
23.	In force December 31 of current year		<u></u> .		(a)				<u> </u>		<u> </u>

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



# DIRECT BUSINESS IN THE STATE OF GEORGIA

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance									- 1	4,791
2. 3.	Annuity considerations  Deposit-type contract funds				X X X	I			XXX	1	
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										/ 701
_	CT DIVIDENDS TO POLICYHOLD										4,731
1		EKS/KEFU	IND2 TO MEMI	SEKS							
LITE	nsurance:										
	6.1 Paid in cash or left on deposit										
	<ul><li>6.2 Applied to pay renewal premium</li><li>6.3 Applied to provide paid-up addit</li></ul>										
	6.3 Applied to provide paid-up addit shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı		4)									
Annu	7.1 Paid in cash or left on deposit										
	7.1 Paid in cash of left of deposit 7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	3)									
0.	DIRECT CLAIMS AND BENEFITS	DAID									
9.	Death benefits										
10.	Matured endowments									.	
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous									.	
	and benefits paid									.	
14.	All other benefits, except accident and										
15.	TOTALS										
DFT	AILS OF WRITE-INS		•		•	<u> </u>				<u> </u>	
1302.											
	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
					Credit Life	Г '		<u> </u>			
		(	Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										[]
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	DOLLOW EVA "DIT					No. of					
00	POLICY EXHIBIT	_	105.000		(-)	Policies			-	_	105.000
20.	In force December 31, prior year	5			(a)					5	495,000
21.	Other changes to in force (Not)										
22.	Other changes to in force (Net)		405.000		(0)					·····	405.000
23.	In force December 31 of current year	5	495,000		(a)					5	495,000

### **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF HAWAII

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAIC Group Code: 4918					LIFE INSURANCE			NA	NAIC Company Code: 86371			
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5	
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordin		(Group and Indivi		Group		Industrial		Total 46.903	
2.	Annuity considerations							<b>I</b>		I	40,303	
3.	Deposit-type contract funds				X X X				X X X			
4.	Other considerations											
5.	TOTALS (sum of Lines 1 to 4)										46,903	
	CT DIVIDENDS TO POLICYHOLD nsurance:											
	6.1 Paid in cash or left on deposit											
	<ul> <li>6.2 Applied to pay renewal premium</li> <li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li> </ul>	ions or nium -										
	6.4 Other											
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)										
Annu												
	<ul><li>7.1 Paid in cash or left on deposit</li><li>7.2 Applied to provide paid-up annu</li></ul>	ities										
	7.3 Other											
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	3)										
<u> </u>	DIRECT CLAIMS AND BENEFITS											
9.	Death benefits											
10.	Matured endowments											
11.	Annuity benefits											
12. 13.	Surrender values and withdrawals for li Aggregate write-ins for miscellaneous and benefits paid	direct claims	s									
14.	All other benefits, except accident and											
15.	TOTALS											
DETA	AILS OF WRITE-INS		'									
1301.												
1302.												
1	0											
1398.	Summary of remaining write-ins for Lin overflow page											
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)	ıs 1398)										
	(Lille 13 above)				Credit Life	· · · · · · · · · · · · · · · · · · ·				 T		
			Ordinary	1	p and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of		
	AND MATURED	Pols. & Certifs.	Amazzat	Pols. & Gr.	Amazint	Certi-	Amount	Pols. &	Americat	Pols. & Certifs.	Amaunt	
16.	ENDOWMENTS INCURRED  Unpaid December 31, prior year	Certiis.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certiis.	Amount	
17.	Incurred during current year  Settled during current year:											
18.1	By payment in full											
18.2	By payment on compromised claims .											
18.3	TOTALS Paid											
18.4 18.5	Reduction by compromise  Amount rejected											
18.6	TOTAL Settlements											
19.	Unpaid Dec. 31, current year (Lines											
	16 + 17 - 18.6)											
	DOLICY EVLUDIT					No. of						
20.	POLICY EXHIBIT  In force December 31, prior year	70	5,911,417		(a)	Policies			+	70	5,911,417	
21.	Issued during year		5,911,417		(a)						5,911,417	
22.	Other changes to in force (Net)											
23.	In force December 31 of current year	70	5,911,417		(a)					70	5,911,417	

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF IDAHO

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918		LIFE INSURANCE			NA	NAIC Company Code: 86371				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indiv	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance						Gloup				
2.	Annuity considerations										
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations									.	
5.	TOTALS (sum of Lines 1 to 4)										3,823
	CT DIVIDENDS TO POLICYHOLD	ERS/REF	JNDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.										
	<ul> <li>6.2 Applied to pay renewal premiur</li> <li>6.3 Applied to provide paid-up addi shorten the endowment or pren paying period</li> <li>6.4 Other</li> </ul>	tions or nium -								.	
	6.5 TOTALS (sum of Lines 6.1 to 6										
Annı	iities:	.4)								.	
Aiiiiu	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu									.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments									.	
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous									.	
	and benefits paid									.	
14.	All other benefits, except accident and										
15.	TOTALS										
DET/	AILS OF WRITE-INS										
1301.											
1302.										.	
1398.	Summary of remaining write-ins for Lir										
1200	overflow page										
1399.	(Line 13 above)										
	(Eine 10 above)	· · · · · · · · · · · · · · · · · · ·		1	Credit Life	1		1			
			Ordinary	1	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &	_	Pols. & Gr.	_	Certi-		Pols. &		Pols. &	
40	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
18.1	Settled during current year: By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	DOLIOV EVUIDIT					No. of					
20.	POLICY EXHIBIT  In force December 31, prior year	6	443,000		(a)	Policie	>	+		6	443,00
21.	Issued during year		443,000								
22.	Other changes to in force (Net)	l .									
22	In force December 21 of ourrent year	6	112 000	1	(0)	1		1	1	6	142.00

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF ILLINOIS

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918		LIFE INSURANCE				NAIC Company Code: 86371				
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
1.	AND ANNUITY CONSIDERATIONS  Life Insurance		Ordin		(Group and Individual		Group		Industrial		Total 109.213
2.	Annuity considerations					I				<b>I</b>	109,213
3.	Deposit-type contract funds					I		<b>I</b>	X X X	<b>I</b>	
4.	Other considerations					I					
5.	TOTALS (sum of Lines 1 to 4)										109,213
	CT DIVIDENDS TO POLICYHOLDI nsurance:		1								
	6.1 Paid in cash or left on deposit										
	<ul> <li>6.2 Applied to pay renewal premium</li> <li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li> </ul>	ions or nium -									
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı											
	<ul><li>7.1 Paid in cash or left on deposit</li><li>7.2 Applied to provide paid-up annu</li></ul>	iities									
	7.3 Other										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
<u> </u>	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12. 13.	Surrender values and withdrawals for li Aggregate write-ins for miscellaneous and benefits paid	direct claims	s								53,874
14.	All other benefits, except accident and										
15.	TOTALS										53.874
DFT	AILS OF WRITE-INS			,-				<u> </u>			
					T						
1302.											
1398.	Summary of remaining write-ins for Lin										
1300	overflow page										
1399.	(Line 13 above)										
	(2				Credit Life						
			Ordinary	1	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind. Pols. & Gr.		No. of		No. of		No. of Pols. &	
	AND MATURED ENDOWMENTS INCURRED	Pols. & Certifs.	Amount	Certifs.	Amount	Certi- ficates	Amount	Pols. & Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year		7 41104111		7 1110 1111		7 41104111		7		7 41104111
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4 18.5	Reduction by compromise  Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	POLICY EVANST					No. of					
20	POLICY EXHIBIT  In force December 31, prior year	171	10,727,978		(2)	Policies			-	171	10,727,978
20. 21.	Issued during year	171	10,121,918		(a)						10,727,978
22.	Other changes to in force (Net)	(8)	(602,434)							(8)	(602,434)
23.	In force December 31 of current year		10,125,544		(a)					163	\ ' ' / I

### **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF INDIANA

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
<u> </u>	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Indiv		Group		Industrial		Total
1.	Life Insurance			10,977						I	10,977
2. 3.	Annuity considerations  Deposit-type contract funds				X X X				X X X		
4.	Other considerations								XXX		
5.	TOTALS (sum of Lines 1 to 4)										10,977
DIRE	CT DIVIDENDS TO POLICYHOLD										•
	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu		.+)									
Aiiii	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.	.3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	<b>DIRECT CLAIMS AND BENEFITS</b>										
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous										
10.	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DET/	AILS OF WRITE-INS				•					•	
1301.					Ī						
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin										
4000	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)			· · · · · · · · · · · · · · · · · · ·	Credit Life	·····   ·				.	
			Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1 Ĭ	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
10.4	Settled during current year:										
18.1	By payment in full	1									
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected	1									
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines					1					
	16 + 17 - 18.6)										
	DOLLOY ****					No. of					
00	POLICY EXHIBIT	10	770.000		(-)	Policies		1		10	770 000
20.	In force December 31, prior year		772,003	1	(a)					13	,
21.	Other changes to in force (Net)										1,408
22.	In force December 31 of current year		773 411		(a)					13	773 411

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF IOWA

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAIC Group Code: 4918					LIFE INSURANCE			NA	NAIC Company Code: 86371			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	an/	2 Credit Life (Group and Individ	lual)	3 Group		4 Industrial		5 Total	
1.	Life Insurance						Group		ilidustilai		17,669	
2.	Annuity considerations									<b>I</b>		
3.	Deposit-type contract funds								X X X			
4.	Other considerations											
5.	TOTALS (sum of Lines 1 to 4)										17,669	
	CT DIVIDENDS TO POLICYHOLDI nsurance:											
	<ul> <li>6.1 Paid in cash or left on deposit</li> <li>6.2 Applied to pay renewal premium</li> <li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li> <li>6.4 Other</li> </ul>	ions or iium -										
	6.5 TOTALS (sum of Lines 6.1 to 6.											
Annu	iities:	,								1		
	<ul><li>7.1 Paid in cash or left on deposit</li><li>7.2 Applied to provide paid-up annu</li><li>7.3 Other</li></ul>	ities										
	7.4 TOTALS (sum of Lines 7.1 to 7.											
8.	GRAND TOTALS (Lines 6.5 plus 7.4)								<u></u>	<u></u>	<u></u> .	
9.	DIRECT CLAIMS AND BENEFITS Death benefits										5,000	
10.	Matured endowments											
11. 12.	Annuity benefits									<b>I</b>	E 275	
13.	Aggregate write-ins for miscellaneous of and benefits paid	direct claims	s								5,375	
14.	All other benefits, except accident and	health										
15.	TOTALS			10,375							10,375	
	AILS OF WRITE-INS											
1302.												
1	Summary of remaining write-ins for Lin	e 13 from										
1399.	overflow page	ıs 1398)										
	(				Credit Life					· · ·   · · · · · · · · · · · · · · · ·		
			Ordinary	1	p and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of		
	AND MATURED ENDOWMENTS INCURRED	Pols. & Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. & Certifs.	Amount	Pols. & Certifs.	Amount	
16.	Unpaid December 31, prior year	2		Ceruis.	Amount	licates	Amount	Ceruis.	Amount	2	15,000	
17.	Incurred during current year  Settled during current year:	1	5,000							1	5,000	
18.1	By payment in full	2	15,000							2	15,000	
18.2 18.3	By payment on compromised claims . TOTALS Paid	2								2		
18.4	Reduction by compromise											
18.5 18.6	Amount rejected  TOTAL Settlements	2								2	15,000	
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	11	5,000							1	5,000	
	POLICY EXHIBIT		3,000			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)								(2)	(15,000)	
23.	In force December 31 of current year	35	1,423,308		(a)					35	1,423,308	

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF KANSAS

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			10,652							10,652
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										10,652
DIRE	CT DIVIDENDS TO POLICYHOLD	ers/refui	NDS TO MEM	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit	tions or									
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annu											
	7.1 Paid in cash or left on deposit									.	
	7.2 Applied to provide paid-up annu	iities								.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)								.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)			<u></u> .			<u></u>				
	<b>DIRECT CLAIMS AND BENEFITS</b>										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li	ife contracts.		11,006							11,006
13.	Aggregate write-ins for miscellaneous of	direct claims									
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS			11,006							
DET/	AILS OF WRITE-INS										
1301.					Ī						
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu	ıs 1398)									
	(Line 13 above)										
	,		-		Credit Life						
		Or	rdinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year	4 .	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
						No. of					
	POLICY EXHIBIT					Policies	3				
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)		(65,000)							(1)	
23	In force December 31 of current year	23	853 091	1	(a)	1		1		23	853 091

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF KENTUCKY

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance										5,203
2.	Annuity considerations									1	
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										5,203
	CT DIVIDENDS TO POLICYHOLD	ERS/REFUI	NDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	<ul><li>6.2 Applied to pay renewal premium</li><li>6.3 Applied to provide paid-up addit</li></ul>	15 iono or								.	
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠								.	
Aiiii	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.									.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	<b>DIRECT CLAIMS AND BENEFITS</b>	PAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li			4,602							4,602
13.	Aggregate write-ins for miscellaneous of										
l	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS			4,602							4,602
	AILS OF WRITE-INS										
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin										
1200	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)										
-	(Line 13 above)				Credit Life	·····  -				·  ······	
		0	rdinary		p and Individual)		Group		Industrial		Total
		1 1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of	-	No. of Ind.	·	No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected	1 1									
18.6	TOTAL Settlements Unpaid Dec. 31, current year (Lines	-									
19.	16 + 17 - 18.6)										
	10 - 11 - 10.0)					No. of					
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	16 .	594,014		(a)			1	+	16	594,014
21.	Issued during year	16	594,014		(a)						· I
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

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF LOUISIANA

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5	
	DIRECT PREMIUMS				Credit Life							
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total	
1.	Life Insurance										2,726	
2.	Annuity considerations									1		
3.	Deposit-type contract funds				X X X				X X X			
4.	Other considerations										0.700	
5.	TOTALS (sum of Lines 1 to 4)										2,726	
	CT DIVIDENDS TO POLICYHOLD	ERS/REFUI	NDS TO MEMI	BERS								
Life I	nsurance:											
	6.1 Paid in cash or left on deposit											
	<ul><li>6.2 Applied to pay renewal premiun</li><li>6.3 Applied to provide paid-up addit</li></ul>									.		
	shorten the endowment or prem											
	paying period											
	6.4 Other											
	6.5 TOTALS (sum of Lines 6.1 to 6.											
Annı	uities:	.,								.		
	7.1 Paid in cash or left on deposit											
	7.2 Applied to provide paid-up annu											
	7.3 Other											
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)								.		
8.	GRAND TOTALS (Lines 6.5 plus 7.4)											
	<b>DIRECT CLAIMS AND BENEFITS</b>	PAID										
9.	Death benefits											
10.	Matured endowments											
11.	Annuity benefits											
12.	Surrender values and withdrawals for I											
13.	Aggregate write-ins for miscellaneous											
14.	and benefits paid											
15.	TOTALS											
	AILS OF WRITE-INS											
1301.										.		
	Summary of remaining write-ins for Lin									.		
	overflow page									.		
1399.	TOTALS (Lines 1301 through 1303 plu											
	(Line 13 above)											
	,		'		Credit Life	<u> </u>				<u> </u>		
		Or	rdinary	(Grou	p and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of		
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &		
L.	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount	
16.	Unpaid December 31, prior year											
17.	Incurred during current year											
10 1	Settled during current year:											
18.1	By payment in full											
18.3	TOTALS Paid											
18.4	Reduction by compromise											
18.5	Amount rejected											
18.6	TOTAL Settlements	1										
19.	Unpaid Dec. 31, current year (Lines		·									
	16 + 17 - 18.6)											
	·					No. of						
L	POLICY EXHIBIT				<u> </u>	Policies						
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	1	(a)	I		1	1	3	175 273	

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF MARYLAND

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918 LIFE INSURANCE							NA	IC Compan	y Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	nary	2 Credit Life (Group and Indiv	idual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										18,258
2.	Annuity considerations									l l	
3.	Deposit-type contract funds								X X X	1	
4.	Other considerations									1	10 050
5.	TOTALS (sum of Lines 1 to 4)										18,258
	CT DIVIDENDS TO POLICYHOLD nsurance:	EK3/KEF	JND9 TO MEMI	BEKS							
Lile	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addi shorten the endowment or pren	tions or nium -									
	paying period										
	6.4 Other										
A	6.5 TOTALS (sum of Lines 6.1 to 6	.4)									
Annu	vities: 7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu 7.3 Other	uities									
8.	7.4 TOTALS (sum of Lines 7.1 to 7 GRAND TOTALS (Lines 6.5 plus 7.4)	.3)									
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits			25,000							25,000
10.	Matured endowments										
11.	Annuity benefits									I	
12. 13.	Surrender values and withdrawals for l Aggregate write-ins for miscellaneous	direct claim	s								1,275
11	and benefits paid					I .				1	
14. 15.	All other benefits, except accident and TOTALS									l l	
	AILS OF WRITE-INS			20,213							20,213
	AILS OF WRITE-INS				T						
1301.										l l	
1	Summary of remaining write-ins for Lir overflow page	ne 13 from									
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
			•	1	Credit Life						
			Ordinary		p and Individual)		Group		Industrial		Total
	DIDECT DEATH DENIERTO	1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS  AND MATURED	No. of Pols. &		No. of Ind. Pols. & Gr.		No. of Certi-		No. of Pols. &		No. of Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year	1	25,000							1	25,000
	Settled during current year:										
18.1 18.2	By payment in full	1	.,								.,
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										(400.074)
22. 23	Other changes to in force (Net)	(4) 40	1 651 710 1 651 710	1	(a)					40	1 651 710 1 651 710

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

**DURING THE YEAR 2020** NAIC Group Code: 4918 LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			11.476							11.476
2.	Annuity considerations									.	
3.	Deposit-type contract funds								X X X	.	
4.	Other considerations									.	
5.	TOTALS (sum of Lines 1 to 4)										11.476
_	CT DIVIDENDS TO POLICYHOLD										
		EN3/NEF		DENO							
Life	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annu											
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu									.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)								.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)									.	
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
1	Aggregate write-ins for miscellaneous										
10.	and benefits paid										
14.	All other benefits, except accident and										
1	TOTALS									.	
-											
	AILS OF WRITE-INS										
1301.											
1302.											
1302. 1303.											
1302. 1303.	Summary of remaining write-ins for Lin	e 13 from									
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from									
1302. 1303. 1398.	Summary of remaining write-ins for Lin	e 13 from									
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)									
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)			Credit Life						
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)			1		Group		Industrial		Total
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)			Credit Life	5	Group 6	7	Industrial 8	9	Total 10
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from ss 1398)	Ordinary	(Grou	Credit Life p and Individual)					9 No. of	
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 	Ordinary	(Grou	Credit Life p and Individual)	5		7		1	
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 	Ordinary	(Grou	Credit Life p and Individual)	5 No. of		7 No. of		No. of	
1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)  4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)  4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Amount	7 No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	No. of Policies	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount  (a)	No. of Certificates  No. of Policies	Amount	7 No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 19.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount  (a)	No. of Certificates	6 Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount
1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount  (a)	No. of Policies	Amount	7 No. of Pols. & Certifs.	8 Amount	No. of Pols. & Certifs.	Amount

..0.

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF MICHIGAN

**DURING THE YEAR 2020** NAIC Group Code: 4918 LIFE INSURANCE NAIC Company Code: 86371

,	:									, , , , , , , ,	00011
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordir	nary	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance			100	)						100
	Annuity considerations										
3.	Deposit-type contract funds							I .	X X X	I	
4.	Other considerations							I		I	
5.	TOTALS (sum of Lines 1 to 4)										100
	CT DIVIDENDS TO POLICYHOLD										
	nsurance:	LINO/INEI		DLING							
Liici	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu	,	4)									
	<ul><li>7.1 Paid in cash or left on deposit .</li><li>7.2 Applied to provide paid-up annu</li></ul>										
	7.3 Other					I .					
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.											
o.	GRAND TOTALS (Lines 6.5 plus 7.4)										
_	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
	Matured endowments										
	Annuity benefits										
	Surrender values and withdrawals for I Aggregate write-ins for miscellaneous										
13.	and benefits paid										
14.	All other benefits, except accident and										
	TOTALS										
	AILS OF WRITE-INS										
1301.											
1398.	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)				•						
					Credit Life						
			Ordinary	,	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	DOLLOW EVA !!DIT					No. of					
	POLICY EXHIBIT			1	( )	Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year(Nat)										
22.	Other changes to in force (Net)				(0)						

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

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF MISSISSIPPI

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1. 2.	Life Insurance										420
3.	Deposit-type contract funds				X X X				XXX		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)									.	420
	CT DIVIDENDS TO POLICYHOLDI										
1	nsurance:	LING/INEI OI		DLING							
LIIE	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period									.	
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	uities:	,									
,	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4) .										
	<b>DIRECT CLAIMS AND BENEFITS</b>	PAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous of										
l	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DET	AILS OF WRITE-INS										
1302.											
1398.	Summary of remaining write-ins for Lin										
4000	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
				I	Credit Life						
			dinary		p and Individual)		Group		Industrial		Total
	DIDEOT DEATH DENEETO	1 1	2	3	4	5	. 6	7	8	9	10
	DIRECT DEATH BENEFITS  AND MATURED	No. of Pols. &		No. of Ind. Pols. & Gr.		No. of		No. of Pols. &		No. of	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	Certi- ficates		Certifs.	Amount	Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year		Amount	Ceruis.	Amount	licates	Amount	Ceruis.	Amount	Certiis.	Amount
17.	Incurred during current year										
'''	Settled during current year:										
18.1	By payment in full	l							1		
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)		<u></u> .		<u> </u>	<u> </u>		<u> </u>			<u> </u>
						No. of	:				
	POLICY EXHIBIT					Policies	s				
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		<u></u> .		(a)		<u></u>		<u> </u>		

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



# DIRECT BUSINESS IN THE STATE OF MISSOURI

**DURING THE YEAR 2020** NAIC Company Code: 86371

1/7	C Group Code: 4918				LIFE INSURA	NCE		NA	IC Company	Code:	863/1
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	arv	2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total
	Life Insurance						Стоир				24,89
	Annuity considerations										
	Deposit-type contract funds								X X X	1	
	Other considerations					<b>I</b>					04.00
	TOTALS (sum of Lines 1 to 4)  CT DIVIDENDS TO POLICYHOLD										24,89
		EK3/KEFU	ND9 IO MEMI	SEKS							
_iie i	nsurance:										
	<ul> <li>6.1 Paid in cash or left on deposit</li> <li>6.2 Applied to pay renewal premiun</li> <li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li> </ul>	ns tions or								.	
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	ities:	.,									
	7.1 Paid in cash or left on deposit									.	
	7.2 Applied to provide paid-up annu	iities									
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.									.	
3.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits			,							25,00
10.	Matured endowments										
1.	Annuity benefits									1	
12.	Surrender values and withdrawals for I			7,416							7,4
13.	Aggregate write-ins for miscellaneous and benefits paid	direct claims									
1.1	All other benefits, except accident and										
171		haalth									
										.	32 41
15.	TOTALS						······································				32,41
15. <b>Det</b>	TOTALS			32,416							32,41
15. <b>DET</b> <i>A</i> 1301.	TOTALS  NILS OF WRITE-INS			32,416							32,41
15. <b>DET/</b> 1301. 1302.	TOTALS  NILS OF WRITE-INS			32,416							32,41
DETA 1301. 1302. 1303.	TOTALS  NILS OF WRITE-INS			32,416							32,41
DETA 1301. 1302. 1303.	TOTALS	e 13 from		32,416							32,41
15. 1301. 1302. 1303. 1398.	AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page	e 13 from		32,416							32,41
15. 1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from		32,416							32,41
15. 1301. 1302. 1303. 1398.	AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page	e 13 from		32,416							32,41
15. 1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from		32,416							
15. 1301. 1302. 1303. 1398.	TOTALS  AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page  TOTALS (Lines 1301 through 1303 plu (Line 13 above)	e 13 from		(Grou	Credit Life	5		7		9	
15. 1301. 1302. 1303. 1398.	TOTALS  AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page  TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS	us 1398)	rdinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of	Group	7 No. of	Industrial	9 No. of	Total
5. 301. 302. 303. 398.	Summary of remaining write-ins for Lin overflow page	us 1398)  O  1  No. of Pols. &	rdinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certi-	Group 6	7 No. of Pols. &	Industrial 8	9 No. of Pols. &	Total 10
15. DET/ 1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	us 1398)  O  I No. of Pols. & Certifs.	rdinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of	Group	7 No. of	Industrial	9 No. of	Total
15. 1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	us 1398)  O  1  No. of Pols. &	rdinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certi-	Group 6	7 No. of Pols. &	Industrial 8	9 No. of Pols. &	Total 10
15. DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year	1 No. of Pols. & Certifs.	rdinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	Group 6	7 No. of Pols. &	Industrial 8	9 No. of Pols. &	Total 10 Amount
5. 301. 302. 303. 398. 399. 6. 7. 8.1 8.2	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims	1 No. of Pols. & Certifs.	rdinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4  Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount
5. 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3	Summary of remaining write-ins for Lin overflow page	13 from Is 1398)  O 1 No. of Pols. & Certifs.	rdinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount
5. 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4	Summary of remaining write-ins for Lin overflow page	13 from 1398)  O 1 No. of Pols. & Certifs.	rdinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4  Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount
5. 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5	Summary of remaining write-ins for Lin overflow page	O 1 No. of Pols. & Certifs.	rdinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount
5. DET/ 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	13 from 1398)  O 1 No. of Pols. & Certifs.	rdinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount
5. DET/ 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines	1 No. of Pols. & Certifs.	rdinary 2  Amount 25,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10  Amount 25,0
5. DET/ 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	1 No. of Pols. & Certifs.	rdinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certificates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10  Amount 25,0
5. DET/ 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 No. of Pols. & Certifs.	rdinary 2  Amount 25,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certificates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10  Amount 25,0
5. DET/ 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	1 No. of Pols. & Certifs.	Amount 25,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certificates  No. of Policies	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount 25,0
5. DET/ 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT In force December 31, prior year	13 from  15 1398)  1 No. of Pols. & Certifs.  1	rdinary 2  Amount 25,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certificates	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount 25,0
5. DET/ 301. 302. 303. 398. 399. 6. 7. 8.1 8.2 8.3 8.4 8.5	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	1 No. of Pols. & Certifs	Amount 25,000	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certificates  No. of Policies	Group 6 Amount	7 No. of Pols. & Certifs.	Industrial 8	9 No. of Pols. & Certifs.	Total 10 Amount

..0.

### **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF NEBRASKA

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ		Group		Industrial		Total
1.	Life Insurance										19,221
2. 3.	Annuity considerations  Deposit-type contract funds				X X X	I .			XXX	1	
4.	Other considerations				XXX						
5.	TOTALS (sum of Lines 1 to 4)										19,221
DIRE	CT DIVIDENDS TO POLICYHOLDI										,
	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	uities:	T)									
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS			40.000							40.000
9. 10.	Death benefits										10,000
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										2.611
13.	Aggregate write-ins for miscellaneous of										_,,,,,,
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS			12,611							12,611
	AILS OF WRITE-INS										
1302.											
1303.	Summary of remaining write-ins for Lin										
1000.	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
	,		-1		Credit Life					'	
		0	rdinary	_ `	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED ENDOWMENTS INCURRED	Pols. & Certifs.	Amount	Pols. & Gr. Certifs.	Amount	Certi- ficates	Amount	Pols. & Certifs.	Amount	Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year				Amount	illoates			Amount	1	
17.	Incurred during current year		10,000							1	
	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										
18.4	Reduction by compromise Amount rejected										
18.6	TOTAL Settlements									1	
19.	Unpaid Dec. 31, current year (Lines								[		
	16 + 17 - 18.6)		10,000							1	10,000
	·		•			No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year		1,835,413		(a)					37	1,835,413
21.	Issued during year		/FO 400\								(50,400)
22. 23	Other changes to in force (Net)	34	(58,488) 1 776 925		(a)					34	(58,488)     1 776 925

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF NEVADA

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSUR	ANCE		NA	NAIC Company Code: 86371		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	arv	2 Credit Life (Group and Indi	I .	3 Group		4 Industrial		5 Total
1.	Life Insurance				<u> </u>						2,221
2.	Annuity considerations									<b>I</b>	
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations					<b>I</b>					
5.	TOTALS (sum of Lines 1 to 4)										2,221
	CT DIVIDENDS TO POLICYHOLD nsurance:										
	<ul><li>6.1 Paid in cash or left on deposit</li><li>6.2 Applied to pay renewal premiun</li><li>6.3 Applied to provide paid-up addit</li></ul>	ns									
	shorten the endowment or prem paying period	nium -									
Annı	6.5 TOTALS (sum of Lines 6.1 to 6.										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)  DIRECT CLAIMS AND BENEFITS										
9. 10.	Death benefits										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
DET/	AILS OF WRITE-INS										
1302.											
l .	Summary of remaining write-ins for Lin										
1390.	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)	us 1398)									
	(Ellie 10 above)	· · · · · · · · · · · · · · · · · · ·		1	Credit Life	······   ··				···   ······	
			Ordinary	1	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
10	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year										
18.1	Settled during current year:  By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6 19.	TOTAL Settlements Unpaid Dec. 31, current year (Lines					1					
13.	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	3			(a)					3	318,000
21.	Issued during year (Not)										
22. 23.	Other changes to in force (Net) In force December 31 of current year	3	318,000		(a)					3	318,000
<b>~</b> U.	Docomboi o i di cument year	1	1	1	, ( <i>⊶)</i>			1	L	1	1

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF NEW JERSEY

NAIC Group Code: 4918 LIFE INSURANCE **DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	lual)	Group		Industrial		Total
1.	Life Insurance										1,139
2.	Annuity considerations					I .				I	
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations									.	1 120
5.	TOTALS (sum of Lines 1 to 4)										1,139
1	CT DIVIDENDS TO POLICYHOLD	ERS/REFUN	IDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	<ul><li>6.2 Applied to pay renewal premium</li><li>6.3 Applied to provide paid-up addit</li></ul>									.	
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	ities:	<del></del> )									
Aiiii	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.									.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	0)								.	
ļ .	DIRECT CLAIMS AND BENEFITS	ΡΔΙΝ									
9.	Death benefits										
10.	Matured endowments									.	
11.	Annuity benefits									.	
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid									.	
14.	All other benefits, except accident and	health								.	
15.	TOTALS										
DETA	AILS OF WRITE-INS				•	•					
1302.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu	ıs 1398)									
	(Line 13 above)										
					Credit Life						
			dinary	<u> </u>	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
40	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
10 1	Settled during current year:										
18.1 18.2	By payment in full										
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		<u> </u>			
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year			[	\ <del>-</del> '/·····		. [				
22.	Other changes to in force (Net)										
23	In force December 31 of current year				(a)						

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



# DIRECT BUSINESS IN THE STATE OF NEW MEXICO

NAIC Group Code: 4918

**DURING THE YEAR 2020** LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			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
DIRE	CT DIVIDENDS TO POLICYHOLDI										
	nsurance:	LINO/INLI		DLING							
Life											
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
_	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	<u></u>	<u></u>	<u></u>		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .
	<b>DIRECT CLAIMS AND BENEFITS</b>	PAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous of										
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
110.											
DETA	AILS OF WRITE-INS				1						
<b>DET</b> /	AILS OF WRITE-INS										
1301. 1302.	AILS OF WRITE-INS										
1301. 1302. 1303.	AILS OF WRITE-INS										
1301. 1302. 1303.	AILS OF WRITE-INS  Summary of remaining write-ins for Lin	e 13 from									
1301. 1302. 1303. 1398.	AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page	e 13 from									
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from									
1301. 1302. 1303. 1398.	AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page	e 13 from									
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from			Credit Life						
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from			1		Group		Industrial		Total
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from			Credit Life		Group 6		Industrial 8	9	Total 10
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from	Ordinary	(Grou	Credit Life p and Individual)		<del></del>			9 No. of	
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from	Ordinary	(Grou	Credit Life p and Individual)	5	<del></del>	7		1 -	
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)	Ordinary	(Grou	Credit Life p and Individual)	5 No. of	<del></del>	7 No. of		No. of	
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. &	Ordinary 2	(Grot. 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	e 13 from us 1398)  1 No. of Pols. &	Ordinary 2	(Grot. 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
<b>DET/</b> 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	e 13 from is 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. &	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	e 13 from is 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2 Amount	(Grot. 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grot. 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	e 13 from  IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	e 13 from  IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual)  4  Amount	No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT In force December 31, prior year	e 13 from  IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual)  4  Amount  (a)	No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou	Credit Life p and Individual)  4  Amount  (a)	No. of Certificates  No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT In force December 31, prior year	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual)  4  Amount  (a)	No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10

	ACCIDEN	I AND HEALI	H INSURANC	E		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct	Members or Credited	Direct	Direct
		Direct Premiums	Premiums Earned	on Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Plan Premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) TOTALS (sum of Lines 25.1 to 25.5)					
25.6	TOTALS (sum of Lines 25.1 to 25.5)					
26	TOTALS (Lines $24 + 241 + 242 + 243 + 244 + 256)$					



# DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA

**DURING THE YEAR 2020** LIFE INSURANCE NAIC Company Code: 86371 NAIC Group Code: 4918

1 1/ 11	O Oloup Oode. 7310				LII L IINOUN	NIVOL		111/7	io company	Couc.	00371
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ		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					<b>I</b>					
5.	TOTALS (sum of Lines 1 to 4)										
-											
	CT DIVIDENDS TO POLICYHOLDI Insurance:	EKS/KEFU	NDS TO MEMI	BEKS							
	6.1 Paid in cash or left on deposit									.	
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem	ions or nium -									
	paying period										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annı	uities:	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠									
Aiiii											
	7.1 Paid in cash or left on deposit									.	
	7.2 Applied to provide paid-up annu										
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)								.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	<b>DIRECT CLAIMS AND BENEFITS</b>										
9.	Death benefits									.	
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li									.	
13.	Aggregate write-ins for miscellaneous of										
10.	and benefits paid	andot diaims									
14.	All other benefits, except accident and	haalth									
										.	
	TOTALS										
DETA	AILS OF WRITE-INS										
1301.											
1302.			.								
1303.			.								
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1300	TOTALS (Lines 1301 through 1303 plu										
1000.	(Line 13 above)										
	(Line 15 above)									.	
				1	Credit Life		•	l .			T
			Ordinary		p and Individual)	-	Group		Industrial	_	Total
		1 1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
18.1	By payment in full				l	l	1	l	1	l	
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
		1 1									
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
L	POLICY EXHIBIT	<u>                                     </u>			<u> </u>	Policies					<u> </u>
20.	In force December 31, prior year				(a)						
21.	Issued during year				[						

..0. .....0.

### **ACCIDENT AND HEALTH INSURANCE**

(a).

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

(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.

22.

23.

Other changes to in force (Net)

In force December 31 of current year



# DIRECT BUSINESS IN THE STATE OF OHIO

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total
1. 2.	Life Insurance										30,949
3.	Deposit-type contract funds								X X X	I	
4.	Other considerations					<b>I</b>					
5.	TOTALS (sum of Lines 1 to 4)										30.949
-	CT DIVIDENDS TO POLICYHOLD										
		EK3/KEFU		DEKO							
Life	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.					<u> </u>					
Annu		4)									
Annu	7.1 Paid in cash or left on deposit										
	7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.									.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	<b>o</b> <sub>j</sub>								.	
J	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits			5 000							5,000
10.	Matured endowments				'						3,000
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										4.034
13.	Aggregate write-ins for miscellaneous			1,001							1,001
	and benefits paid									.	
14.	All other benefits, except accident and					<b>I</b>					
15.	TOTALS										9,034
DET	AILS OF WRITE-INS		•		•	<u> </u>				<u> </u>	
1301.											
1302.											
1303.										.	
	Summary of remaining write-ins for Lin	e 13 from								.	
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
					Credit Life						
			Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year	1	5,000							1	5,000
	Settled during current year:										
18.1	By payment in full		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					1					
18.6	TOTAL Settlements	1	5,000							1	5,000
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	DOLLOW EVA WOLT					No. of					
00	POLICY EXHIBIT	00	0.544.040		(-)	Policies	+		-		0.514.040
20.	In force December 31, prior year		2,511,810		(a)					89	,- ,
21.	Other changes to in force (Net)		(122.005)							/E\	(122.005)
22.	Other changes to in force (Net)		(122,095)		(0)					(5)	
23.	In force December 31 of current year	84	2,389,715		(a)					84	2,389,715

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

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



# DIRECT BUSINESS IN THE STATE OF OKLAHOMA

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	/ Code:	86371
	DIRECT PREMIUMS		1 Ordin		2 Credit Life	dual)	3		4		5
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordin		(Group and Indivi		Group		Industrial		Total 2.965
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										2,965
	CT DIVIDENDS TO POLICYHOLDI										
	6.1 Paid in cash or left on deposit										
	<ul> <li>6.2 Applied to pay renewal premium</li> <li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li> </ul>	ions or nium -									
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu											
	<ul><li>7.1 Paid in cash or left on deposit</li><li>7.2 Applied to provide paid-up annu</li></ul>	iities									
	7.3 Other										
8.	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)	3)									
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12. 13.	Surrender values and withdrawals for li Aggregate write-ins for miscellaneous	direct claims	s								
1,,	and benefits paid										
14. 15.	All other benefits, except accident and TOTALS										
_	AILS OF WRITE-INS										
	ALO OF WINTE-ING				T						
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin										
1200	overflow page										
1399.	(Line 13 above)										
	(2			1	Credit Life					T	
			Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS  AND MATURED	No. of Pols. &		No. of Ind. Pols. & Gr.		No. of Certi-		No. of Pols. &		No. of Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3 18.4	TOTALS Paid										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
	DOLICY EVHIDIT					No. of					
20.	POLICY EXHIBIT  In force December 31, prior year	3	120,086		(a)	Policies				3	120,086
21.	Issued during year				(a)						
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	3	120,086		(a)					3	120,086

### **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF OREGON

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSUR	ANCE		NA	IC Compan	y Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordir		2 Credit Life (Group and Indiv		3 Group		4 Industrial		5 Total
1.	Life Insurance			,		I .					9,020
2.	Annuity considerations					I .				I	
3.	Deposit-type contract funds				X X X .				X X X	I	
4.	Other considerations									I	0.000
5.	TOTALS (sum of Lines 1 to 4)										9,020
	CT DIVIDENDS TO POLICYHOLD nsurance:										
	6.1 Paid in cash or left on deposit.										
	<ul> <li>6.2 Applied to pay renewal premium</li> <li>6.3 Applied to provide paid-up adding shorten the endowment or premium</li> </ul>	tions or nium -									
	paying period										
	6.4 Other										
A	6.5 TOTALS (sum of Lines 6.1 to 6	.4)									
Annu	uities:										
	<ul><li>7.1 Paid in cash or left on deposit .</li><li>7.2 Applied to provide paid-up annu</li><li>7.3 Other</li></ul>	uities									
	7.3 Other										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
0.	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I									I	5,186
13.	Aggregate write-ins for miscellaneous			5,100							
10.	and benefits paid										
14.	All other benefits, except accident and					I .				I	
15.	TOTALS										5.186
	AILS OF WRITE-INS			0,100	1						
1301.											
l .	Summary of remaining write-ins for Lir overflow page	ne 13 from									
1200	TOTALS (Lines 1301 through 1303 plu										
1399.											
	(Line 13 above)			1		·····   ·				···   ·······	
		l ,	Dadin		Credit Life		0		la di catalal		T-4-1
		1	Ordinary 2	3	p and Individual)  4	5	Group 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS	No. of	2	No. of Ind.	4	No. of	0	No. of	0	No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year		741104111	00.0.0.	7 1110 4110	- House	7 4110 4111	00.0.0.	7 1110 4111	00.1	7 1110 2111
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					1				ļ	
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines					1					
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					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)	1				17	1 133 180

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	NAIC Group Code: 4916				LIFE INSURANCE			INAI	C Compan	y Code:	Code: 003/1		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indiv	I .	3 Group		4 Industrial		5 Total		
1.	Life Insurance						Cloup				38.726		
2. 3. 4.	Annuity considerations  Deposit-type contract funds  Other considerations				XXX.				XXX				
	TOTALS (sum of Lines 1 to 4)										38,726		
	CT DIVIDENDS TO POLICYHOLD	ERS/REFU	INDS TO MEMI	BERS									
	nsurance:												
	6.1 Paid in cash or left on deposit.					I .							
	<ul><li>6.2 Applied to pay renewal premium</li><li>6.3 Applied to provide paid-up addi</li></ul>												
	shorten the endowment or pren												
	paying period												
	6.4 Other					I .							
	6.5 TOTALS (sum of Lines 6.1 to 6	.4)											
Annu													
	7.1 Paid in cash or left on deposit.												
	7.2 Applied to provide paid-up annu 7.3 Other		<b>I</b>										
	7.4 TOTALS (sum of Lines 7.1 to 7												
	GRAND TOTALS (Lines 6.5 plus 7.4)												
	<b>DIRECT CLAIMS AND BENEFITS</b>												
	Death benefits			5,000							5,000		
	Matured endowments												
	Annuity benefits												
	Surrender values and withdrawals for l Aggregate write-ins for miscellaneous												
10.	and benefits paid	unect ciaims											
	All other benefits, except accident and												
15.	TOTALS			5,000							5,000		
<b>DETA</b>	AILS OF WRITE-INS												
1301.													
			<b>I</b>										
	Cummon of remaining units ine for Lin												
	Summary of remaining write-ins for Lir overflow page												
	TOTALS (Lines 1301 through 1303 plu												
	(Line 13 above)												
					Credit Life					]			
			Ordinary	<u> </u>	p and Individual)		Group		ndustrial		Total		
	DIDECT DEATH DENERITO	1 No of	2	No. of Ind.	4	5 No of	6	7	8	9 No of	10		
	DIRECT DEATH BENEFITS  AND MATURED	No. of Pols. &		Pols. & Gr.		No. of Certi-		No. of Pols. &		No. of Pols. &			
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount		
16.	Unpaid December 31, prior year												
17.	Incurred during current year	1	5,000							1	5,000		
	Settled during current year:										- 000		
		1	5,000							1	5,000		
18.1	By payment in full	1		1							E 000		
18.1 18.2	By payment on compromised claims .		5 000							1			
18.1		1	5,000							1			
18.1 18.2 18.3 18.4 18.5	By payment on compromised claims . TOTALS Paid	1	5,000										
18.1 18.2 18.3 18.4 18.5 18.6	By payment on compromised claims . TOTALS Paid	1	5,000 										
18.1 18.2 18.3 18.4 18.5 18.6	By payment on compromised claims .  TOTALS Paid	1	5,000 5,000							1			
18.1 18.2 18.3 18.4 18.5 18.6	By payment on compromised claims . TOTALS Paid	1	5,000										
18.1 18.2 18.3 18.4 18.5 18.6	By payment on compromised claims . TOTALS Paid	1	5,000 5,000			No. of				1			
18.1 18.2 18.3 18.4 18.5 18.6 19.	By payment on compromised claims . TOTALS Paid	1	5,000			No. of Policies				1	5,000		
18.1 18.2 18.3 18.4 18.5 18.6 19.	By payment on compromised claims . TOTALS Paid	1	5,000 5,000			No. of				1	5,000		
18.1 18.2 18.3 18.4 18.5 18.6 19.	By payment on compromised claims .  TOTALS Paid	1	5,000		(a)	No. of Policies				1	3,886,646		

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF RHODE ISLAND

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			3,486							3,486
2.	Annuity considerations							0,000			90,000
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)						g	0.000			93.486
-	CT DIVIDENDS TO POLICYHOLDI							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	nsurance:	LINO/INLI U	INDS TO MILIMI	DLING							
Life											
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annu	ities:	•									
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu									[	
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	<b>~</b> )									
J	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li			3,936			4	6,517			50,453
13.	Aggregate write-ins for miscellaneous of										
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS			3,936			4	6,517			50,453
DET/	AILS OF WRITE-INS										
1301.											
1302.											
1302.											
	Summary of remaining write-ins for Lin										
1390.											
1200	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)										
					Credit Life						
		C	Ordinary	_ `	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year	1									
	Settled during current year:							1			
18.1	By payment in full								1	l	
18.2	By payment on compromised claims .										[
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5									1		
18.6	TOTAL Settlements										
							.				
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies	3	1			
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)	[l					.				
23	In force December 31 of current year	9	845 550	1	(a)	1	1	1	1	9	845 550

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA

NAIC Group Code: 4918

**DURING THE YEAR 2020** LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	ary	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			324							324
2.	Annuity considerations									.	
3.	Deposit-type contract funds				x x x				X X X	.	
4.	Other considerations		l l						A A A	.	
											204
5.	TOTALS (sum of Lines 1 to 4)										324
DIRE	CT DIVIDENDS TO POLICYHOLD	ers/Refu	JNDS TO MEMI	BERS							
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium		l l							.	
	11 1 7 1										
	The second section is a second										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)								.	
Annu	•	,									
/	7.1 Paid in cash or left on deposit										
										.	
	The second section is a second									.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	<b>DIRECT CLAIMS AND BENEFITS</b>										
9.	Death benefits										
10.	Matured endowments									.	
			<b>I</b>							.	
1	Annuity benefits		l l								
12.	Surrender values and withdrawals for li		l l								
13.	Aggregate write-ins for miscellaneous										
	and benefits paid										
14.	All other benefits, except accident and	health									
15.	TOTALS									.	
DET/	AILS OF WRITE-INS		'		•			<u> </u>			
1301.			l l							.	
1302.											
1303.			l l								
1303.	Summary of remaining write-ins for Lin		l l								
1303.		e 13 from									
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from									
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)									
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)									
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from			Credit Life						
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from	Ordinary	(Grou	Credit Life p and Individual)		Group		Industrial		Total
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from		(Grou	Credit Life	5	Group 6	7	Industrial 8	9	Total 10
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from	Ordinary	(Grou	Credit Life p and Individual)	5 No. of				9 No. of	
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from	Ordinary	(Grou	Credit Life p and Individual)			7		-	
1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of	Ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	No. of		7 No. of		No. of	
1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1303. 1398. 1399. 16. 17.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
1303. 1398. 1399. 16. 17. 18.1	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
1303. 1398. 1399. 16. 17. 18.1 18.2	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
1303. 1398. 1399. 16. 17. 18.1 18.2	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. &	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certificates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual) 4	No. of Certificates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	No. of Certificates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual)  4  Amount	No. of Certificates  No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	No. of Certificates	Amount	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10

..0.

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA

NAIC Group Code: 4918

**DURING THE YEAR 2020** LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin	,	(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance			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
DIRE	CT DIVIDENDS TO POLICYHOLD										-,
	nsurance:	LINO/INLI		DLINO							
Lile											
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)	<u>.</u>		<u></u>		<u></u> .	· · · · · · · · · · · · · · · · · · ·		<u></u>	. <u>.  </u>	
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous										
'0.	and benefits paid										
14.	All other benefits, except accident and										
	TOTALS										
115											
15.											
DET	AILS OF WRITE-INS				I						
<b>DET/</b> 1301.	AILS OF WRITE-INS										
1301. 1302.	AILS OF WRITE-INS										
1301. 1302. 1303.	AILS OF WRITE-INS										
1301. 1302. 1303.	AILS OF WRITE-INS Summary of remaining write-ins for Lin	e 13 from									
1301. 1302. 1303. 1398.	AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page	e 13 from									
1301. 1302. 1303. 1398.	AILS OF WRITE-INS Summary of remaining write-ins for Lin	e 13 from									
1301. 1302. 1303. 1398.	AILS OF WRITE-INS  Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)									
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)			Credit Life						
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from			1		Group		Industrial		Total
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from			Credit Life	5	Group 6		industrial 8	9	Total 10
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from	Ordinary	(Grou	Credit Life p and Individual)		<del></del>			9 No. of	
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)	Ordinary	(Grou	Credit Life p and Individual)	5	<del></del>	7		1 -	
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)	Ordinary	(Grou	Credit Life p and Individual)	5 No. of	<del></del>	7 No. of		No. of	
<b>DET/</b> 1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. &	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life up and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
<b>DET/</b> 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
<b>DET/</b> 1301. 1302. 1303. 1398.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. &	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life up and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year:	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grot. 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page TOTALS (Lines 1301 through 1303 plu (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2	(Grot. 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from us 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2  Amount	(Ground 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Ground 3) No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Ground 3) No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Ground 3) No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2  Amount	(Ground 3) No. of Ind. Pols. & Gr. Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1  No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life up and Individual) 4	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 19.	Summary of remaining write-ins for Lin overflow page	e 13 from  Is 1398)  1 No. of Pols. & Certifs.	Ordinary  2  Amount	(Grou	Credit Life p and Individual)  4  Amount  (a)	No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
DET/ 1301. 1302. 1303. 1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 19.	Summary of remaining write-ins for Lin overflow page	e 13 from IS 1398)  1 No. of Pols. & Certifs.	Ordinary 2 Amount	(Grou	Credit Life p and Individual)  4  Amount  (a)	No. of Policies	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF **TENNESSEE**

**DURING THE YEAR 2020** NAIC Group Code: 4918 LIFE INSURANCE NAIC Company Code: 86371

			1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ		Group		Industrial		Total
1.	Life Insurance			2,495							2,495
2.	Annuity considerations									1	
3.	Deposit-type contract funds					I			X X X		
4.	Other considerations					I					
5.	TOTALS (sum of Lines 1 to 4)										2,495
DIRE	CT DIVIDENDS TO POLICYHOLD	ERS/REF	JNDS TO MEMI	BERS							
Life I	Insurance:										
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premiun	ns									
	6.3 Applied to provide paid-up addi	tions or									
	shorten the endowment or pren										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6	.4)									
Annı	uities:	,									
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annuities									.	
	7.3 Other									.	
	7.4 TOTALS (sum of Lines 7.1 to 7									.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)									.	
<u> </u>	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments									.	
11.	Annuity benefits									.	
12.	Surrender values and withdrawals for I									.	
13.	Aggregate write-ins for miscellaneous									.	
10.	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
_											
	AILS OF WRITE-INS				1					1	
1301.										.	
1302.										.	
1303.											
1398.	Summary of remaining write-ins for Lir										
4000	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)	· · · · · · · · · · · · · · · · · · ·		 I	-					.	
				,_	Credit Life		_				
			Ordinary	_ `	ip and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
40	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
40.4	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year				(a)					1	50,000
21.	Issued during year										
22.	Other changes to in force (Net)	1	1	1	1	1		1		1	1

In force December 31 of current year .......1 ..... 50,000 ..0.

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF TEXAS

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	NCE		NA	IC Company	/ Code:	86371
	DIRECT PREMIUMS		1		2 Credit Life	h=1)	3		4		5
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordin		(Group and Individ		Group		Industrial		Total 20.953
2.	Annuity considerations							<b>I</b>		<b>I</b>	
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations									<b>I</b>	
5.	TOTALS (sum of Lines 1 to 4)										20,953
	CT DIVIDENDS TO POLICYHOLD nsurance:										
	6.1 Paid in cash or left on deposit										
	<ul><li>6.2 Applied to pay renewal premium</li><li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li></ul>	ions or iium -									
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı	iities:										
	<ul><li>7.1 Paid in cash or left on deposit</li><li>7.2 Applied to provide paid-up annu</li><li>7.3 Other</li></ul>	ities									
	7.4 TOTALS (sum of Lines 7.1 to 7.										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										14,000
10.	Matured endowments										
11. 12.	Annuity benefits									<b>I</b>	
13.	Aggregate write-ins for miscellaneous of and benefits paid	direct claims	s								2,000
14.	All other benefits, except accident and	health									
15.	TOTALS			16,888							16,888
DET/	AILS OF WRITE-INS										
1302.											
1	Summary of remaining write-ins for Lin										
1000.	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)	ıs 1398)									
	,		-		Credit Life	<u> </u>					
			Ordinary	_ `	p and Individual)		Group		Industrial		Total
	DIRECT DEATH BENEFITS  AND MATURED	No. of Pols. &	2	No. of Ind. Pols. & Gr.		5 No. of Certi-	6	7 No. of Pols. &	8	9 No. of Pols. &	10
16.	ENDOWMENTS INCURRED  Unpaid December 31, prior year	Certifs.	Amount 21,852	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount 21,852
17.	Incurred during current year  Settled during current year:	1	14,000							1	14,000
18.1	By payment in full	1	14,000							1	14,000
18.2	By payment on compromised claims .										44.000
18.3 18.4	TOTALS Paid	1	14,000							1	14,000
18.5 18.6	Amount rejected TOTAL Settlements	1	14,000							1	14,000
19.	Unpaid Dec. 31, current year (Lines	_	04.050								04.050
	16 + 17 - 18.6)	3	21,852			No. of				3	21,852
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	39	1,368,020		(a)					39	1,368,020
21. 22.	Other changes to in force (Net)	(3)	(89,000)								(80,000)
23.	In force December 31 of current year	36	, ,		(a)					(3)	(89,000) 1,279,020
			, ,,,5,520	1	1 1 - 1 - 1 - 1 - 1		1	1	1		,,,

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### **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF UTAH

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSUR	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordir		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										
2.	Annuity considerations									I	
3.	Deposit-type contract funds Other considerations								X X X		
4. 5.	TOTALS (sum of Lines 1 to 4)										
	CT DIVIDENDS TO POLICYHOLD										1,102
	nsurance:			52.10							
	6.1 Paid in cash or left on deposit										
	<ul> <li>6.2 Applied to pay renewal premium</li> <li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li> <li>6.4 Other</li> </ul>	ions or nium -									
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu	•	,									
	7.1 Paid in cash or left on deposit										
	<ul><li>7.2 Applied to provide paid-up annu</li><li>7.3 Other</li></ul>										
	7.3 Other										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
	<b>DIRECT CLAIMS AND BENEFITS</b>										
9.	Death benefits										
10. 11.	Matured endowments										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous of and benefits paid	direct claim	s								
14.	All other benefits, except accident and										
	TOTALS										
DETA	AILS OF WRITE-INS										
1301.											
1302.											
	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)				•						
			Ordinary	1	Credit Life p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED ENDOWMENTS INCURRED	Pols. & Certifs.	Amount	Pols. & Gr. Certifs.		Certi- ficates	Amount	Pols. & Certifs.	Amount	Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year	Certiis.	Amount	Ceruis.	Amount	licates	Amount	Ceruis.	Amount	Certiis.	Amount
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .  TOTALS Paid										
18.4	Reduction by compromise										
18.5 18.6	Amount rejected										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
						No. of					
20.	POLICY EXHIBIT  In force December 31, prior year	2	260,000		(a)	Policies				3	260,000
21.	Issued during year		200,000		(a)						200,000
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	3	260,000		(a)					3	260,000

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF VIRGINIA

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSUR	RANCE		NA	IAIC Company C		86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Indi		3 Group		4 Industrial		5 Total
1.	Life Insurance			15,327							15,327
2.	Annuity considerations					I .				I .	
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										45.007
5.	TOTALS (sum of Lines 1 to 4)										15,327
	CT DIVIDENDS TO POLICYHOLDI nsurance:										
	<ul> <li>6.1 Paid in cash or left on deposit</li> <li>6.2 Applied to pay renewal premium</li> <li>6.3 Applied to provide paid-up addit shorten the endowment or prem paying period</li> <li>6.4 Other</li> </ul>	ns iions or nium -									
Annı	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu 7.3 Other	iities									
8.	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)	3)									
0.	DIRECT CLAIMS AND BENEFITS										
9. 10.	Death benefits										10,000
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous of and benefits paid	direct claims	3								
14.	All other benefits, except accident and										
15.	TOTALS			10,000							10,000
DET/	AILS OF WRITE-INS										
1301.											
1302.											
1398.	Summary of remaining write-ins for Lin										
1399.	overflow page	ıs 1398)									
	(Line 13 above)	· · · · · · · · · · · · · · · · · · ·		 T				·····		··  ······	
		,	Ordinani	(0	Credit Life		Craun		la di catri a l		Total
		1	Ordinary 2	3	p and Individual)  4	5	Group 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS	No. of	_	No. of Ind.	·	No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year Settled during current year:	1	10,000							1	10,000
18.1 18.2	By payment in full										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected	I									
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines	ا ہ	40.000								40.000
	16 + 17 - 18.6)	11	10,000			No. of				11	10,000
00	POLICY EXHIBIT	0.1	40470-1		(-)	Policies					4047054
20.	In force December 31, prior year	I	1,317,354	1	(a)	1				31	1,317,354
21. 22.	Other changes to in force (Net)	(1)	(10,000)			1				(1)	(10,000)
23.	In force December 31 of current year		1,307,354		(a)			<b>I</b>		30	

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF WASHINGTON

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2		3		4		5
	DIRECT PREMIUMS				Credit Life						
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance										3,619
2.	Annuity considerations									I	
3.	Deposit-type contract funds				X X X				X X X		
4. 5.	Other considerations										3.619
	CT DIVIDENDS TO POLICYHOLD										3,019
1	nsurance:	EKS/KEFUI	ADS TO MEME	DEKO							
Life	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium									.	
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)									
Annı											
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
8.	7.4 TOTALS (sum of Lines 7.1 to 7. GRAND TOTALS (Lines 6.5 plus 7.4)	J)								.	
0.	DIRECT CLAIMS AND BENEFITS	DAID									
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li	fe contracts .									
13.	Aggregate write-ins for miscellaneous	direct claims									
	and benefits paid										
14.	All other benefits, except accident and										
15.	TOTALS										
	AILS OF WRITE-INS		1								
1302.										.	
	Summary of remaining write-ins for Lin									.	
1390.	overflow page										
1399	TOTALS (Lines 1301 through 1303 plu										
1000.	(Line 13 above)									.	
					Credit Life	Г '					
		Or	dinary		p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
40	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.   17.	Unpaid December 31, prior year Incurred during current year										
17.	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines										
-	16 + 17 - 18.6)										
	DOLICY EXPIDIT					No. of					
20	POLICY EXHIBIT  In force December 31, prior year	4 .	374,000		(a)	Policies		+		1	374 000
20. 21.	In force December 31, prior year Issued during year		374,000		(a)					4	374,000
22.	Other changes to in force (Net)	l I									
23	In force December 31 of current year	4	374 000		(a)					1	374 000

### ACCIDENT AND HEALTH INSURANCE

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



# DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA

**DURING THE YEAR 2020** NAIC Company Code: 86371

	IC Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS		1 Ordin		2 Credit Life	dual)	3 Croun		4		5
	AND ANNUITY CONSIDERATIONS  Life Insurance		Ordin		(Group and Indivi		Group	-+-	Industrial		Total 12
	Annuity considerations										
	Deposit-type contract funds				XXX				X X X		
	Other considerations				I .	<b>I</b>					
	TOTALS (sum of Lines 1 to 4)										12
IRF	ECT DIVIDENDS TO POLICYHOLD										
.ife	Insurance:			_							
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or pren	nium -									
	paying period										
	6.4 Other										
	6.5 TOTALS (sum of Lines 6.1 to 6.	.4)									
ınn	uities: 7.1 Paid in cash or left on deposit.										
	7.1 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.										
	GRAND TOTALS (Lines 6.5 plus 7.4)	,								.	
	DIRECT CLAIMS AND BENEFITS	PAID									
	Death benefits										
0.	Matured endowments										
1.	Annuity benefits										
2.	Surrender values and withdrawals for I										
3.	Aggregate write-ins for miscellaneous	direct claims									
4	and benefits paid	hoolth									
4. 5.	TOTALS										
_											
	AILS OF WRITE-INS										
	<u> </u>										
	S. Summary of remaining write-ins for Lin										
	overflow page										
200											
১প্রপ্র	. TOTALS (Lines 1301 through 1303 plu										······
აყყ	(Line 13 above)	us 1398)									
১৬৬		us 1398)									
<u></u>		us 1398)	Ordinary	(Grou	Credit Life p and Individual)		Group		ndustrial		Total
	(Line 13 above)	us 1398) 		(Grou	Credit Life	5	Group 6	7	ndustrial 8	9	Total 10
<u></u>	(Line 13 above)	us 1398)	Ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of		7 No. of		No. of	
	(Line 13 above)	us 1398)  C  1  No. of  Pols. &	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
	(Line 13 above)	No. of Pols. & Certifs.	Ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5 No. of		7 No. of		No. of	
<b>3</b> .	(Line 13 above)  DIRECT DEATH BENEFITS  AND MATURED  ENDOWMENTS INCURRED  Unpaid December 31, prior year	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
<b>3</b> .	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
ο̂. 7.	(Line 13 above)  DIRECT DEATH BENEFITS  AND MATURED  ENDOWMENTS INCURRED  Unpaid December 31, prior year	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. &	8	No. of Pols. &	10
).	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
i. 7. 3.1 3.2	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
3.1 3.2 3.3 3.4	(Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
3.1 3.2 3.3 3.4	(Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected	COLUMN TO THE PROPERTY OF THE	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
3.1 3.2 3.3 3.4 3.5	(Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
3.1 3.2 3.3 3.4 3.5 3.6	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi-	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
3.1 3.2 3.3 3.4 3.5 3.6	(Line 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements	COLUMN TO THE PROPERTY OF THE	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
6. 7. 8.1 8.2 8.3 8.4 8.5 8.6	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
6. 7. 8.1 8.2 8.3 8.4 8.5 8.6 9.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year. Settled during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)  POLICY EXHIBIT In force December 31, prior year	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10
8.1 8.2 8.3 8.4 8.5 9.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims TOTALS Paid Reduction by compromise Amount rejected TOTAL Settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No. of Pols. & Certifs.	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr. Certifs.	Credit Life p and Individual)  4  Amount	5 No. of Certi- ficates	6	7 No. of Pols. & Certifs.	8	No. of Pols. & Certifs.	10

### **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF WISCONSIN

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	NCE		NA	IC Company	Code: 86371	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	any	2 Credit Life (Group and Individ	tual)	3 Group		4 Industrial		5 Total
1.	Life Insurance				· '						
2.	Annuity considerations									1	
3.	Deposit-type contract funds								X X X		
4. 5.	Other considerations									1	8.888
	CT DIVIDENDS TO POLICYHOLDI										0,000
	nsurance: 6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium 6.3 Applied to provide paid-up addit shorten the endowment or prem paying period	ions or ium -									
	6.4 Other										
Δnnı	vities:	4)									
Aiiii	<ul><li>7.1 Paid in cash or left on deposit</li><li>7.2 Applied to provide paid-up annu</li></ul>	ities									
	7.3 Other										
8.	7.4 TOTALS (sum of Lines 7.1 to 7.0 GRAND TOTALS (Lines 6.5 plus 7.4).										
9.	DIRECT CLAIMS AND BENEFITS Death benefits	PAID									50,000
10.	Matured endowments										
11.	Annuity benefits										
12. 13.	Surrender values and withdrawals for li Aggregate write-ins for miscellaneous of and benefits paid	direct claims	s								
14.	All other benefits, except accident and	health									
15.	TOTALS			50,000							50,000
	AILS OF WRITE-INS				1			<u> </u>			
1302.											
1	Summary of remaining write-ins for Linoverflow page	e 13 from									
1399.	TOTALS (Lines 1301 through 1303 plu (Line 13 above)	s 1398)									
	(Line 13 above)				Credit Life					.	
			Ordinary		p and Individual)		Group		Industrial		Total
	DIRECT DEATH BENEFITS  AND MATURED	1 No. of Pols. &	2	3 No. of Ind. Pols. & Gr.	4	5 No. of Certi-	6	7 No. of Pols. &	8	9 No. of Pols. &	10
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year Settled during current year:	1	50,000							1	50,000
18.1	By payment in full	1	50,000							1	50,000
18.2 18.3	By payment on compromised claims . TOTALS Paid										50,000
18.4	Reduction by compromise										
18.5 18.6	Amount rejected 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	/1\	/FO 000\							/4\	/50 000\
22. 23.	Other changes to in force (Net) In force December 31 of current year		(50,000) 1,142,855		(a)					(1)   17	(50,000) 1,142,855

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF WYOMING

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

NAI	C Group Code: 4918				LIFE INSURA	ANCE		NA	IC Company	Code:	86371
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordii		2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										
2.	Annuity considerations									1	
3.	Deposit-type contract funds				X X X				X X X	- 1	
4.	Other considerations										704
5.	TOTALS (sum of Lines 1 to 4)										781
	CT DIVIDENDS TO POLICYHOLD	EKS/KEFU	JNDS TO MEM	BEK2							
Lile	nsurance: 6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premiun									.	
	6.3 Applied to provide paid-up addit shorten the endowment or prem paying period	tions or nium -									
	6.5 TOTALS (sum of Lines 6.1 to 6.										
Annu	•	·¬) ······									
A	7.1 Paid in cash or left on deposit.					.				.	
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 TOTALS (sum of Lines 7.1 to 7.	.3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
9.	DIRECT CLAIMS AND BENEFITS Death benefits										
10.	Matured endowments									.	
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
	and benefits paid										
14. 15.	All other benefits, except accident and									.	
	TOTALS										
	AILS OF WRITE-INS				1						
1301.											
	Summary of remaining write-ins for Lin										
	overflow page										
1399.	TOTALS (Lines 1301 through 1303 plu										
	(Line 13 above)					<u>  .</u>		 T		.	
			Ordinary		Credit Life p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS	No. of		No. of Ind.		No. of		No. of		No. of	
	AND MATURED	Pols. &		Pols. & Gr.		Certi-		Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates	Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6 19.	TOTAL Settlements Unpaid Dec. 31, current year (Lines										
13.	16 + 17 - 18.6)										
				1		No. of		1			
	POLICY EXHIBIT					Policies	;				
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)				(0)						

## **ACCIDENT AND HEALTH INSURANCE**

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



# DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

NAIC Group Code: 4918

LIFE INSURANCE

**DURING THE YEAR 2020** NAIC Company Code: 86371

	•		1		2			3		4		5
	DIRECT PREMIUMS				Credit Life							
ļ.	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ			Group		Industrial		Total
1.	Life Insurance										1	508,503
2.	Annuity considerations				XXX			90,			1	90,000
3. 4.	Deposit-type contract funds Other considerations									X X X	1	
5.	TOTALS (sum of Lines 1 to 4)							90.			1	598.503
_	CT DIVIDENDS TO POLICYHOLDI								300			330,303
	nsurance:	LING/INLI U		DLING								
Life	6.1 Paid in cash or left on deposit											
	6.2 Applied to pay renewal premium											
	6.3 Applied to provide paid-up addit											
	shorten the endowment or prem	ium -										
	paying period											
	6.4 Other											
	6.5 TOTALS (sum of Lines 6.1 to 6.	4)										
Annı	uities:											
	7.1 Paid in cash or left on deposit										.	
	7.2 Applied to provide paid-up annu										.	
	7.3 Other										.	
	7.4 TOTALS (sum of Lines 7.1 to 7.	3)									.	
8.	GRAND TOTALS (Lines 6.5 plus 7.4)											
9.	DIRECT CLAIMS AND BENEFITS Death benefits			226 005								236.085
10.	Matured endowments											230,000
11.	Annuity benefits							113,			1	113.860
12.	Surrender values and withdrawals for li							57.				165.219
13.	Aggregate write-ins for miscellaneous of			,				,				
	and benefits paid											
14.	All other benefits, except accident and	health										
15.	TOTALS			343,950				171,	214			515,164
DET	AILS OF WRITE-INS											
1301.												
1302.												
1303.												
1398.	Summary of remaining write-ins for Lin											
	overflow page											
1399.	TOTALS (Lines 1301 through 1303 plu	,										
	(Line 13 above)										.	
		•	. P	I	Credit Life		0					T
		1	rdinary 2	(Grou	p and Individual) 4	5	Gro	up 6	7	Industrial 8	9	Total 10
	DIRECT DEATH BENEFITS	No. of	2	No. of Ind.	4	No. of	.	0	No. of	0	No. of	10
	AND MATURED	Pols. &		Pols. & Gr.		Certi-			Pols. &		Pols. &	
	ENDOWMENTS INCURRED	Certifs.	Amount	Certifs.	Amount	ficates		Amount	Certifs.	Amount	Certifs.	Amount
16.	Unpaid December 31, prior year	11	62,504	-	7 unount	Houtoo		7 unount		, unount	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		211,085								10	211,085
18.4	Reduction by compromise											
18.5	Amount rejected		211 005								10	011 005
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
	10 - 17 - 10.0]	14	01,304			No. of	_				12	01,304
	POLICY EXHIBIT					Policies						
20.	In force December 31, prior year	901	50,494,303		(a)	- FOIICIE:					901	50,494,303
21.	Issued during year				(a)							50, 454,500
22.	Other changes to in force (Net)		(1,407,312)								(36)	(1,407,312)
23.	In force December 31 of current year	865	49,086,991		(a)						865	49,086,991

## **ACCIDENT AND HEALTH INSURANCE**

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