

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	4918, 4918 NAIC Con	any Code 86371 Employer's ID Number 31-05222	23
	(Current) (Prior)		
		State of Domicile or Port of Entry	NJ
Country of Domicile	US		
Licensed as business type:	Life, Accident & Health	Is HMO Federally Qualified?	NO
Incorporated/Organized	10/25/1947	Commenced Business	02/06/1948
Statutory Home Office	30 Montgomery Street	Jersey City, NJ, US 07302	
Main Administrative Office			
		201-432-2133	
	00.00, 0.0, 1.0, 00 07 00	(Telephone)	
Mail Address	30 Montgomery Street	Jersey City, NJ, US 07302	
Primary Location of Books and			
Records			
	5 ,	201-432-2133	
	00.00, 0.0, 1.0, 00 07 00	(Telephone)	
Internet Website Address	www.cloverhealth.com	· · · · · ·	
Statutory Statement Contact	Scott Lemier	201-432-2133	
		(Telephone)	
		ılth.com	
	(E-Mail)	(Fax)	
		OFFICERS	
Vivek Garipalli, Cl	nief Executive Officer	Jamie Reynoso, Chief Opera	ting Officer
Scott Leffler#, Ch	nief Financial Officer		
		OTHER	
Wendy Richey, Chief Me	edicare Compliance Officer	Joseph Martin#, General	Counsel
Rachel Fish, Cl	nief People Officer	Andrew Toy, Preside	ent
Mark Spektor, C	hief Medical Officer	Prabhdeep Singh, Chief Grov	wth Officer
	DII	CTORS OR TRUSTEES	
Vivek	Garipalli	Edward Berde	
Justii			
	•		
State of			
County of	SS		
on the reporting period stated a any liens or claims thereon, excontained, annexed or referred entity as of the reporting period accordance with the NAIC Annulaw may differ; or, (2) that state to the best of their information includes the related corresponding	above, all of the herein describe tept as herein stated, and that to, is a full and true statement I stated above, and of its incor- ual Statement Instructions and e rules or regulations require di , knowledge and belief, respect ling electronic filing with the N	se and say that they are the described officers of said reposassets were the absolute property of the said reporting ensistatement, together with related exhibits, schedules and all the assets and liabilities and of the condition and affa and deductions therefrom for the period ended, and have eccounting Practices and Procedures manual except to the rences in reporting not related to accounting practices and ely. Furthermore, the scope of this attestation by the descript, when required, that is an exact copy (except for formattimay be requested by various regulators in lieu of or in ad	tity, free and clear from explanations therein airs of the said reporting been completed in extent that: (1) state d procedures, according ibed officers also ing differences due to
х	x	x	
Scott Leffler	Joseph Mari		
Chief Financial Officer	General Cou		
O 1 21 - 1 2			
Subscribed and sworn to befor	e me	a. Is this an original filing? Yes	
this	day of	b. If no:	
		State the amendment number:	
		3. Number of pages attached:	

Annual Statement for the Year 2022 of the CLOVER INSURANCE COMPANY

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			495			631,553
Group subscribers:						
0299997 Group subscriber subtotal						
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)	351,606	279,452	495	37,252	37,252	631,553

Annual Statement for the Year 2022 of the CLOVER INSURANCE COMPANY

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
Caremark	51,250,415	9,504,155	7,130,856	1,569,436	18,204,446	51,250,415
0199999 - Pharmaceutical Rebate Receivables	51,250,415	9,504,155	7,130,856	1,569,436	18,204,446	51,250,415
0299998 - Aggregate of Amounts Not Individually Listed				16,931,092	12,458,858	4,472,234
0299999 - Claim Overpayment Receivables				16,931,092	12,458,858	4,472,234
0799999 - Gross Health Care Receivables	51,250,415	9,504,155	7,130,856		30,663,304	55,722,649

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

				crued as of December 31 of	5	6
	Health Care Receivables Colle	cted or Offset During the Year	Currer	nt Year		
	1	2	3	4		
						Estimated Health Care
	On Amounts Accrued Prior to	On Amounts Accrued During			Health Care Receivables from	
Type of Health Care Receivable	January 1 of Current Year	the Year	December 31 of Prior Year	the Year	Prior Years (Cols. 1 + 3)	December 31 of Prior Year
Pharmaceutical rebate receivables	25,825,552		1,877,765	67,577,096	27,703,318	29,998,158
Claim overpayment receivables	18,215,611		9,969,176	6,961,916	28,184,786	9,869,498
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)	44,041,163	112,056,377	11,846,941	74,539,013	55,888,104	

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

Annual Statement for the Year 2022 of the CLOVER INSURANCE COMPANY

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
0399999 - Aggregate accounts not individually listed-covered	16,983,002	8,135,933		660,897	2,232,712	29,675,053
0499999 - Subtotals	16,983,002	8,135,933		660,897	2,232,712	29,675,053
0599999 - Unreported claims and other claim reserves						97,055,950
0799999 – Total claims unpaid						126,731,002
0899999 - Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adr	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 - Total gross amounts receivable							

NONE

Annual Statement for the Year 2022 of the CLOVER INSURANCE COMPANY

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Clover Health Investments Corp	Expense paid on behalf of Company		8,148	
MSPNJ, LLC	Expense paid on behalf of Company		798,915	
Clover HMO of New Jersey, LLC	Expense paid on behalf of Company	3,543,848		
Clover Health Labs, LLC	Expense paid on behalf of Company	4,868	4,868	
Clover Health ASO, LLC	Expense paid on behalf of Company		1,935,782	
0199999 - Individually listed payable		6,291,562	6,291,562	
0399999 - Total gross payables		6,291,562	6,291,562	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members		Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		1.189	3,171	3.794	11,619,933	
2. Intermediaries						
3. All other providers						
4. Total capitation payments		1.189	3,171	3.794	11,619,933	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	958,750,045	98.077	XXX	XXX		958,750,045
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX	7,175,331	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	965,925,376	98.811	XXX	XXX	7,175,331	958,750,045
13. Total (Line 4 plus Line 12)	977,545,309	100.000 %	XXX	XXX	18,795,264	958,750,045

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	1 2		4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 - Totals			XXX	XXX	XXX
		NONE	•		

Annual Statement for the Year 2022 of the CLOVER INSURANCE COMPANY

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2022

			ve (Hospital & lical)				Federal							
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year														
2. First Quarter	46							46						
Second Quarter	56							56						
4. Third Quarter	68							68						
5. Current Year								78						
Current Year Member Months								726						
Total Member Ambulatory Encounters for Year:														
7. Physician	301							301						
8. Non-Physician	123							123						
9. Total	424							424						
10. Hospital Patient Days Incurred	41							41						
11. Number of Inpatient Admissions	8							8						
12. Health Premiums Written (b)	568,535							568,535						
13. Life Premiums Direct	606													606
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	568,535							568,535						
16. Property/Casualty Premiums Earned														
Amount Paid for Provision of Health Care Se	rvices173,033							173,033						
18. Amount Incurred for Provision of Health Care	e Services							165,697						
) For health husiness: number of persons incured	under DDO managed care n	roduoto or	d number of	norcono incli	rad undar inde	mnity only n	raduata							

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 568,535



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2022

Comprehensive (Hospital &

				lical)				Federal							
			2	3	NA - di			Employees	T::-1 - V() (III	Tal- VIV		Disability.	T		Oth N
		Total	Individual	ndividual Group	Medicare Supplement	Vision Only	Dental Only	Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
Total	Members at end of:														
1.	Prior Year	94							94						
2.	First Quarter	116							116						
3.	Second Quarter								122						
4.	Third Quarter								121						
5.	Current Year	112							112						
6.	Current Year Member Months	1,427							1,427						
Total	Member Ambulatory Encounters for Year:														
7.	Physician	476							476						
8.	Non-Physician	75							75						
9.	Total	551							551						
10.	Hospital Patient Days Incurred								31						
11.	Number of Inpatient Admissions	7							7						
12.	Health Premiums Written (b)	1,079,255							1,079,255						
13.	Life Premiums Direct	7,375													
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	1,079,255							1,079,255						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	522,855							522,855						
18.	Amount Incurred for Provision of Health Care Services	500,687							500,687						

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 1,079,255



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2022

	'		ive (Hospital & dical)	4	3		, Federal	Ö	9	10		12	15	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Nor Health
Total Members at end of:	10101			Сарринан										
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:													1	
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	30,429													30,4
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														
For health business: number of persons insured under PPO m	nanaged care n	roducts ar	nd number of	persons insu	red under inde	emnity only n	roducts			•		•		

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2022

							Federal							
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
l Members at end of:														
Prior Year														
First Quarter														
Second Quarter														
Third Quarter														
Current Year														
Current Year Member Months														
l Member Ambulatory Encounters for Year:														
Physician														
Non-Physician														
Total														
Hospital Patient Days Incurred														
Number of Inpatient Admissions														
Health Premiums Written (b)														
														15
Property/Casualty Premiums Written														
Health Premiums Earned														
Property/Casualty Premiums Earned														
Amount Paid for Provision of Health Care Services														
Amount Incurred for Provision of Health Care Services														
	Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months I 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	Members at end of: Prior Year. First Quarter Second Quarter. Third Quarter Current Year Current Year Current Year Member Months I Member Ambulatory Encounters for Year: Physician. Non-Physician Total. Hospital Patient Days Incurred Number of Inpatient Admissions. Health Premiums Written (b). Life Premiums Direct 15,261 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.	Total Individual Group Members at end of: Prior Year	Medical	Medical 2 3 Medicare Supplement Vision Only Members at end of:	Medicare Total Individual Group Supplement Vision Only Dental Only Members at end of:	Medical 2 3	Medicare Total Total Individual Group Supplement Vision Only Dental Only Employees Health Benefits Plan Medicare Supplement Vision Only Dental Only Dental Only Dental Only Dental Only Medicare Title XVIII Medicare Medica	Members at end of: Total	Members at end of:	Members at end of: Prior Year First Quarter Second Quarter Third Quarter Second Quarter Third Quarter Second Quarter Third Quarter Second Q	Medicare Total T	Medicare Total Total Total Total Individual Total Total Individual Total Individual Total Total Individual Total Total Individual Total Total

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2022

	'		ve (Hospital & lical)	4	3		, Federal	Ö	9	10		12	15	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Nor Health
Total Members at end of:				Сарринан										
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:													1	
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	8,582													8,5
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														
For health business: number of persons insured under PPO r	nanaged care p	roducts a	nd number of	persons insu	red under inde	emnity only n	roducts	1	1	<u> </u>			1	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2022

	'		ve (Hospital & lical)	4	3	0	, Federal	6	9	10	''	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non Health
Total Members at end of:			·			,								
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														1,2
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														
For health business: number of persons insured under PPO r	nanaged care n	roducts ar	nd number of	persons insu	red under inde	emnity only n	roducts					4	1	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2022

		Comprehensi Med	ve (Hospitai & lical)				Federal							
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
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														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products—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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2022

		1	Comprehensi Med	ve (Hospital & lical)	4	5	6	/ Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:	Total	maividuai	Group	Supplement	VISION OTHY	Dental Only	Deficition lan	Wiedicare	Medicald	Orean Adri	IIICOITIC	Care	Other riedith	ricaitii
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Total	Member Ambulatory Encounters for Year:														
7.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	5,587													5,58
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2022

	1		ve (Hospital & lical)	4	5	6	7 Federal	8	9	10	11	12	13	14
		2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
T. 14 1	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Total Members at end of:	4.007							4.007						
1. Prior Year	4,397							4,397						
2. First Quarter	12,100							12,100						
3. Second Quarter	12,522							12,522						
4. Third Quarter	12,931							12,931						
5. Current Year	13,020							13,020						
6. Current Year Member Months	150,885							150,885						
Total Member Ambulatory Encounters for Year:														
7. Physician	110,794							110,794						
8. Non-Physician	29,758							29,758						
9. Total	140,552							140,552						
10. Hospital Patient Days Incurred	12,232							12,232						
11. Number of Inpatient Admissions	1,756							1,756						
12. Health Premiums Written (b)	130,765,518							130,765,518						
13. Life Premiums Direct	4,791													4,791
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	130,765,518							130,765,518						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	50,404,446							50,404,446						
18. Amount Incurred for Provision of Health Care Services	48,267,411							48,267,411						
For health business: number of persons insured under PPO			nd number of	nersons insu	red under ind	emnity only n	roducts	. ,		1		1	1	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 130,765,518



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2022

		1		ive (Hospital & dical)	4	5	6	/ Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:	Total	marriadar	Group	ouppicment	Violoti Ottiy	Dental Only	Benefits Fidir	Wicalcure	Wicalcala	Orealt Adir	moonic	ourc	Other Ficulti	Ticultii
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:														1
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	44,753													44,75
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products—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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2022

		'		ve (Hospital & lical)		3	, o	Federal	O		10	,,,	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Total	l Members at end of:														
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Total	Member Ambulatory Encounters for Year:														
7.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	3,823													3,82
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														
	olth business: number of persons insured under PPO ma	naged care n	roducts ar	nd number of	nersons insu	red under inde	emnity only n	roducts		1	1	l .	1	I .	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2022

		'		ve (Hospital & lical)		J	, o	Federal	O		10	,,,	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Tota	Members at end of:														
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Tota	Member Ambulatory Encounters for Year:														
7.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	100,813													100,81
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														
or hea	Ith business: number of persons insured under PPO ma	naged care n	roducts ar	nd number of	nersons insu	red under inde	emnity only n	roducts			1	I	1	I	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2022

		'		ve (Hospital & lical)	7	J	Ü	Federal	O		10	,,,	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
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	10,124													10,12
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														
or hea	Ith business: number of persons insured under PPO ma	naged care n	roducts ar	nd number of	nersons insu	red under inde	emnity only n	roducts			1	I		I	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2022

Total Members at end of: 1. Prior Year 2. First Quarter 3. Second Quarter 4. Third Quarter	Total	2 Individual	3 Group	Medicare			Federal Employees				l ,		Į i	
 Prior Year First Quarter Second Quarter 	Total	maividual	Joioup	Supplement	Vision Only	Dental Only	Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
 First Quarter Second Quarter 		ı		ouppicment	VISION OTHY	Dentaroniy	Benefits Flair	Wicalcure	Wicalcula	Orcali Adiri	meome	Guic	Other Fledith	riculti
3. Second Quarter														
1 Third Quarter														
4. Hilla Quartei														
5. Current Year														
Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	17,0	001												17,0
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Car	e Services													
18. Amount Incurred for Provision of Health	Care Services										,			

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2022

							Federal							
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Members at end of:	Total	marriadar	оточр	Cupplement	Violoti Ottiy	Dental Only	Benefitorian	Micaldare	Medicala	Orealt / tarr	moonic	Curc	other reditir	ricultii
Prior Year														
First Quarter														
Second Quarter														
Third Quarter														
Current Year														
Current Year Member Months														
Member Ambulatory Encounters for Year:														
Physician														
Non-Physician														
Total														
Hospital Patient Days Incurred														
Number of Inpatient Admissions														
Life Premiums Direct	9,764													9,70
Property/Casualty Premiums Written														
Health Premiums Earned														
Property/Casualty Premiums Earned														
Amount Paid for Provision of Health Care Services														
Amount Incurred for Provision of Health Care Services														
1	First Quarter Second Quarter Third Quarter Current Year Current Year Member Months 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	Prior Year First Quarter Second Quarter Third Quarter Current Year Current Year Member Months 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	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 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 Individual Group 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 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	Medical 2 3 Medicare Supplement	Medical 2 3 Medicare Supplement Vision Only	Members at end of: Prior Year First Quarter Sceond Quarter Third Quarter Current Year Member Months Member Ambulatory Encounters for Year: Physician Non-Physician Total Hospital Patient Days Incurred Number of Inpatient Admissions Health Premiums Written (b) Life Premiums Direct Property/Casualty Premiums Written Health Premiums Earned Amount Paid for Provision of Health Care Services Total Medicar Rodicar Supplement Vision Only Dental Only Dental	Medical 2 3 Medicare Supplement Vision Only Dental Only	Medicare Total Individual Group Supplement Vision Only Dental Only Benefits Plan Medicare Federal Employees Health Benefits Plan Medicare First Quarter First Qu	Members at end of: Total Individual Group Supplement Vision Only Dental Only D	Medicare Property/Casualty Premiums Written (b) Life Premiums Briedc (b) Life Premiums Written (b) Life Premiums Earned (c) Life Premiums Written (d) Life Premiums Written (d) Life Premiums Briedc (c) Life	Medicare Tritle XVIII Tritle XIX Tritle XVIII Tritle XIX Tritle XVIII Tritle XIX Tritle XVIII Tritle XIX Medicare Supplement Vision Only Dental	Medicare Federal Employees Federal Emplo	Medicare Total Individual Group Supplement Vision On Dental Only Denta

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2022

	'		ive (Hospital & dical)	4	3		, Federal	Ö	9	10	''	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non Health
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:													1	
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	4,910													4,9
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														
For health business: number of persons insured under PPO r	managed care p	roducts a	nd number of	persons insu	red under inde	emnity only p	roducts .	•	•	•	•	•	,	,

⁽a) For health business: number of persons insured under PPO managed care products 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 \$

30.LA

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2022

				ve (Hospital & lical)				Federal			10	''	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Nor Health
Total N	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 N	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)														
13.	Life Premiums Direct	2,951													2,9
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2022

Comprehensive (Hospital &

		Med	licaÌ)				Federal							
		2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Income	Care	Other Health	Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	17,136													17,1
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														
For health business: number of persons insured under PPO m	anaged care pi	roducts ar	nd number of	persons insu	red under ind	emnity only p	roducts .	1	1	1	1		1	1

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2022

		1		ve (Hospital & lical)	4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Tota	Members at end of:														
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Tota	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	10,122													10,122
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														
For hea	Ith business: number of persons insured under PPO ma	naged care p	roducts ar	nd number of	persons insu	red under inde	emnity only p	oducts			1	•	1	ı	

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

30.M

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2022

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Tota	Members at end of:				СПР										
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Tota	l Member Ambulatory Encounters for Year:														
7.	Physician														
8.	Non-Physician						<u></u>								
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct														
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														
For hos	alth business: number of persons insured under PPO ma	naged care n	roducte ar	nd number of	noreone incu	red under inde	mnity only n	roducte			1	1	1	1	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2022

Comprehensive (Hospital &

			Med	lical)				Federal							
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Income	Care	Other Health	
Tota	Members at end of:														
1.	Prior Year	132							132						
2.	First Quarter	180							180						
3.	Second Quarter	177							177						
4.	Third Quarter	175							175						
5.	Current Year	183							183						
6.	Current Year Member Months	2,121							2,121						
Tota	Member Ambulatory Encounters for Year:														
7.	Physician	2,300							2,300						
8.	Non-Physician	348							348						
9.	Total	2,648							2,648						
10.	Hospital Patient Days Incurred	186							186						
11.	Number of Inpatient Admissions	25							25						
12.	Health Premiums Written (b)	1,736,570							1,736,570						
13.	Life Premiums Direct														
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	1,736,570							1,736,570						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	715,313							715,313						
18.	Amount Incurred for Provision of Health Care Services	684,985							684,985						
(a) For hea	Ith business: number of persons insured under PPO ma	naged care pr	oducts ar	nd number of	persons insu	red under inde	emnity only p	roducts .							

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 1,736,570



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2022

				ve (Hospital & lical)				Federal							
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Tota	Members at end of:						,								
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Tota	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	20,970													20,970
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														
For hea	Ith business: number of persons insured under PPO ma	naged care p	roducts ar	nd number of	persons insu	red under inde	emnity only p	roducts							

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2022

		1		ve (Hospital & lical)	4	5	0	/ Federal	0	9	10	''	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:	Total	marriadar	Group	опристеп	Violoti Othy	Dental Only	Benefits Fig. 1	Wicalcure	Wicalcala	orean Adri	moonic	Ourc	Other ricultin	ricuitii
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Total	Member Ambulatory Encounters for Year:														
7.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	19,415													19,41
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2022

5. Current Year 6. Current Year Member Mont Total Member Ambulatory Encoun 7. Physician		Total	2 Individual	3 Group	Medicare Supplement			Federal Employees Health	Title XVIII	Tal- VIV			ļ	1	ļ
1. Prior Year. 2. First Quarter. 3. Second Quarter. 4. Third Quarter. 5. Current Year Member Mont Total Member Ambulatory Encoun. 7. Physician. 8. Non-Physician. 9. Total. 10. Hospital Patient Days Incur. 11. Number of Inpatient Admiss. 12. Health Premiums Written (b. 13. Life Premiums Direct.		lotal	Individual	Group	Supplement		D . 10 1			Title XIX	0 10 4011	Disability	Long-Term		Other Non
1. Prior Year. 2. First Quarter. 3. Second Quarter. 4. Third Quarter. 5. Current Year Member Mont Total Member Ambulatory Encoun. 7. Physician. 8. Non-Physician. 9. Total. 10. Hospital Patient Days Incur. 11. Number of Inpatient Admiss. 12. Health Premiums Written (b. 13. Life Premiums Direct.					опристен	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
2. First Quarter 3. Second Quarter 4. Third Quarter 5. Current Year Member Mont Total Member Ambulatory Encount 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incur 11. Number of Inpatient Admiss 12. Health Premiums Written (b. 13. Life Premiums Direct													ı	i	i
 Second Quarter Third Quarter Current Year Current Year Member Mont Total Member Ambulatory Encount Physician Non-Physician Total Hospital Patient Days Incur Number of Inpatient Admiss Health Premiums Written (b Life Premiums Direct 															1
4. Third Quarter 5. Current Year 6. Current Year Member Mont Total Member Ambulatory Encoun 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incur 11. Number of Inpatient Admiss 12. Health Premiums Written (b 13. Life Premiums Direct															1
5. Current Year 6. Current Year Member Mont Total Member Ambulatory Encoun 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incur 11. Number of Inpatient Admiss 12. Health Premiums Written (b 13. Life Premiums Direct															1
6. Current Year Member Mont Total Member Ambulatory Encount 7. Physician															1
Total Member Ambulatory Encount 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incur 11. Number of Inpatient Admiss 12. Health Premiums Written (b 13. Life Premiums Direct															
7. Physician															
 Non-Physician Total Hospital Patient Days Incur Number of Inpatient Admiss Health Premiums Written (b Life Premiums Direct 													i	i	1
 Total Hospital Patient Days Incur Number of Inpatient Admiss Health Premiums Written (b Life Premiums Direct 															1
 Hospital Patient Days Incur Number of Inpatient Admiss Health Premiums Written (b Life Premiums Direct 															
 Number of Inpatient Admiss Health Premiums Written (b Life Premiums Direct 															
12. Health Premiums Written (b 13. Life Premiums Direct	urred														
13. Life Premiums Direct	issions														
	(b)														
44 5 : (0 1: 5 :		2,221													2,2
 Property/Casualty Premiun 	ums Written														
15. Health Premiums Earned															
16. Property/Casualty Premiun	ums Earned											l	l		
	uiiio Euriicu														
18. Amount Incurred for Provis	n of Health Care Services			1											ſ

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2022

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Tota	Members at end of:					,	,								
1.	Prior Year	55,317							55,317						
2.	First Quarter	64,341							64,341						
3.	Second Quarter	65,714							65,714						
4.	Third Quarter	66,890							66,890						
5.	Current Year	67,419							67,419						
6.	Current Year Member Months	790,506							790,506						
Tota	Member Ambulatory Encounters for Year:														1
7.	Physician	326,138							326,138						
8.	Non-Physician	132,955							132,955						
9.	Total	459,093							459,093						
10.	Hospital Patient Days Incurred	73,504							73,504						
11.	Number of Inpatient Admissions	10,467							10,467						
12.	Health Premiums Written (b)	851,281,007							851,281,007						
13.	Life Premiums Direct														1,259
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	851,281,007							851,281,007						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	908,126,818							908,126,818						
18.	Amount Incurred for Provision of Health Care Services	869,624,279							869,624,279						
For hea	Ilth business: number of persons insured under PPO m	anaged care p	roducts ar	nd number of	persons insu	red under inde	emnity only p	roducts			1	1	1	1	.1

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$851,281,007



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2022

		1		ve (Hospital & lical)	4	5	6	/ Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:	Total	marriadar	огоар	ouppiement	Violen City	Dental only	Deficition lan	Wicaloure	Medicala	orealt / tarr	moonie	- Ourc	o trici i icaliti	ricultii
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	564													56
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products—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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2022

		Total	Comprehensive (Hospital & Medical)		4	3		, Federal	O		10	11	12	13	14
			2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Tota	Members at end of:														
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Tota	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	1,728													
14.	Property/Casualty Premiums Written		I												
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														
	Ith business: number of persons insured under PPO ma	naged care n	roducte ar	nd number of	nercone incu	red under inde	empity only n	roducte							

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

			ive (Hospital & dical)		J		Federal							
		2	3	Medicare			Employees Health	Title XVIII	Title XIX	0 15 1011	Disability	Long-Term		Other Non
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
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														28,1
14. Property/Casualty Premiums Written														l
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														
For health business: number of persons insured under PPO n	aanagad aara n	roducto o	ad number of	noroono inou	rod under ind	omnity only n	roducto							

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2022

		Comprehensi Med	ve (Hospital & lical)				Federal							
	Total	2 Individual	3	Medicare	Visian Only	Dontal Only	Employees Health	Title XVIII	Title XIX Medicaid	Credit A&H	Disability	Long-Term Care	Other Health	Other Non Health
Total Members at end of:	Total	IIIuiviuuai	Group	Supplement	Vision Only	Defital Offig	Benefits Plan	Medicare	Medicald	Credit A&n	Income	Care	Other Health	пеанн
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	2,965													2,
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2022

		1	Comprehensi Med	ve (Hospital & lical)	4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
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:													1	
7.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	9,072													9,0
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														

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

30.PA

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2022

Comprehensive (Hospital &

			Med					Federal				1			
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Nor
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Total	Members at end of:														
1.	Prior Year	941							941						
2.	First Quarter	1,156							1,156						
3.	Second Quarter	1,161							1,161						
4.	Third Quarter	1,168							1,168						
5.	Current Year	1,173							1,173						
6.	Current Year Member Months	14,032							14,032						
Total	Member Ambulatory Encounters for Year:														
7.	Physician	7,174							7,174						
8.	Non-Physician	3,123							3,123						
9.	Total	10,297							10,297						
10.	Hospital Patient Days Incurred	1,374							1,374						
11.	Number of Inpatient Admissions	193							193						
12.	Health Premiums Written (b)	12,806,248							12,806,248						
13.	Life Premiums Direct	36,766													36,7
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	12,806,248							12,806,248						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	8,269,645							8,269,645						
18.	Amount Incurred for Provision of Health Care Services	7,919,030							7,919,030						

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 12,806,248



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2022

	1		ive (Hospital & dical)	4	5	6	/ Federal	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Nor Health
Total Members at end of:					,	,								
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	3,541													3,5
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														
or health business: number of persons insured under PPO n	nanaged care n	roducts a	nd number of	persons insu	red under ind	emnity only n	roducts							

⁽a) For health business: number of persons insured under PPO managed care products 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 \$

30.SC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2022

		1	Comprehensiv Med		4	5	6	/ Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:					, ,	, , ,								
1.	Prior Year.								718						
2.	First Quarter								1,237						
3.	Second Quarter								1,276						
4.	Third Quarter								1,319						
5.	Current Year								1,312						
6.	Current Year Member Months	15,291							15,291						
Total	Member Ambulatory Encounters for Year:														
7.	Physician	8,062							8,062						
8.	Non-Physician	3,778							3,778						
9.	Total	11,840							11,840						
10.	Hospital Patient Days Incurred								1,288						
11.	Number of Inpatient Admissions								187						
12.	Health Premiums Written (b)	13,894,887							13,894,887						
13.	Life Premiums Direct														
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	13,894,887							13,894,887						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	7,362,834							7,362,834						
18.	Amount Incurred for Provision of Health Care Services	7,050,667							7,050,667						

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 13,894,887

30.SD

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2022

		'		ve (Hospital & lical)		J	o o	, Federal	Ü		10	11	12	13	14
		Tatal	2	3	Medicare	Vision Only	Dontal Only	Employees Health	Title XVIII	Title XIX	One dit A O. I.	Disability	Long-Term	Othor Hoolth	Other Non-
Total	Members at end of:	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
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						<u></u>								
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct														
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2022

		1	Comprehensi Med	ve (Hospital & lical)	4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
				_	Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Total	Members at end of:														
1.	Prior Year	39							39						
2.	First Quarter	45							45						
3.	Second Quarter	46							46						
4.	Third Quarter	42							42						
5.	Current Year	39							39						
6.	Current Year Member Months	511							511						
Total	Member Ambulatory Encounters for Year:														
7.	Physician	33							33						
8.	Non-Physician	24							24						
9.	Total	57							57						
10.	Hospital Patient Days Incurred	26							26						
11.	Number of Inpatient Admissions	7							7						
12.	Health Premiums Written (b)	453,633							453,633						
13.	Life Premiums Direct	1,296													1,29
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	453,633							453,633						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	237,751							237,751						
18.	Amount Incurred for Provision of Health Care Services	227,671							227,671						
	Ith business: number of persons insured under PPO ma			nd number of	persons insu	red under inde	emnity only n	roducts	,,,,,						

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 453,633

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2022

			Comprehensi Med					Federal							
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income		Other Health	Health
Total	Members at end of:														
1.	Prior Year	184							184						
2.	First Quarter	234							234						
3.	Second Quarter	229							229						
4.	Third Quarter	227							227						
5.	Current Year	235							235						
6.	Current Year Member Months	2,767							2,767						
Total	Member Ambulatory Encounters for Year:														
7.	Physician	446							446						
8.	Non-Physician	155							155						
9.	Total	601							601						
10.	Hospital Patient Days Incurred	212							212						
11.	Number of Inpatient Admissions	32							32						
12.	Health Premiums Written (b)	2,085,269							2,085,269						
13.	Life Premiums Direct	18,114													18,114
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	2,085,269							2,085,269						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	1,732,613							1,732,613						
18.	Amount Incurred for Provision of Health Care Services	1,659,154							1,659,154						
(a) For hoa	Ith husiness number of persons insured under DDO ma	naged care n	roducte ar	d number of	norcone incu	rod under inde	omnity only n	oducte					•		

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 2,085,269



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2022

		'		ve (Hospital & lical)	7	3	Ŭ	Federal	Ü		10	,,,	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Tota	l Members at end of:														
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Tota	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	1,102													1,10
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														
or hea	olth business: number of persons insured under PPO ma	naged care n	roducts a	nd number of	nersons insu	red under inde	emnity only n	roducts		I.	1	1		1	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2022

		1		ve (Hospital & lical)	4	5	6	/ Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:	Total	marriadar	Group	ouppicment	Violoti Ottiy	Dental Only	Benefits Fidir	Wicalcure	Wicalcala	Orealt Adir	moonic	ourc	Other Ficulti	ricultii
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	13,546													13,54
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services.														
18.	Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products—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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2022

			Med	ical)				Federal							
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total N	Members at end of:	Total	marriadar	огоар	ouppiement	VISION OTHY	Dentaroniy	Deficition fair	Wicalcure	Wicalcala	Orcall Adir	moone	ouic	Other riculti	riculti
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Total N	Nember Ambulatory Encounters for Year:														
7.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	3,834													3,83
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2022

		Comprehensive (Hospital & Medical)		4	5	6	/ Federal	8	9	10	11	12	13	14	
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:			0.049	Сарристин		2 ontai oniy	Deriver iun	ouioui o	ca.ca.a	0.00		00.0	0 11101 11001111	
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	246													246
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														

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2022

	'		Comprehensive (Hospital & Medical)				Federal	, o		10		12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Nor Health
Total Members at end of:				Соррания		2 0110011 01119								
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	8,603													8,6
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														
For health business: number of persons insured under PPO i	managed care p	roducts a	nd number of	persons insu	red under ind	emnity only n	roducts	1	1	1			4	

⁽a) For health business: number of persons insured under PPO managed care products 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 \$



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2022

		1	Comprehensive (Hospital & Medical)		4	5	6	/ Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:	Total	marviadai	Group	ouppiement	Vision only	Dentaroniy	Deficition fair	Wicalcure	Wicalcala	Orcall Adir	meeme	Ouic	Other reditir	ricultii
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	720													720
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														

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2022

Comprehensive (Hospital &

			Med					Federal							
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Tota	Members at end of:														
1.	Prior Year	61,822							61,822						
2.	First Quarter	79,455							79,455						
3.	Second Quarter	81,303							81,303						
4.	Third Quarter	82,941							82,941						
5.	Current Year	83,571							83,571						
6.	Current Year Member Months	978,266							978,266						
Tota	Member Ambulatory Encounters for Year:														
7.	Physician	455,724							455,724						
8.	Non-Physician	170,339							170,339						
9.	Total	626,063							626,063						
10.	Hospital Patient Days Incurred	88,894							88,894						
11.	Number of Inpatient Admissions	12,682							12,682						
12.	Health Premiums Written (b)	. 1,014,670,922							1,014,670,922						
13.	Life Premiums Direct	470,145													470,145
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	. 1,014,670,922							1,014,670,922						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	977,545,309							. 977,545,309						
18.	Amount Incurred for Provision of Health Care Services	936,099,582							936,099,582						
(a) For hea	Ith business: number of persons insured under PPO ma	naged care pr	oducts ar	nd number of	persons insu	red under inde	emnity only p	roducts .	LI CONTRACTOR OF THE CONTRACTO		•				

⁽a) For health business: number of persons insured under PPO managed care products 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 \$ 1,014,670,922

SCHEDULE S - PART 1 - SECTION 2
Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction		Type of Business Assumed	Premiums	Unearned Premiums		Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - To	tal (Sum of 079	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						Unpaid					
Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Losses					
Life and Annu	ity, Non-Affilia	tes, U.S. Non-A	Affiliates								
69418	59-2403689	10/01/2012	Southern Financial Life Ins. Co	LA		150,000					
0899999 - Lif	e and Annuity,	Non-Affiliates, l	J.S. Non-Affiliates			150,000					
1099999 – Life and Annuity, Total Non-Affiliates											
1199999 - To	tal Life and An	nuity				150,000					
Accident and I	Health, Non-Af	filiates, U.S. N	on-Affiliates								
11835	04-1590940	01/01/2022	PartnerRe America Insurance Company	.DE	8,018						
1999999 - Ac	cident and Hea	lth, Non-Affiliat	es, U.S. Non-Affiliates		8,018						
2199999 - Ac	cident and Hea	lth, Non-Affiliat	es, Total Non-Affiliates		8,018						
2299999 - To	tal Accident an	d Health			8,018						
2399999 - To	tal U.S. (Sum o	f 0399999, 089	9999, 1499999 and 1999999)		8,018	150,000					
9999999 - To	tal (Sum of 119	99999 and 229	9999)		8,018	150,000					

SCHEDULE S - PART 3 - SECTION 2
Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10			13	14
									D	Outstanding S	Surplus Relief		
									Reserve Credit	11	10		Funda
NAIO					T f	T f		l los a a osa a al	Taken Other	11	12	NA salificad	Funds
NAIC		ECC			Type of	Type of		Unearned	than for			Modified	Withheld
Company		Effective			Reinsurance			Premiums	Unearned			Coinsurance	Under
Code	ID Number	Date	Name of Company	Domiciliary Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
General Ad	count, Authori	zed, Non-Af	filiates, U.S. Non-Affiliates										
11835	04-1590940	01/01/2022	PartnerRe America Insurance Company	DE	MR	493,459							
0899999 -	General Accou	nt, Authoriz	ed, Non-Affiliates, U.S. Non-Affiliates				493,459						
1099999 -	General Accou	nt, Authoriz	ed, Total Authorized Non-Affiliates				493,459						
1199999 -	Total General	Account Aut	horized				493,459						
4599999 -	Total General	Account Aut	horized, Unauthorized, Reciprocal Jurisdictio		493,459								
9199999 -	Total U.S						493,459						
9999999 -	Total (Sum of	4599999 an	d 9099999)			493,459							

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

			2022	2021	2020	2019	2018
A.	OPE	ERATIONS ITEMS					
	1	Premiums					
	2	Title XVIII-Medicare	493	369	474	472	67,368
	3	Title XIX-Medicaid					
	4	Commissions and reinsurance expense allowance					
	5	Total hospital and medical expenses		154	2	1,150	63,583
B.	BAL	ANCE SHEET ITEMS					
	6	Premiums receivable					
	7	Claims payable		135		62	17,636
	8	Reinsurance recoverable on paid losses		96	5	482	1
	9	Experience rating refunds due or unpaid					
	10	Experience rating refunds due or unpaid Commissions and reinsurance expense allowances due					
	11	Unauthorized reinsurance offset					
	12	Offset for reinsurance with Certified Reinsurers					
C.	UNA	AUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD					
	FRC						
	13	Funds deposited by and withheld from (F)					
	14	Letters of credit (L)					
	15	Trust agreements (T)					10,069
	16	Other (0)					
D.		NSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS					
		HHELD FROM)					
	17	Multiple Beneficiary Trust					
	18	Funds deposited by and withheld from (F)					
	19	Letters of credit (L)					
	20	Trust agreements (T)					
	21	Other (0)				· · · · · · · · · · · · · · · · · · ·	<u></u>

SCHEDULE S - PART 7

nt of Balance Sheet to Identify Net Credit for Ceded Rein

	Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsura	nce		
		1	2	3
				Restated
		As Reported	Restatement	(gross of
		(net of ceded)	Adjustments	ceded)
ASS	ETS (Page 2, Col. 3)			
1	Cash and invested assets (Line 12)			
2	Accident and health premiums due and unpaid (Line 15)			
3	Amounts recoverable from reinsurers (Line 16.1)			
4	Net credit for ceded reinsurance			
5	All other admitted assets (Balance)			
6	Total assets (Line 28)	310,527,984	150,000	310,677,984
LIA	BILITIES, CAPITAL AND SURPLUS (Page 3)			
7	Claims unpaid (Line 1)			
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	Total liabilities (Line 24)			
16	Total capital and surplus (Line 33)			
17	Total liabilities, capital and surplus (Line 34)	310,527,984	150,000	310,677,984
	CREDIT FOR CEDED REINSURANCE			
18	Claims unpaid			
19	Accrued medical incentive pool			
20	Premiums received in advance			
21	Reinsurance recoverable on paid losses			
22	Other ceded reinsurance recoverables			
23	Total ceded reinsurance recoverables			
24	Premiums receivable			
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			XXX
26	Unauthorized reinsurance		XXX	XXX
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		XXX	XXX
31	Total net credit for ceded reinsurance	158,018	XXX	XXX

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States And Territories

		Allocated By States And Territories Direct Business Only											
		1	2	3	4	5	6						
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals						
1	Alabama AL	ilidividual)	and individual)	ilidividual)	ilidividual)	Contracts	iotais						
2	Alaska AK												
2.	Arizona AZ												
Δ.	Arkansas AR												
5	California												
6.	Colorado CO												
7.	Connecticut CT												
8.	Delaware DE.												
9.	District of ColumbiaDC												
10.	FloridaFL												
11.	Georgia GA												
12.	Hawaii HI												
13.	IdahoID												
14.	Illinois L												
15.	Indiana IN												
16.	lowa IA												
17.	Kansas KS												
18. 19.	Kentucky KY Louisiana LA												
19. 20.	Louisiana LA Maine ME												
21.	Maryland MD												
22.	Massachusetts MA												
23.	Michigan MI												
24.	Minnesota MN												
25.	Mississippi MS												
26.	Missouri MO												
27.	Montana												
28.	NebraskaNE	ON											
29.	NevadaN												
30.	New Hampshire												
31.	New Jersey												
32.	New MexicoNM.												
33.	New York												
34.	North Carolina NC												
35.	North Dakota ND												
36.	OhioOH.												
37.	Oklahoma OK Oregon OR												
38. 39.	Oregon OR Pennsylvania PA												
40.	Rhode Island RI												
41.	South Carolina												
42.	South Dakota SD.												
43.	Tennessee TN												
44.	Texas TX												
45.	UtahUT.												
46.	VermontVT												
47.	VirginiaVA.												
48.	WashingtonWA												
49.	West VirginiaWV												
50.	WisconsinWI												
51.	WyomingWY.												
52.	American Samoa AS												
53.	Guam GU												
54.	Puerto Rico PR												
55.	US Virgin Islands												
56.	Northern Mariana Islands												
57.	Canada CAN												
58. 50	Aggregate Other Alien												
59.	Totals												

4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates		Relationship to Reporting Entity	Directly Controlled by (Name of	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Code	Group Name	Code	ID Nullibei	KSSD	CIR	international)	Clover Health Investments,	Location	Littity	NJ Healthcare Investments,	illiuerice, Other)	reicentage	NJ Healthcare Investments,	(165/140)	
			98-1515192		.0001801170.	NASDAQ	Corp	DE	UIP		Ownership	15.822	LLCClover Health Investments.	NO	
4918	Clover Health Group	86371	31-0522223				Clover Insurance Company	NJ	RE	Clover Health Holdings, Inc	Ownership	100.000	Corp.	NO	,
			38-3889370				Clover Health, LLC	NJ	NIA	Clover Health Corp	Ownership	100.000	Clover Health Investments, Corp.	NO	
			27-2761894				Clover Healthcare, LLC	NJ	NIA	Clover Health Corp	Ownership	100.000	Clover Health Investments, Corp.	NO	
			36-4744890				Clover HMO, LLC	NJ			Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2552172				Clover Health Corp	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2580683				Clover Health Labs, LLC	CA	NIA	Clover Health, LLC	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2551324				Clover HMO Corp	DE		Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2542375				Clover Health Holdings, Inc		UDP	Clover Health Investments,	Ownership	100.000	Clover Health Investments,	NO	
4918	Clover Health Group	16347	38-4057194				Clover HMO of New Jersey, Inc			·	Ownership	100.000	Clover Health Investments, Corp.	NO	
	olovei ricultii oroup	10047	83-1700805				Cover Health International,	DE		Clover Health Investments,	Ownership		Clover Health Investments, Corp.	NO	
			69601330-000-				Clover Health HK			Clover Health International,	•		Clover Health Investments,		
										Clover Health Investments,	Ownership		Corp. Clover Health Investments,	NO	
			83-1769911				Character Biosciences, Inc	DE			Ownership	25.460	Corp. Clover Health Investments,	NO	
			47-2402286				Principium Health, LLC			Clover Health Corp	Ownership	100.000	Corp. Clover Health Investments,	NO	
			82-0735027				MSPNJ, LLC	NJ	NIA	Clover HMO of New Jersey, Inc	Ownership	100.000	Corp. Clover Health Investments,	NO	
			84-4934476				Seek Insurance Services, Inc	DE	NIA	Clover Health Corp	Ownership	100.000	Corp. Clover Health Investments.	NO	
			86-1193984				Clover Health Partners, LLC	DE	NIA	Clover Health Corp	Ownership	100.000		NO	

		•	•	•		•	•	
Asterisk				Explanation				
Asterisk				Explanation				

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company	any Names of Insurers and Parent,		Shareholder	· ·		Connection with Guarantees or Undertakings for the Benefit of any	-	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	ID Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/ (Liability)
86371	31-0522223	Clover Insurance Company		5,300,000			(100,136,309)				(94,836,309)	
16347	38-4057194	Clover HMO of NJ, Inc					(8,112,476)				(8,112,476)	
00000	38-3889370	Clover Health, LLC					108,248,785				108,248,785	
00000	47-1435489	Clover Health Investments Corp		(5,300,000)							(5,300,000)	
9999999 –	Control Totals								XXX			

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

1	2	3		5	6	7	8
		Ownership	Granted Disclaimer of Control / Affiliation of			Ownership	Granted Disclaimer of Control / Affiliation of
		Percentage	Column 2 Over			Percentage	Column 5 Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	Column 6)	(Yes/No)
Clover Insurance Company		100.000 %	NO	Clover Health Investments, Corp	Clover Health Group	100.000 %	NO
Clover HMO New Jersey, Inc.	Clover Health Holdings, Inc.	100.000 %	NO	Clover Health Investments, Corp.	Clover Health Group	100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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

		Response
	March Filing	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
	April Filing	
5.	Will Management's Discussion and Analysis be filed by April 1?	Yes
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
	June Filing	
8.	Will an audited financial report be filed by June 1?	Yes
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

SUPPLEMENTAL FILINGS

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 is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

March Filing Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?......No.... 10 Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?..... _____Yes..... 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?..... 12. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 13. to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.No....

Nο

	This are incursor are a consuge cappionistic action and the control and are all are al	
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead	
	audit partner be filed electronically with the NAIC by March 1?	No
17.	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
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be	
	filed electronically with the NAIC by March 1?	No
	April Filing	
	r 3	

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

15

	filed electronically with the NAIC by March 1?	NoNo
	April Filing	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
22.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile	V
	and the NAIC by April 1?	Yes
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES

August Filing Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?......YES

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Barcode	
8 6 3 / 1 2 0 2 2 3 6 0 0 0	0 0 0
1	
8 6 3 7 1 2 0 2 2 3 7 0 0 0	
8 6 3 7 1 2 0 2 2 2 2 4 0 0	0 0 0
	0 0 0
	0 0 0
0 0 3 / 1 2 0 2 2 2 1 1 0 0	0 0 0

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS



LIFE SUPPLEMENTS

For The Year Ended December 31, 2022 (To Be Filed by March 1)

Of The: CLOVER INSURANCE COMPANY

Address (City, State and Zip Code): Jersey City, NJ, US 07302

NAIC Group Code: 4918 NAIC Company Code: 86371 Employer's ID Number: 31-0522223

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
				Credit (Group and	
Valuation Standard	Total (a)	Industrial	Ordinary	Individual)	Group
LIFE INSURANCE	, , , , ,			· · · · · ·	·
1958 CSO ALB 3.0% NL	1,559		1,559		
1958 CSO ALB 3.0% CRVM	2,865		2,865		
1958 CSO ALB 4.0% NL	752		752		
1958 CSO ALB 4.5% NL	952		952		
1958 CSO ALB 4.5% CRVM					
1980 CSO 3.5% CRVM	3,263,532		3,263,532		
1980 CSO 4.5% CRVM	2,079,074		2,079,074		
0199997 - Totals (Gross)	5,361,108		5,361,108		
0199998 - Reinsurance ceded			5,361,108		
ANNUITIES (excluding supplementary contracts w	vith life contingencies):				
83a 5.50% CARVM DEF 94, 96-97	832,437	XXX	83,039	XXX	749,398
83a 5.75% CARVM DEF 93	17,996	XXX		XXX	17,996
0299997 - Totals (Gross)	850,433	XXX	83,039	XXX	767,394
0299998 - Reinsurance ceded	850,433	XXX	83,039	XXX	767,394
ACCIDENTAL DEATH BENEFITS:	•				
1959 ADB & 1980 CSO 4.50%	3,116		3,116		
0499997 - Totals (Gross)	3,116		3,116		
0499998 - Reinsurance ceded	3,116		3,116		
DISABILITY-ACTIVE LIVES:			•		
Unearned Premium Reserve	3,436				
0599997 - Totals (Gross)	3,436		3,436		
0599998 - Reinsurance ceded	3,436		3,436		
DISABILITY-DISABLED LIVES:			•	•	
1952 Dis & 1958 CSO 3.50%	3,392		3,392		
0699997 - Totals (Gross)	3,392		3,392		
0699998 - Reinsurance ceded	3,392		3,392		
MISCELLANEOUS RESERVES:	·			1	
Substandard Reserve	573		573		
0799997 - Totals (Gross)	573		573		
0799998 - Reinsurance ceded			573		
9999999 - Totals (Net)					

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

EXHIBIT 5 - INTERROGATORIES

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

9.3

Identify where the reserves are reported in the blank:

Supp205.3

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

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

FHLE	3 funding agreements:		
1.	Reported as GICs (captured in column 2)	\$	
2.	Reported as Annuities Certain (captured in column 2)	\$	
3.	Reported as Supplemental Partial s (capt and a column 4)		
4.	Reported as Dividend Accumulations of Regun (contured in column 5)	\$	
5.	Reported as Premium or Other Deposit Funds (captured in column 6)		
6.	Total reported as Deposit-Type Contracts (captured in column 1): (Sum of		
	Lines 1 through 5)	¢	

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 Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 -	9999999 - Total (Sum of 1199999 and 2299999)								*****			

NONE

Supp205.5

SCHEDULE S - PART 3 - SECTION 1
Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Cr	edit Taken	11	Outstanding	Surplus Relief	14	15
NAIC					Type of	Type of	Amount in	9	10		12	13	Modified	Funds Withheld
Company		Effective		Domiciliary	Reinsurance	Business	Force at End of						Coinsurance	Under
Code	ID Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
General A	ccount, Autho	rized, Non-A	Affiliates, U.S. Non-Affiliates											
60445	74-1915841.	.05/01/1999.	Sagicor Life Insurance Co	AZ	CO/I		33,004	18,502	18,063	78				
60445	74-1915841.	.05/01/1999.	Sagicor Life Insurance Co	AZ	CO/I			83,039	83,351					
60445	74-1915841.	.05/01/1999.	Sagicor Life Insurance Co	AZ	CO/G			767,394	764,291					
60445	74-1915841.	.05/01/1999.	Sagicor Life Insurance Co	AZ	OTH/I			39						
82627	06-0839705.	09/15/2001	Swiss Re Life & Health America, Inc	CT	YRT/I		738,574	2,845	2,667	2,020				
82627	06-0839705.	09/15/2001	Swiss Re Life & Health America, Inc	CT			149,000	30	30	63				
69744	13-1423090.	12/31/2014	Union Labor Life Insurance Company	MD	CO/I		3,275,000	48,967	50,949	23,409				
69418	59-2403689.	10/01/2012	Southern Financial Life Ins. Co	LA	CO/I		39,540,184	5,301,280	5,216,837	444,574				
0899999 -	General Acc	ount, Authori	zed, Non-Affiliates, U.S. Non-Affiliates				43,735,762	6,222,096	6,136,188	470,144				
1099999 -	General Acc	ount, Authori	zed, Total Authorized Non-Affiliates				43,735,762	6,222,096	6,136,188	470,144				
1199999 -	Total Genera	l Account Au	ıthorized				43,735,762	6,222,096	6,136,188	470,144				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 43,735,762							43,735,762	6,222,096	6,136,188	470,144				
9199999 - Total U.S								6,222,096	6,136,188	470,144				
9999999 -	Total (Sum o	of 4599999 a	ind 9099999)				43,735,762	6,222,096	6,136,188	470,144				

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1 1	2	3	4	5
		!	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance.	606				606
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4).	606				606
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3).					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits.					
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

				Credit Life	(Group and						
		Ordi	nary	Indiv	idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
				No. of Ind.							
		No. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
DIDEO	DEATH DENESITO AND MATURED ENDOWMENTS	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
INCUR	DEATH BENEFITS AND MATURED ENDOWMENTS										
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	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	By payment on compromised claims										
18.6	lotal settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

<u> </u>		1	2	3	4	5
		'	_	3	7	
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	7,375				7,375
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	7,375				7,375
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	,					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits.					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	· · · · · · · · · · · · · · · · · · ·										
		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS RED										
16. 17. Settled 18.1 18.2 18.3 18.4 18.5 18.6	Unpaid December 31, prior year. Incurred during current year. d during current year: By payment in full. By payment on compromised claims. Totals paid. Reduction by compromise. Amount rejected. Total settlements.										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)			***************************************							
	POLICY EXHIBIT					No. of Policies					
20. 21.	In force December 31, prior year									11	955,746
22.	Issued during yearOther changes to in force (Net)	(1)	(35,000)							(1)	(35,000)
23.	In force December 31 of current year	10	920,746		(a)					10	920,746

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance		,	огоар	ilidustilai	30.429
2	Annuity considerations.					30,429
2	Deposit-type contract funds		XXX		xxx	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)					30.429
3	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					30,429
Lifoin	Surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to pay renewal premiums. Applied to provide paid-up additions or shorten the endowment or premium-paying period.					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	,					
7.1	Paid in cash or left on deposit					
7.1	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3).					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
a	Death benefits					
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	(

	, , , , , , , , , , , , , , , , , , , ,										
		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year	1	75,000							1	75,000
Settle	d during current year:										1
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	Totals paid. Reduction by compromise. Amount rejected. Total settlements.										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	75,000							1	75,000
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	64	5,307,033		(a)					64	5,307,033
21.	Issued during year										
22.	Other changes to in force (Net) In force December 31 of current year	(5)	(1,124,559).							(5)	(1,124,559)
23.	In force December 31 of current year	59	4,182,474		(a)					59	4,182,474

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

ACCIDENT AND HEALTH INSURANCE

	7.00.02.11.7.11.0.11.2.12.1					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (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)	\ <u> </u>				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1 1	2	3	Δ	5
		'		3	"	,
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance.					15,261
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)					15,261
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	s of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

				Credit Life	(Group and						
		Ordi	nary	Indiv	idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
	T DEATH BENEFITS AND MATURED ENDOWMENTS										
INCUR	RED										
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
Settled	during current year:										
18.1	By payment in full										
18.2											
18.3	By payment on compromised claims										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	22	1,479,608		(a)					22	1,479,608
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(95,000).							(1)	(95,000)
23.	In force December 31 of current year	21	1,384,608		(a)					21	1,384,608

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	•			•	,	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	8,582				8,582
2	Annuity considerations					
3	Deposit-type contract funds		XXX		xxx	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	8,582				8,582
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	·				·
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3).					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits			11,582		11,582
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals			11,582		11,582
Detail	s of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
18.1 18.2	Unpaid December 31, prior year										
18.3 18.4 18.5 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					
20. 21.	In force December 31, prior year	14	807,991		(a)					14	807,991
22. 23.	Issued during year Other changes to in force (Net) In force December 31 of current year		(100,000).		(a)					(1) 13	(100,000)

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1 1	2	3	4	5
		'	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	1,286				1,286
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	1,286				1,286
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in:	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits.					
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health.					
15	Totals					
Details	s of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	, , , , , , , , , , , , , , , , , , , ,										
		Ordii	nary		(Group and ridual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
18.1 18.2 18.3	Unpaid December 31, prior year										
18.4 18.5 18.6 19.	Amount rejected										
20. 21. 22.	POLICY EXHIBIT In force December 31, prior year. Issued during year. Other changes to in force (Net).									2	45,000
23.	In force December 31 of current year	2	45,000		(a)					2	45,000

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·			•	•	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	755				755
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4).	755				755
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit.					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	Cwedit Life (Cver					•

		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16. 17. Settlee 18.1 18.2 18.3 18.4 18.5 18.6	Unpaid December 31, prior year. Incurred during current year. d during current year: By payment in full By payment on compromised claims. Totals paid. Reduction by compromise. Amount rejected. Total settlements.										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT					No. of Policies					
20. 21. 22.	In force December 31, prior year Issued during year Other changes to in force (Net)									2	65,000
23.	In force December 31 of current year		65,000		(a)					2	65,000

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

ACCIDENT AND HEALTH INSURANCE

	AGGIDENT AND TIEAE					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b).					
24.2	Credit (Group and Individual) Collectively renewable policies/certificates (b)					
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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	0	0		-
		1 '	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	5,587				5,58
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	5,587				5,58
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3).					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

				Credit Life	(Group and						
		Ordii	nary	Indivi	idual)	Gro	oup	Indu	strial	Tot	al
		1	2	3	4	5	6	7	8	9	10
				No. of Ind.							
		No. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
DIRECT	DEATH BENEFITS AND MATURED ENDOWMENTS										
INCUR	RED										
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	Other changes to in force (Net)				(a)						

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

ACCIDENT AND HEALTH INSURANCE

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	1 4	5
l		'		3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	4.791	,			4.791
2	Annuity considerations	,				,
3	Deposit-type contract funds		xxx		XXX	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)					4,791
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annui	,					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16. 17. Settled 18.1 18.2 18.3 18.4 18.5 18.6	Unpaid December 31, prior year. Incurred during current year. d during current year: By payment in full. By payment on compromised claims. Totals paid. Reduction by compromise. Amount rejected. Total settlements.										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20. 21. 22.	In force December 31, prior year									5	495,000
23.	In force December 31 of current year		495,000		(a)						495,000

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000 | 495,000

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	44,753				44,753
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	44,753				44,753
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	25,000				25,000
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	25,000				25,000
	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

						· · · · · · · · · · · · · · · · · · ·					
		Ordi	narv		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED			·							·
16.	Unpaid December 31, prior year	1 ,	96,429							1	96,429
17.	Incurred during current year		(71,429).								(71,429)
Settle	d during current year:										
18.1	By payment in full	1	25,000							1	25,000
18.2	By payment on compromised claims										
18.3	Totals paid. Reduction by compromise. Amount rejected. Total settlements.	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	66	5,647,496		(a)						5,647,496
21.	Issued during year Other changes to in force (Net) In force December 31 of current year										
22.	Other changes to in force (Net)	(1)	(25,000).							(1)	(25,000)
23.	In force December 31 of current year	65	5,622,496		(a)					65	5,622,496

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·			•	•	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	3.823	,			3.823
2	Annuity considerations					
3	Deposit-type contract funds		XXX		xxx	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)					3,823
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					,
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	s of Write-Ins					
1302.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		1		0	(0	1		i i	•	1	
		Ordi	narv		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16. 17.	Unpaid December 31, prior year. Incurred during current year. d 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).										
19.	POLICY EXHIBIT					No. of Policies					
20. 21.	In force December 31, prior year	6	443,000		(a)					6	443,000
22. 23.	Other changes to in force (Net)	6	443,000		(a)					6	443,000

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.	100,813				100,813
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	100,813				100,813
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	10,000				10,000
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.	14,643				14,643
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	24,643				24,643
Details	of Write-Ins					
1301.						
1302.						
1303.						
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	, , , , , , , , , , , , , , , , , , , ,										
		Ordi	narv		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year	3	10,000								10,000
Settle	d during current year:										
18.1	By payment in full	3	10,000								10,000
18.2	By payment in full By payment on compromised claims										
18.3	Totals paid. Reduction by compromise. Amount rejected. Total settlements.		10,000							3	10,000
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements		10,000							3	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	155	9,611,645		(a)						9,611,645
21.	Issued during year Other changes to in force (Net) In force December 31 of current year										
22.	Other changes to in force (Net)	(7)	(269,446).							(7)	(269,446)
23.	In force December 31 of current year	148	9,342,199		(a)					148	9,342,199

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ | 148 | 9,342,199 | | (a) | (b) | (a) | (b) | (c) | (c)

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.	10,124				10,124
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	10,124				10,124
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	s of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordir	nary		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS RED										
16. 17.	Unpaid December 31, prior year. Incurred during current year. d 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					No. of Policies					
20. 21. 22.	In force December 31, prior year Issued during year Other changes to in force (Net)									13	774,343
23.	In force December 31 of current year										

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	17,001				17,001
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	17,001				17,001
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	20,000				20,000
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	20,000				20,000
	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	· · · · · · · · · · · · · · · · · · ·										
		Ordi	narv		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS										
16.	Unpaid December 31, prior year	1	38,571							1	38,571
17.	Incurred during current year	2	56,429							2	56,429
Settle	d during current year:										
18.1	By payment in full	2	20,000							2	20,000
18.2	By payment on compromised claims										
18.3	Totals paid Reduction by compromise. Amount rejected Total settlements	2	20,000							2	20,000
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	2	20,000							2	20,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	75,000							1	75,000
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	34	1,413,308		(a)					34	1,413,308
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23.	In force December 31 of current year	33	1,403,308		(a)					33	1,403,308

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

ACCIDENT AND HEALTH INSURANCE

	7.00.02.11.7.11.0					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual) Collectively renewable policies/certificates (b)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	9,764				9,764
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	9,764				9,764
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					19,179
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	19,179				19,179
	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordir	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year	3								3	
Settle	d during current year:										ı
18.1	By payment in full	3								3	
18.2	By payment in full										
18.3	Totals paid	3								3	
18.4	Reduction by compromise										
18.5	Amount rejected Total settlements										
18.6	Total settlements	3								3	
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies			•		
20.	In force December 31, prior year	21 .	805,805		(a)					21	805,805
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(40,000)							(1)	(40,000)
23.	In force December 31 of current year	20	765,805		(a)					20	765,805

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ | Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ |

ACCIDENT AND HEALTH INSURANCE

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

					-	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1		4.910			iliuusillal	4.910
1	Life insurance Annuity considerations	4,910				4,910
2	•		XXX		XXX	
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations	4010				4010
3	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	4,910				4,910
Life inc	BURECT DIVIDENDS TO POLICIFICIDED RS/REFONDS TO MEMBERS					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	· · · · · · · · · · · · · · · · · · ·					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	of Write-Ins					
1301.						
1302.						
1303.	Our and the state of the state					
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		1		0	(O	1		i i	•	1	
		Ordi	narv		(Group and idual)	Gre	oup	Indu	etrial	To	tal
		1	2	3	Δ	5	6	7	8	9	10
		· ·	-	Ü	_	Ü	Ŭ	,	J	,	10
				No. of Ind.							
		No. of Pols. & Certifs.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year										
Settle	d during current year:										
18.1	By payment in full										
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)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	15	569,014		(a)					15	569,014
21.	Issued during year Other changes to in force (Net)										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	15	569,014		(a)					15	569,014

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·				•	
		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance					2.951
2	Annuity considerations					2,50.
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)					2.951
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					_,
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	` '					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	s of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	Credit Life (Cr	•				•

		Ordir	nary		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS										
16. 17.	Unpaid December 31, prior year. Incurred during current year. Iduring current year: By payment in full. By payment on compromised claims. Totals paid. Reduction by compromise										
	POLICY EXHIBIT					No. of Policies					
20. 21. 22.	In force December 31, prior year		167							3	175,437
23.	In force December 31 of current year		175,604		(a)					1 3	175,604

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

ACCIDENT AND HEALTH INSURANCE

	AGGIDENT AND TIEAE					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b) Credit (Group and Individual) Collectively renewable policies/certificates (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	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.	17,136				17,136
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	17,136				17,136
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in:	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					20,855
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	20,855				20,855
	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	, , , , , , , , , , , , , , , , , , , ,	,									
		Ordir	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year	2								2	
Settle	d during current year:										
18.1	By payment in full	2								2	
18.2	By payment on compromised claims										
18.3	Totals paid	2								2	
18.4	Totals paid. Reduction by compromise. Amount rejected. Total settlements.										
18.5	Amount rejected										
18.6	Total settlements	2								2	
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	39 .	1,602,408		(a)					39	1,602,408
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(97.171)							(2)	(97,171)
23.	In force December 31 of current year	37 .	1,505,237		(a)					37	1,505,237

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	Δ	5
		!	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	10,122				10,122
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	10,122				10,122
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in:	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals.					
	s of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6	Unpaid December 31, prior year. Incurred during current year. d during current year: By payment in full. By payment on compromised claims. Totals paid. Reduction by compromise. Amount rejected. Total settlements.										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20. 21. 22.	In force December 31, prior year									10	876,225
23.	In force December 31 of current year	10	876,225		(a)					10	876,225

| 10 | 876,225 | (a) | (a) | (b) | (b) | (b) | (c) | (c) | (c) | (d) | (d) | (e) | (

ACCIDENT AND HEALTH INSURANCE

	AGGIDENT AND TIEAE					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b).					
24.2	Credit (Group and Individual) Collectively renewable policies/certificates (b)					
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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·			•	•	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance					
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	urance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities.					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)	· · · · · · · · · · · · · · · · · · ·				
8	Paid in cash or left on deposit. Applied to provide paid-up annuities. Other. Totals (Sum of Lines 7.1 to 7.3). Grand Totals (Lines 6.5 + 7.4).	M				
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health.					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	Cradit Life (Cray					•

	Ordi	narv		(Group and idual)	Gro	oup	Indu	strial	Tot	ral
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENT	rs									
INCURRED 16. Unpaid December 31, prior year			10							
POLICY EXHIBIT					No. of Policies					
In force December 31, prior year Issued during year				(a)						
22. Other changes to in force (Net) 23. In force December 31 of current year				(a)						

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

ACCIDENT AND HEALTH INSURANCE

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·			•	•	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance					
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	urance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities.					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)	<u> </u>				
8	Paid in cash or left on deposit. Applied to provide paid-up annuities. Other. Totals (Sum of Lines 7.1 to 7.3). Grand Totals (Lines 6.5 + 7.4).					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health.					
15	Totals					
Details	of Write-Ins					
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	Oradit Life (Oran					

				Credit Life	(Group and						
		Ordii	nary	Indivi	idual)	Gro	oup	Indu	strial	Tot	tal
		1	2	3	4	5	6	7	8	9	10
				No. of Ind.							
		No. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
DIRECT	DEATH BENEFITS AND MATURED ENDOWMENTS										
INCURI	RED										
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	Other changes to in force (Net)				(a)						

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

ACCIDENT AND HEALTH INSURANCE

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	20,970				20,970
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)	20,970				20,970
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period 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 annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts	8,703				8,703
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	8,703				8,703
	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordir	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year	2								2	
Settle	d during current year:										
18.1	By payment in full	2								2	
18.2	By payment on compromised claims										
18.3	By payment on compromised claims	2								2	
18.4	Reduction by compromise										
18.5	Amount rejected Total settlements										
18.6	Total settlements	2								2	
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	30 .	1,760,596		(a)					30	1,760,596
21.	Issued during year Other changes to in force (Net)										
22.	Other changes to in force (Net)	(2)	(129,000).							(2)	(129,000)
23.	In force December 31 of current year	28 .	1,631,596		(a)					28	1,631,596

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·				,	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	19,415				19,415
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	19,415				19,415
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in:	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annuit	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities.					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	8,000				8,000
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	8,000				8,000
	of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

				Cradit Life	(Croup and				•		
		Ordir	narv		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. &		No. of Ind. Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS RED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year	1	8,000							1	8,000
Settle	d during current year:										
18.1	By payment in full	1	8,000							1	8,000
18.2	By payment on compromised claims										
18.3	Totals paid. Reduction by compromise. Amount rejected. Total settlements.	1	8,000							1	8,000
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	1	8,000							1	8,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	31 .	1,335,584		(a)					31	1,335,584
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(7.751)							(1)	(7,751)
23.	In force December 31 of current year	30	1,327,833		(a)					30	1,327,833

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

ACCIDENT AND HEALTH INSURANCE

	AGGIDENT AND TIEAE					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b).					
24.2	Credit (Group and Individual) Collectively renewable policies/certificates (b)					
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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	2,221				2,221
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	2,221				2,221
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Detail	s of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	To	al
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16. 17.	Unpaid December 31, prior year. Incurred during current year. d 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).										
19.	POLICY EXHIBIT		***************************************			No. of Policies			***************************************		
20. 21. 22.	In force December 31, prior year Issued during year Other changes to in force (Net)									3	318,000
23.	In force December 31 of current year		318,000		(a)						318,000

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

ACCIDENT AND HEALTH INSURANCE

	AGGIDENT AND TIEAE					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b).					
24.2	Credit (Group and Individual) Collectively renewable policies/certificates (b)					
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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1		_		_
		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance					1,259
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)					1,259
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits.					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	s of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordinary			(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS										
16. 17.	Unpaid December 31, prior year. Incurred during current year. d during current year: By payment in full. By payment on compromised claims. Totals paid. Reduction by compromise.	2								2	
18.6 19.	Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									2	
20. 21. 22. 23.	POLICY EXHIBIT In force December 31, prior year				(a)						

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

			1		1	1
		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	564	una marradan)	отопр	madoman	564
2	Annuity considerations.					
3	Deposit-type contract funds		XXX		xxx	
4	Other considerations				,	
5	Totals (Sum of Lines 1 to 4)					564
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	` '					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

				Credit Life	(Group and						
		Ordi	nary	Indiv	idual)	Gro	oup	Indu	strial	Tot	tal
		1	2	3	4	5	6	7	8	9	10
				No. of Ind.				l			
		No. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
	ITS AND MATURED ENDOWMENTS										
INCURRED											
16. Unpaid Decem	ber 31, prior year										
17. Incurred during	current year										
Settled during current y											
18.1 By payment in	full										
18.2 By payment on	compromised claims										
18.3 Totals paid											
18.4 Reduction by c	compromised claims										
18.5 Amount rejecte	ed										
18.6 Total settlemer	nts										
19. Unpaid Dec. 31	, current year (Lines 16 + 17 - 18.6)										
F	POLICY EXHIBIT					No. of Policies					
In force Decem	ber 31, prior year				(a)						
21. Issued during y	rearr										
Other changes	to in force (Net)										
23. In force Decem	ber 31 of current year				(a)						

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 /1115 112/12					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	· · · · · · · · · · · · · · · · · · ·				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	
		1	l l		1	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
	ife insurance.	1,728	,	,		1,728
2 A	Innuity considerations					
3 D	Peposit-type contract funds		XXX		XXX	
4 0	Other considerations					
5 To	otals (Sum of Lines 1 to 4)	1,728				1,728
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insura	ance:					
6.1 P	Paid in cash or left on deposit					
6.2 A	pplied to pay renewal premiums					
6.3 A	pplied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 0)ther					
6.5 To	otals (Sum of Lines 6.1 to 6.4)					
Annuities						
7.1 P	Paid in cash or left on deposit					
7.2 A	applied to provide paid-up annuities					
	Other					
7.4 To	otals (Sum of Lines 7.1 to 7.3)					
3 G	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
∂ D	eath benefits					
10 M	Natured endowments					
11 A	nnuity benefits					
12 S	Surrender values and withdrawals for life contracts					
13 A	ggregate write-ins for miscellaneous direct claims and benefits paid					
14 A	Il other benefits, except accident and health					
15 To	otals					
Details of	Write-Ins					
1301						
1302						
1303						
1398. S	Summary of remaining write-ins for Line 13 from overflow page					
1399. T	otals (Lines 1301 through 1303 + 1398) (Line 13 above)					

				Credit Life	(Group and						
		Ordi	nary	Indiv	idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
				No. of Ind.							
		No. of Pols. & Certifs.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT	T DEATH BENEFITS AND MATURED ENDOWMENTS	OCITII3.	Amount	OCITII3.	Amount	Octurs.	Amount	OCITII3.	Amount	OCITII3.	Amount
INCURI											
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
Settled	during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total cattlements										
18.3	Totals paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
10.0	iotal settients										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.	28,114				28,114
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	28,114				28,114
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3).					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	20,000				20,000
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	20,000				20,000
Details	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	, ,										
		Ordi	narv		(Group and	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year		20,000							3	20,000
Settle	d during current year:										
18.1	By payment in full		20,000							3	20,000
18.2	By payment on compromised claims										
18.3	Totals paid. Reduction by compromise. Amount rejected. Total settlements.		20,000							3	20,000
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements		20,000							3	20,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	78	2,237,601		(a)					78	2,237,601
21.	Issued during yearOther changes to in force (Net)										
22.	Other changes to in force (Net)		(19,446)							(3)	(19,446)
23.	In force December 31 of current year		2,218,155		(a)					75	2,218,155

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1 1	2	3	4	5
		'	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	2,965				2,965
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	2,965				2,965
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities.					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS										
16. 17.	Unpaid December 31, prior year. Incurred during current year. d 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					No. of Policies					
20. 21. 22.	In force December 31, prior year Issued during year Other changes to in force (Net)										120,086
23.	In force December 31 of current year		120.086	l	I(a)	1		1	I	1	120.08

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\ -				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	1 4	5
		'		3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	9.072	,			9.072
2	Annuity considerations	,				,
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)					9,072
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	·				
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	reture (Emise ree : amedgi: reee : reze) (Emis re us	1				1		<u>'</u>	'	1	
		Ordi	narv		(Group and idual)	Gre	oup	Indu	etrial	To	tal
		1	2	3	Δ	5	6	7	8	9	10
		· ·	-	Ü	-	Ü	Ŭ	,	J		10
				No. of Ind.							
		No. of Pols. & Certifs.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED	ocitio.	runount	ocitio.	7 anount	ocraio.	7 unount	ocitio.	Amount	ocruio.	Announc
16.	Unpaid December 31, prior year Incurred during current year										
17.	Incurred during current year										
Settle	d during current year:										
18.1	By payment in full										
18.2	By payment in full										
18.3	Totals paid										
18.4	Peduction by compromise										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	16	991,180		(a)					16	991,180
21.	Issued during year Other changes to in force (Net)										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	16	991,180		(a)					16	991,180

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.	36,766				36,766
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	36,766				36,766
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	,					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	5,000				5,000
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					3,111
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	8,111				8,111
	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordir	narv		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
	T DEATH BENEFITS AND MATURED ENDOWMENTS										
INCUR	Unpaid December 31, prior year										
17.	Incurred during current year	2	5,000							2	5,000
Settled	during current year:										
18.1	By payment in full									2	5,000
18.2	By payment on compromised claims										
18.3 18.4	Totals paid	2	5,000							2	5,000
18.5	Reduction by compromise										
18.6	Total settlements	2	5.000							2	5.000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	82 .	3,859,178		(a)					82	3,859,178
21.	Issued during year										
22.	Other changes to in force (Net)	(7)	(465,769).		, ,					(7)	(465,769)
23.	in force December 31 of current year	/5 .	3,393,409		(a)					/5	3,393,409

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	•			•	•	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	3.541				3.541
2	Annuity considerations					
3	Deposit-type contract funds		XXX		xxx	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)	3,541				3,541
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	·				
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits			22,369		22,369
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals			22,369		22,369
Detail	s of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordin	narv.	Credit Life (Indivi	(Group and	Gro	NID.	Indu	etrial	To	tal
		1	2	3	4	5	6 6	7	8	9	10
		1	2	3	4	5	0	/	0	9	10
				No. of Ind.							
	No	. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURE	D ENDOWMENTS										
INCURRED											
16. Unpaid December 31, prior year											
17. Incurred during current year											
Settled during current year:											
18.1 By payment in full											
18.2 By payment on compromised cla											
18.3 Totals paid											
18.4 Reduction by compromise											
18.4 Reduction by compromise											
18.6 Total settlements											
19. Unpaid Dec. 31, current year (Line	es 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20. In force December 31, prior year		8	645,550		(a)					8	645,550
21. Issued during year											
22. Other changes to in force (Net)		(2)	(230,000)							(2)	(230,000)
23. In force December 31 of current y										6	415,550

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2022 $\,$

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance					
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in:	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities.					
7.3	Other	· · · · · · · · · · · · · · · · · · ·				
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Applied to provide paid-up annuities. Other Totals (Sum of Lines 7.1 to 7.3). Grand Totals (Lines 6.5 + 7.4)	<u></u>				
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	·					

				Credit Life	(Group and						
		Ordii	nary	Indivi	idual)	Gro	oup	Indu	strial	Tot	tal
		1	2	3	4	5	6	7	8	9	10
				No. of Ind.							
		No. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
DIRECT	DEATH BENEFITS AND MATURED ENDOWMENTS										
INCURI	RED										
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	Other changes to in force (Net)				(a)						

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

ACCIDENT AND HEALTH INSURANCE

	7.00152111 7.115 1127(2)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual) Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\ -				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2022 $\,$

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance.	,	,			
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)	···				
8	Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	Cradit Life (Grou			·	1	

				Credit Life	(Group and						
		Ordii	nary	Indivi	idual)	Gro	oup	Indu	strial	Tot	tal
		1	2	3	4	5	6	7	8	9	10
				No. of Ind.							
		No. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
DIRECT	DEATH BENEFITS AND MATURED ENDOWMENTS										
INCURI	RED										
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	Other changes to in force (Net)				(a)						

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

ACCIDENT AND HEALTH INSURANCE

	7.00152111 7.115 1127(2)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual) Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·			•	,	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	1.296	,			1.296
2	Annuity considerations					,
3	Deposit-type contract funds		XXX		xxx	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)					1,296
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	,				,
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	s of Write-Ins					
1302.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	, ,										
		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16. 17. Settle 18.1 18.2 18.3	Unpaid December 31, prior year Incurred during current year during current year: By payment in full By payment on compromised claims										
18.4 18.5 18.6 19.	Totals paid. Reduction by compromise. Amount rejected. Total settlements. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
20. 21. 22.	POLICY EXHIBIT In force December 31, prior year Issued during year Other changes to in force (Net)									1	50,000
23.	In force December 31 of current year	1	50,000		(a)						50,000

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\ -				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.	18,114				18,114
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	18,114				18,114
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	· · · · · · · · · · · · · · · · · · ·					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	35,000				35,000
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	35,000				35,000
Detail	s of Write-Ins					
1301.						
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordi	narv		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year										
17.	Unpaid December 31, prior year Incurred during current year	1	35,000							1	35,000
Settle	d during current year:										
18.1	By payment in full	1	35,000							1	35,000
18.2	By payment on compromised claims										
18.3	Totals paid. Reduction by compromise. Amount rejected. Total settlements.		35,000							1	35,000
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	1	35,000							1	35,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		1,252,989		(a)					35	1,252,989
21.	Issued during yearOther changes to in force (Net)In force December 31 of current year										
22.	Other changes to in force (Net)		(57,156)							(2)	(57,156)
23.	In force December 31 of current year	33	1,195,833		(a)					33	1,195,833

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\ .				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.	1,102				1,102
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	1,102				1,102
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3).					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits.					
10	Matured endowments.					
10	Annuity benefits.					
12 13	Surrender values and withdrawals for life contracts					
14	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14						
Datail	Totalss of Write-Ins					
	S OT WITTE-INS					
1301.						
1302.						
	Summary of remaining write-ins for Line 13 from overflow page					
	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
1399.	iorais (Filies 1901 filiougii 1905 + 1930) (Filie 19 above)					

	`										
		Ordii	nary		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16. 17.	Unpaid December 31, prior year										
18.1 18.2	By payment in full. By payment on compromised claims										
18.3 18.4	Totals paid. Reduction by compromise										
18.5 18.6	Amount rejected Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20. 21.	In force December 31, prior year Issued during year Other changes to in force (Net)									3	260,000
22. 23.	In force December 31 of current year	3	260,000		(a)					3	260,000

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\ -				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	•			'	,	
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	13,546				13,546
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)	13,546				13,546
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3 6.4	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annui	· ·					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	10,000				10,000
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	10,000				10,000
	s of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	, , , , , , , , , , , , , , , , , , , ,	,									
		Ordir	narv		(Group and idual)	Gro	oup	Indu	strial	То	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED										
16.	Unpaid December 31, prior year Incurred during current year										
17.	Incurred during current year		10,000							1	10,000
Settle	d during current year:										
18.1	By payment in full		10,000							1	10,000
18.2	By payment in full										
18.3	Totals paid. Reduction by compromise. Amount rejected. Total settlements.	1	10,000							1	10,000
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements		10,000							1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	25 .	1,172,354		(a)					25	1,172,354
21.	Issued during year										
22.	Issued during year Other changes to in force (Net)	(2)	(44,400)							(2)	(44,400)
23.	In force December 31 of current year	23 .	1,127,954		(a)					23	1,127,954

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

ACCIDENT AND HEALTH INSURANCE

	7.00.02.11.7.11.0.11.2.12.1					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (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)	\ <u> </u>				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1 -				_
		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	3,834				3,834
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	3,834				3,834
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3).					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordir	nary		(Group and idual)	Gro	oup	Indu	strial	To	tal
		1	2	3	4	5	6	7	8	9	10
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS										
16. 17.	Unpaid December 31, prior year. Incurred during current year. Iduring 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					No. of Policies					
20. 21. 22.	In force December 31, prior year									4	374,000
23.	In force December 31 of current year	4	374,000		(a)					4	374,000

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

ACCIDENT AND HEALTH INSURANCE

	/(00152111 / 1115 112/12)					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Federal Employees Health Benefits Plan premium (b). Credit (Group and Individual). Collectively renewable policies/certificates (b).					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees.					
	Other Individual Policies:					
25.1	Non-cancelable (b)	\ 				
25.2	Guaranteed renewable (b)	\ -				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2022 $\,$

NAIC Group Code: 4918 NAIC Company Code: 86371

	·				-	
		1	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	246				246
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)	246				246
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities.					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					
	Credit Life (Creu			•		•

	Ordi	narv		(Group and idual)	Gr	oup	Indu	etrial	Tot	al
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWME	ENTS									
INCURRED 16. Unpaid December 31, prior year			10							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)				(a)						

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

ACCIDENT AND HEALTH INSURANCE

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1	2	3	4	5
		'	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance					8,603
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	8,603				8,603
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4).					
Annuit	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits.					
10	Matured endowments					
11	Annuity benefits.					
12	Surrender values and withdrawals for life contracts.					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
Details	of Write-Ins					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		Ordii	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10	
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount	
DIREC	CT DEATH BENEFITS AND MATURED ENDOWMENTS RRED											
16. 17. Settled 18.1 18.2 18.3 18.4 18.5 18.6	Unpaid December 31, prior year. Incurred during current year. d during current year: By payment in full. By payment on compromised claims. Totals paid. Reduction by compromise. Amount rejected. Total settlements.											
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
	POLICY EXHIBIT	1				No. of Policies						
20. 21. 22.	In force December 31, prior year Issued during year Other changes to in force (Net)									15	1,032,855	
23.	In force December 31 of current year	15	1,032,855		(a)					15	1,032,855	

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) 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	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

		1 1	2	3	4	5
		'	2	3	4	5
			Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	720				720
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4)	720				720
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits.					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health.					
15	Totals					
	s of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

					(Group and							
		Ordir	Ordinary		Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10	
											I	
				No. of Ind.		_					I	
		No. of Pols. &		Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	l	
		Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	
DIREC	F DEATH BENEFITS AND MATURED ENDOWMENTS RED											
16.	Unpaid December 31, prior year											
17.	Incurred during current year											
	during current year:										I	
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 Total settlements											
18.6	Total settlements		-									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
	POLICY EXHIBIT					No. of Policies						
20.	In force December 31, prior year				(a)							
21.	Issued during year											
22.	Other changes to in force (Net)											
23.	In force December 31 of current year				(a)							

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

ACCIDENT AND HEALTH INSURANCE

	7.00.02.11.7.11.0					
		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual) Collectively renewable policies/certificates (b)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

LIFE INSURANCE

GRAND TOTAL DURING THE YEAR 2022

NAIC Group Code: 4918 NAIC Company Code: 86371

	·					
		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	470.145	,			470.145
2	Annuity considerations					,
3	Deposit-type contract funds		XXX		xxx	
4	Other considerations.					
5	Totals (Sum of Lines 1 to 4).	470,145				470,145
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	•				·
Life ins	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ies:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	133,000				133,000
10	Matured endowments					
11	Annuity benefits			33,951		33,951
12	Surrender values and withdrawals for life contracts	66,491				66,491
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals	199,491		33,951		233,442
Details	of Write-Ins					
1302.						
1303.						
	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	· · · · · · · · · · · · · · · · · · ·											
		Ordi	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10	
		No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount	
DIREC	T DEATH BENEFITS AND MATURED ENDOWMENTS											
16.	Unpaid December 31, prior year	2	135,000							2	135,000	
17.	Unpaid December 31, prior year Incurred during current year	23	148,000							23	148,000	
Settle	d during current year:											
18.1	By payment in full	23	133,000							23	133,000	
18.2	By payment on compromised claims											
18.3	Totals paid. Reduction by compromise. Amount rejected. Total settlements.	23	133,000							23	133,000	
18.4	Reduction by compromise											
18.5	Amount rejected											
18.6	Total settlements	23	133,000							23	133,000	
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	150,000							2	150,000	
	POLICY EXHIBIT					No. of Policies						
20.	In force December 31, prior year	816	46,484,032		(a)					816	46,484,032	
21.	Issued during year											
22.	Other changes to in force (Net)	(39).	(2,748,270)							(39)	(2,748,270)	
23.	In force December 31 of current year	777	43,735,762		(a)					777	43,735,762	

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

ACCIDENT AND HEALTH INSURANCE

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

OVERFLOW PAGE FOR WRITE-INS