

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	.4918, 4918 NAIC Company Co (Current) (Prior)	de 86371 Employer's ID Number 31-0522223
Organized under the Laws of	NJ	State of Domicile or Port of EntryNJ
Country of Domicile	US	
Licensed as business type:	Life, Accident & Health	Is HMO Federally Qualified?NO
		Commenced Business 02/06/1948
•		Jersey City, NJ, US 07302
	30 Montgomery Street	
Ivialii Adiiiiiistiative Oiiice		
	Jersey City, NJ, 03 07302	
Mail Address	20 Montgomony Street	(Telephone)
	30 Montgomery Street	Jersey City, NJ, US 07302
Primary Location of Books and	20 Montgomony Street	
Records	30 Montgomery Street	
	Jersey City, NJ, 05 07302	
Later at Make Stee Address		(Telephone)
	www.cloverhealth.com	
Statutory Statement Contact	Terrence Ronan	201-432-2133
		(Telephone)
	registeredagent@cloverhealth.cor	n
	(E-Mail)	(Fax)
	OF	FICERS
Jamie Reynoso#, CEO,		Wendy Richey, Chief Medicare Compliance Officer
	ler, CFO	Rachel Fish, Chief People Officer
Jook Len		THER
Pay Cogen# Chief	Medical Officer	Karen Soares#, General Counsel and Secretary
Rdy Gogen#, Giner		OR TRUSTEES
Dohout T		
Robert To		Vivek Garipalli
Edward		Justin Doheny
lan Dur	ican#	
State of		
County of		
County of		
on the reporting period stated abording any liens or claims thereon, except contained, annexed or referred to entity as of the reporting period succordance with the NAIC Annual law may differ; or, (2) that state rote to the best of their information, kincludes the related corresponding	ove, all of the herein described assets of as herein stated, and that this stated, is a full and true statement of all the tated above, and of its income and del Statement Instructions and Accountules or regulations require differences nowledge and belief, respectively. Fur g electronic filing with the NAIC, when	say that they are the described officers of said reporting entity, and that were the absolute property of the said reporting entity, free and clear from ment, together with related exhibits, schedules and explanations therein assets and liabilities and of the condition and affairs of the said reporting eductions therefrom for the period ended, and have been completed in ing Practices and Procedures manual except to the extent that: (1) state in reporting not related to accounting practices and procedures, according thermore, the scope of this attestation by the described officers also a required, that is an exact copy (except for formatting differences due to be requested by various regulators in lieu of or in addition to the enclosed
X	x	<u> </u>
Jamie Reynoso CEO, Medicare Advantage	Terrence Ronan Interim CFO	
Subscribed and sworn to before r	ne	a. Is this an original filing? Yes
this	day of	b. If no:
	•	1. State the amendment number:
, 202	24	2. Date filed:
		3. Number of pages attached:

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	212,161					827,562
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)	212,161	363,197	252,205	756,032	756,032	827,562

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	15,519,296	15,519,296	15,519,296	21,003,728	21,003,728	46,557,887
0199999 - Pharmaceutical Rebate Receivables	15,519,296	15,519,296	15,519,296	21,003,728	21,003,728	46,557,887
0299998 - Aggregate of Amounts Not Individually Listed				15,206,555	11,737,386	
0299999 - Claim Overpayment Receivables				15,206,555	11,737,386	
0799999 - Gross Health Care Receivables	15,519,296		15,519,296		32,741,114	50,027,056

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

				Health Care Receivables Ac	crued as of December 31 of	5	6
		Health Care Receivables Colle	ected or Offset During the Year	Currer	nt Year		
		1	2	3	4		
							Estimated Health Care
		On Amounts Accrued Prior to	On Amounts Accrued During		On Amounts Accrued During	Health Care Receivables from	Receivables Accrued as of
	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
1.	Pharmaceutical rebate receivables	65,665,202	120,079,327	3,789,632	63,771,983	69,454,834	69,454,862
2.	Claim overpayment receivables	15,389,808	6,730,025	10,600,961	4,605,594	25,990,769	16,931,092
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)	81,055,010	126,809,353	14,390,593	68,377,577	95,445,603	86,385,954

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

2	3	4	5	6	7						
1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total						
	6,644,021	2,247,148	580,169	1,692,297							
	6,644,021	2,247,148	580,169	1,692,297							
					94,322,508						
0799999 - Total claims unpaid 128,700,008											
0899999 - Accrued medical incentive pool and bonus amounts											
	23,213,865	23,213,865 6,644,021	23,213,865	23,213,865 6,644,021 2,247,148 580,169	23,213,865 6,644,021 2,247,148 580,169 1,692,297						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Clover HMO of new Jersey, LLC	4,150					4,150	
0199999 - Individually listed receivables	4,150					4,150	
0399999 - Total gross amounts receivable	4,150					4,150	

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	Medical Costs Services Agreement			
	Expense paid on behalf of Company		33,068	
Clover Health, LLC	Management Services Agreement	8,020,287		
0199999 - Individually listed payable		8,603,317	8,603,317	
0399999 – Total gross payables		8,603,317	8,603,317	

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		1.113	3,305	4.261	10,454,152	
2. Intermediaries						
3. All other providers						
4. Total capitation payments		1.113	3,305	4.261	10,454,152	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	923,549,239	98.324	XXX	XXX		923,549,239
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX	5,283,950	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	928,833,189	98.887	XXX	XXX	5,283,950	923,549,239
13. Total (Line 4 plus Line 12)	939,287,341	100.000 %	XXX	XXX	15,738,102	923,549,239

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	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	•		

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	<u> </u>					
4.	Durable medical equipment	~					
5.	Other property and equipment						
6.	Total						



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 2023

		'	Comprehensi Med			3		Federal	o l	,	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								78						
2.	First Quarter								54						
3.	Second Quarter								47						
4.	Third Quarter								45						
5.	Current Year								43						
6.	Current Year Member Months	576							576						
Tota	l Member Ambulatory Encounters for Year:														
7.	Physician	606							606						
8.	Non-Physician								136						
9.	Total	742							742						
10.	Hospital Patient Days Incurred								59						
11.	Number of Inpatient Admissions.	9							9						
12.	Health Premiums Written (b)	557,483							557,483						
13.	Life Premiums Direct	606													606
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	557,483							557,483						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	845,344							845,344						
18.	Amount Incurred for Provision of Health Care Services	850,354							850,354						

⁽a) For health business: number of persons insured under PPO managed care products 43 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 \$ 557,483



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 2023

		'	Comprehensi Med		_			Federal	J		10	'''	12	15	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	112							112						
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)	43,068							43,068						
13.	Life Premiums Direct	6,525													6,525
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	43,068							43,068						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services								11,801						
18.	Amount Incurred for Provision of Health Care Services	11,870							11,870						
		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 \$ 43,068



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 2023

		'		ve (Hospital & lical)	4	5	6	/ Federal	8	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	28,502													28,502
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 COLORADO DURING THE YEAR 2023

			Comprehensi Med	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														
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	16,346													16,346
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 CONNECTICUT DURING THE YEAR 2023

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Tatal	2	3	Medicare	Vision Only	Dontal Only	Employees Health Benefits Plan	Title XVIII	Title XIX	Onedia ARII	Disability	Long-Term	Othor Hoolth	Other Non-
Tota	Members at end of:	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
10la 1	Prior Year														
1.															
3.	First Quarter														
3. 4	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	7,212													7,212
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														
10.	Tanicant meaned for Frontier of Freditif Oure del vices														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 2023

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Croup	Medicare	Vision Only	Dontal Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability	Long-Term Care	Other Health	Other Non-
Tota	Members at end of:	iotai	maividuai	Group	Supplement	Vision Uniy	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
101.0	Prior Year														
1.															
2. 3.	First Quarter														
3. 4	Second Quarter														
4.	Third Quarter														
5.	Current Year														
b. —	Current Year Member Months.														
Iota	Member Ambulatory Encounters for Year:														
/.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	1,286													1,286
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														
10.	, undant industria for 1 fortidion of Fleditin Gare Gervices														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 DISTRICT OF COLUMBIA DURING THE YEAR 2023

				ive (Hospital & dical)				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														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Total	Member Ambulatory Encounters for Year:													ı	
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	516													516
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 \$

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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 FLORIDA DURING THE YEAR 2023

		,	Comprehensi Med			Ŭ	Ŭ	Federal	Ü		10	'''	12	15	
			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	5,933													5,933
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services														
		•	•		1	•	•						1	•	

⁽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 GEORGIA DURING THE YEAR 2023

		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	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Tota	al Members at end of:					,	,								
1.	Prior Year	13,020							13,020						
2.	First Quarter	9,410							9,410						
3.	Second Quarter	8,864							8,864						
4.	Third Quarter	8,518							8,518						
5.	Current Year	8,339							8,339						
6.	Current Year Member Months	106,857							106,857						
Tota	al Member Ambulatory Encounters for Year:														
7.	Physician	76,705							76,705						
8.	Non-Physician	23,271							23,271						
9.	Total	99,976							99,976						
10.	Hospital Patient Days Incurred	9,245							9,245						
11.	Number of Inpatient Admissions								1,381						
12.	Health Premiums Written (b)	106,888,450							106,888,450						
13.	Life Premiums Direct	3,905													3,905
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	106,888,450							106,888,450						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services								106,795,132						
18.	Amount Incurred for Provision of Health Care Services	107,428,066							107,428,066						

⁽a) For health business: number of persons insured under PPO managed care products 8,339 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 \$ 106,888,450



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 2023

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Takal	2	3	Medicare	Vision Only	Dontal Only	Employees Health Benefits Plan	Title XVIII	Title XIX	Onedia ARII	Disability	Long-Term Care	Othor Hoolth	Other Non-
Tota	Members at end of:	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
101.0	Prior Year														
1.															
2. 3.	First Quarter														
3. 4	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	44,677													44,677
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														
10.	Amount mounted for 1 Tovioloff of Fleatiff Oure 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 2023

			Comprehensi Med	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:	iotai	marviadar	Group	ouppicment	VISION OTHY	Dentaroniy	Deficition fair	Wicalcure	Wicalcula	Orcall Adir	moome	Odic	Other riculti	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	2,856													2,85
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 ILLINOIS DURING THE YEAR 2023

				ive (Hospital & dical)				Federal			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	98,933													98,933
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 INDIANA DURING THE YEAR 2023

		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
Total	Members at end of:			•		_									
1.	Prior Year														
2.	First Quarter														
3.	Second Quarter														
4.	Third Quarter														
5.	Current Year														
6.	Current Year Member Months														
Total	Member Ambulatory Encounters for Year:														
7.	Physician														
8.	Non-Physician														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	8,628													8,628
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 IOWA DURING THE YEAR 2023

				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														
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	14,228													14,228
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 KANSAS DURING THE YEAR 2023

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		.	2	3	Medicare	\" ·		Employees Health	Title XVIII	Title XIX	0 15 4011	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
lota	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	l 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	7,686													7,686
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 KENTUCKY DURING THE YEAR 2023

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare	Vision Only	Dontal 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:	iotai	IIIuiviuuai	Стоир	Supplement	VISION OTHY	Dental Only	Bellelits Flair	ivieuicare	ivieuicaiu	Credit A&H	IIICOIIIe	Care	Other Health	Пеанн
1014	Prior Year														
2	First Quarter														
3.	Second Quarter														
J. 1	Third Quarter														
-T.	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														4.528
14.	Property/Casualty Premiums Written	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													1,020
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														
10.	, another mounted for a royiologi of a leaffire del vices														

⁽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 LOUISIANA DURING THE YEAR 2023

Total Members at end of: 1. Prior Year 2. First Quarter 3. Second Quarter 4. Third Quarter 5. Current Year 6. Current Year 7. Physician 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 Graned 14. Property/Casualty Premiums Earned 15. Leath Premiums Earned 16. Property/Casualty Premiums Earned 17. Aponunt Paid for Provision of Health Care Services 18. Nano-Physics and Care Amount of the Care Amo		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
Total Members at end of: 1.		F . I	2	3		\" ·		Employees Health			0 15 4011	,			Other Non-
1. Prior Year. 2. First Quarter 3. Second Quarter. 9. Total Member Months 5. Current Year Member Months 9. Total Member Ambulatory Encounters for Year: 7. Physician. 9. Total. 8. Non-Physician. 9. Total. 9. Total. 9. Total. 10. Hospital Patient Days Incurred. 11. Number of Inpatient Admissions. 12. Health Premiums Writte (b). 13. Life Premiums Direct. 13. Life Premiums Direct. 2,591. 14. Property/Casualty Premiums Earned. 14. Property/Casualty Premiums Earned. 16. Property/Casualty Premiums Earned. 14. Property/Casualty Premiums Earned.		lotai	Individual	Group	Supplement	Vision Uniy	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 5. Current Year 6. Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician 7. Physician 8. Non-Physician 9. Total 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 12. Health Premiums Written (b) 13. Life Premiums Direct 2,591 14. Property/Casualty Premiums Written 15. Health Premiums Earned 15. Health Premiums Earned 15. Health Premiums Earned															
3. Second Quarter 4. Third Quarter 5. Current Year 6. Current Year Member Months 7. Physician 7. Physician 8. Non-Physician 8. Non-Physician 9. Total 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Written (b) 14. Property/Casualty Premiums Written 15. Health Premiums Written 16. Property/Casualty Premiums Earned 17. Property/Casualty Premiums Earned 18. Property/Casualty Premiums Earned 18. Property/Casualty Premiums Earned 19. Property/Casualty															
4. Third Quarter 5. Current Year 5. Current Year 5. Current Year Member Months 6. Current Year Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. Total 9. Tot															
5. Current Year 6. Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician. 8. Non-Physician 8. Non-Physician 9. Total 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 2,591 14. Property/Casualty Premiums Written 15. Health Premiums Earned 15. Health Premiums Earned 16. Property/Casualty Premiums Earned 16. Property/Casualty Premiums Earned 16. Property/Casualty Premiums Earned															
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 Written 16. Property/Casualty Premiums Earned															
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															
7. Physician 8. Non-Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 9. Total 11. Number of Inpatient Admissions 9. Total 12. Health Premiums Written (b) 9. Total 13. Life Premiums Direct 10. Total 14. Property/Casualty Premiums Written 10. Total 15. Health Premiums Earned 10. Property/Casualty Premiums Earned 16. Property/Casualty Premiums Earned 10. Total															
8. Non-Physician 9. Total															
9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 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 16. Property/Casualty Premiums Earned															
10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 11. Number of Inpatient Admissions 11. Health Premiums Written (b) 12. Health Premiums Direct 2,591 13. Life Premiums Direct 2,591 14. Property/Casualty Premiums Written 15. Health Premiums Earned 16. Property/Casualty Premiums Earned 16. Property/Casualty Premiums Earned	1														
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															
12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned.	ent Days Incurred														
13. Life Premiums Direct 2,591 14. Property/Casualty Premiums Written 15. Health Premiums Earned 16. Property/Casualty Premiums Earned	patient Admissions														
14. Property/Casualty Premiums Written	ıms Written (b)														
15. Health Premiums Earned	s Direct	2,591													2,591
15. Health Premiums Earned															
	ualty Premiums Earned														
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 2023

		1	Comprehensi Med	ve (Hospital & lical)	4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Madiaara			Employees Health	Title XVIII	Title XIX		Diochility	Long Torm		Other Non-
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Disability Income	Long-Term Care	Other 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														15,364
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 MASSACHUSETTS DURING THE YEAR 2023

NAIC Company Code: 86371

		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
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	9,622													9,622
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 MICHIGAN DURING THE YEAR 2023

		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
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	l 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														200
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.															
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 MISSISSIPPI DURING THE YEAR 2023

		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
Tota	Members at end of:														
1.	Prior Year	183							183						
2.	First Quarter	127							127						
3.	Second Quarter	116							116						
4.	Third Quarter	105							105						
5.	Current Year	100							100						
6.	Current Year Member Months	1,392							1,392						
Tota	Member Ambulatory Encounters for Year:														
7.	Physician	2,169							2,169						
8.	Non-Physician	224							224						
9.	Total	2,393							2,393						
10.	Hospital Patient Days Incurred	169							169						
11.	Number of Inpatient Admissions	25							25						
12.	Health Premiums Written (b)	1,449,445							1,449,445						
13.	Life Premiums Direct														
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	1,449,445							1,449,445						
16.	Property/Casualty Premiums Earned														
	Amount Paid for Provision of Health Care Services	1,697,459							1,697,459						
18.	Amount Incurred for Provision of Health Care Services	1,707,519							1,707,519						

⁽a) For health business: number of persons insured under PPO managed care products 100 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 \$ 1,449,445



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 2023

	1	Comprehensiv Med		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
lotal	Members at end of:													
1.	Prior Year													
2.	First Quarter													
3.	Second Quarter													
4.	Third Quarter													
5.	Current Year													
6.	Current Year Member Months.													
lotal	Member Ambulatory Encounters for Year:													
/.	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 20,638													20,638
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 NEBRASKA DURING THE YEAR 2023

		'		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:														
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	17,525													17,525
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 2023

		'		ive (Hospital & dical)	·			Federal	_						
		Total	2 Individual	3 Group	Medicare	Vision Only	Dontal 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:	iotai	IIIuiviuuai	Огоир	Supplement	VISIOII OTIIY	Dental Only	bellellts Flair	Medicare	Medicald	Credit A&n	income	Cale	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	1,730													1,7
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 NEW JERSEY DURING THE YEAR 2023

		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
Tota	Members at end of:														
1.	Prior Year	67,419							67,419						
2.	First Quarter	67,728							67,728						
3.	Second Quarter	67,344							67,344						
4.	Third Quarter	66,727							66,727						
5.	Current Year	66,996							66,996						
6.	Current Year Member Months	806,508							806,508						
Tota	Member Ambulatory Encounters for Year:														
7.	Physician	300,414							300,414						
8.	Non-Physician	131,161							131,161						
9.	Total	431,575							431,575						
10.	Hospital Patient Days Incurred	74,174							74,174						
11.	Number of Inpatient Admissions	10,999							10,999						
12.	Health Premiums Written (b)	1,039,614,200							. 1,039,614,200						
13.	Life Premiums Direct	1,427													1,427
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	. 1,039,614,200							. 1,039,614,200						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	805,336,680							805,336,680						
18.	Amount Incurred for Provision of Health Care Services								810,109,597						

⁽a) For health business: number of persons insured under PPO managed care products 66,996 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 \$ 1,039,614,200

30.NM

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 NEW MEXICO DURING THE YEAR 2023

				ical)				Federal							i l
		Total	2 Individual	3 Croup	Medicare	Vision Only	Dontal Only	Employees Health Benefits Plan	Title XVIII	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Mem	mbers at end of:	iotai	mulviduai	Group	Supplement	Vision Only	Dental Only	benefits Flair	Medicare	ivieuicaiu	Credit A&H	IIIcome	Care	Other Health	Пеанн
	ior Year														1
	st Quarter														
	cond Quarter														
	ird Quarter														
	ırrent Year														
6. Cur	ırrent Year Member Months														
Total Mem	nber Ambulatory Encounters for Year:														
	ysician														
8. Nor	on-Physician														
9. Tota	tal														
10. Hos	ospital Patient Days Incurred														
11. Nur	umber of Inpatient Admissions														
12. Hea	ealth Premiums Written (b)														
13. Life	e Premiums Direct	564													564
14. Pro	operty/Casualty Premiums Written														
	ealth Premiums Earned														
	operty/Casualty Premiums Earned														
17. Am	nount Paid for Provision of Health Care Services														
18. Am	nount 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 2023

9. Total		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
1. Prior Year															ricultii
2. First Quarter 3. Second Quarter 4. Third Quarter 5. Current Year 6. Current Year Member Total Member Ambulatory 7. Physician 8. Non-Physician 9. Total															
3. Second Quarter															
4. Third Quarter 5. Current Year 6. Current Year Memb Total Member Ambulatory 7. Physician 8. Non-Physician 9. Total															
5. Current Year															
6. Current Year Memb Total Member Ambulatory 7. Physician 8. Non-Physician 9. Total															
Total Member Ambulatory 7. Physician 8. Non-Physician 9. Total															
7. Physician 8. Non-Physician 9. Total	ber Months														
8. Non-Physician 9. Total	y Encounters for Year:														i
9. Total															
10 Hospital Patient Da															
10. Hoopitail aticite be	ays Incurred														
11. Number of Inpatier	ent Admissions														
12. Health Premiums V	Written (b)														
13. Life Premiums Dire	ect	1,508													1,508
14. Property/Casualty	y Premiums Written														
15. Health Premiums E	Earned														
16. Property/Casualty	y Premiums Earned														
17. Amount Paid for Pr	Province of Health Core Corvince														
18. Amount Incurred for	Tovision 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 OHIO DURING THE YEAR 2023

			Comprehensi	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														
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	28,018													28,018
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 OKLAHOMA DURING THE YEAR 2023

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Takal	2	3	Medicare	Vision Oak	Daniel Only	Employees Health	Title XVIII	Title XIX	المراجع	Disability	Long-Term	Oak and I and lake	Other Non-
T-4-	IM-out one of and of	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Iota	Il Members at end of:														ļ
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														
9.	Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	2,866													2,866
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														
10.	/ unlocate into area for the violette of the date och violet													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 OREGON DURING THE YEAR 2023

		1	Comprehensi Med	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-
		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	8,339													8,339
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 PENNSYLVANIA DURING THE YEAR 2023

		1	Comprehension Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Takal	2	3	Medicare	Wining Only	Donate LOndo	Employees Health	Title XVIII	Title XIX	ا ۱ ۸ ۸ ۵ ۱ ۱	Disability	Long-Term	Oak and Laadah	Other Non-
Tota	Il Members at end of:	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
1014	Prior Year	1 173							1.173						
2	First Quarter	900							900						
3	Second Quarter	870							870						
4	Third Quarter	803							803						
5.	Current Year	758							758						
6.	Current Year Member Months	10,147							10,147						
Tota	Il Member Ambulatory Encounters for Year:								,						
7.	Physician								3,562						
8.	Non-Physician	2,291							2,291						
9.	Total	5,853							5,853						
10.	Hospital Patient Days Incurred	886							886						
11.	Number of Inpatient Admissions	130							130						
12.	Health Premiums Written (b)	10,327,617							10,327,617						
13.	Life Premiums Direct	33,669													33,669
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	10,327,617							10,327,617						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	9,986,912							9,986,912						
18.	Amount Incurred for Provision of Health Care Services	10,046,101							10,046,101						

⁽a) For health business: number of persons insured under PPO managed care products 758 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 \$ 10,327,617



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 2023

		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:														
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	3,865													3,865
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 SOUTH CAROLINA DURING THE YEAR 2023

		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	al Members at end of:					,	,								
1.	Prior Year								1,312						
2.	First Quarter								1,169						
3.	Second Quarter								1,136						
4.	Third Quarter	1,104							1,104						
5.	Current Year	1,094							1,094						
6.	Current Year Member Months	13,624							13,624						
Tota	l Member Ambulatory Encounters for Year:														
7.	Physician	6,199							6,199						
8.	Non-Physician								3,462						
9.	Total	9,661							9,661						
10.	Hospital Patient Days Incurred	1,217							1,217						
11.	Number of Inpatient Admissions.								189						
12.	Health Premiums Written (b)	13,569,264							13,569,264						
13.	Life Premiums Direct														
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	13,569,264							13,569,264						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	12,586,379							12,586,379						
18.	Amount Incurred for Provision of Health Care Services	12,660,974							12,660,974						

⁽a) For health business: number of persons insured under PPO managed care products 1,094 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 \$ 13,569,264



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 2023

		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:														
1.	Prior Year	39							39						
2.	First Quarter	19							19						
3.	Second Quarter	19							19						
4.	Third Quarter	22							22						
5.	Current Year	23							23						
6.	Current Year Member Months	247							247						
Total	Member Ambulatory Encounters for Year:														
7.	Physician	135							135						
8.	Non-Physician	24							24						
9.	Total	159							159						
10.	Hospital Patient Days Incurred	43							43						
11.	Number of Inpatient Admissions	8							8						
12.	Health Premiums Written (b)	245,201							245,201						
13.	Life Premiums Direct	816													816
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	245,201							245,201						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	170,603							170,603						
18.	Amount Incurred for Provision of Health Care Services	171,615							171,615						

⁽a) For health business: number of persons insured under PPO managed care products 23 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 \$ 245,201



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 2023

		1	Comprehensi Med	ve (Hospital & lical)	4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dontal Only	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:	iotai	IIIuiviuuai	Стоир	Supplement	VISION ONLY	Dental Only	Dellellts Flair	Medicare	ivieuicaiu	Credit Adri	IIICOIIIe	Care	Other Health	Пеанн
1014	Prior Year	225							235						
1.	First Quarter	228							228						
2.	Second Quarter.	216							216						
3.	Third Quarter	210							210						
5	Current Year	209							209						
6.	Current Year Member Months	2,615							2,615						
Tota	Member Ambulatory Encounters for Year:	2,013							2,013						
7	Physician	262							262						
7.	Non-Physician	136							136						
0.	Total	398													
9.									398						
10.	Hospital Patient Days Incurred	243							243						
11.	Number of Inpatient Admissions								36						
12.	Health Premiums Written (b)	2,239,964							2,239,964						
13.	Life Premiums Direct	16,853													16,853
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	2,239,964							2,239,964						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	1,857,030							1,857,030						
18.	Amount Incurred for Provision of Health Care Services	1,868,036							1,868,036						

⁽a) For health business: number of persons insured under PPO managed care products 209 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 \$ 2,239,964



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 2023

		'		ve (Hospital & lical)	_	3		Federal	Ü		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	697													697
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 VIRGINIA DURING THE YEAR 2023

		1		ve (Hospital & lical)	4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Croup	Medicare	Vision Only	Dontal Only	Employees Health	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability	Long-Term Care	Other Health	Other Non- Health
Total	Members at end of:	iotai	maividuai	Group	Supplement	Vision Uniy	Dental Only	Benefits Plan	Medicare	iviedicaid	Credit A&H	Income	Care	Other Health	неанп
10(a)	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	12,686													12,686
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 2023

		1	Comprehension Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Tatal	2	3	Medicare	Vision Oak	Daniel Only	Employees Health	Title XVIII	Title XIX	المراجع	Disability	Long-Term	0441114-	Other Non-
Tota	Marshava at and af	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
101a	Members at end of: Prior Year														
1.															
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	3,834													3,834
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														
10.	7 tillount infourted for Froviological Frediting and 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 2023

		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:			-			_								
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	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														

⁽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 WISCONSIN DURING THE YEAR 2023

			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 Non- Health
Total	Members at end of:	.514.	a.v.aaa.	0.045	Саррини	1.0.0	Januar Juny	Derronto i iuni	1110010010	ou.ou.u	or out / turn			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														7,750
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 WYOMING DURING THE YEAR 2023

			Comprehensi Med	ve (Hospital & lical)	·			Federal	ŭ		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	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	720													72
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 \$

30.GT

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 GRAND TOTAL DURING THE YEAR 2023

		1	Comprehensiv 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	83,571							83,571						
2.	First Quarter	79,635							79,635						
3.	Second Quarter	78,612							78,612						
4.	Third Quarter	77,534							77,534						
5.	Current Year	77,562							77,562						
6.	Current Year Member Months	941,966							941,966						
Tota	Member Ambulatory Encounters for Year:														
7.	Physician	390,052							390,052						
8.	Non-Physician	160,705							160,705						
9.	Total	550,757							550,757						
10.	Hospital Patient Days Incurred	86,036							86,036						
11.	Number of Inpatient Admissions	12,777							12,777						
12.	Health Premiums Written (b)	1,174,934,692							. 1,174,934,692						
13.	Life Premiums Direct	443,902													443,901
14.	Property/Casualty Premiums Written														
15.	Health Premiums Earned	1,174,934,692							. 1,174,934,692						
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services	939,287,341							939,287,341						
18.	Amount Incurred for Provision of Health Care Services	944,854,131							944,854,131						

⁽a) For health business: number of persons insured under PPO managed care products 77,562 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 \$ 1,174,934,692

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
	otal (Sum of 079			Caricalotton	/ toodiffed	7 toodified	Tremane	oneumeu i remiumo		onpara 2000co	Necerve	Chack Comparation

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		170,000
0899999 – Lif	e and Annuity,	Non-Affiliates, l	U.S. Non-Affiliates			170,000
1099999 - Lif	e and Annuity,	Total Non-Affili	ates			170,000
1199999 - To	tal Life and An	nuity				170,000
2399999 - To	tal U.S. (Sum o	f 0399999, 089	9999, 1499999 and 1999999)			170,000
9999999 - To	tal (Sum of 119	99999 and 229	9999)			170,000

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
										Outstanding	Surplus Relief		
									Reserve Credit		10		
									Taken Other	11	12		Funds
NAIC					Type of	Type of		Unearned	than for			Modified	Withheld
Company		Effective			Reinsurance	Business		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 Ac	count, Authori	zed, Non-Af	filiates, U.S. Non-Affiliates										
11835	04-1590940	01/01/2023	PartnerRe America Insurance Company	DE	SSL/I	MR	2,597,614						
0899999 –	General Accou	nt, Authoriz	ed, Non-Affiliates, U.S. Non-Affiliates				2,597,614						
1099999 -	General Accou	nt, Authoriz	ed, Total Authorized Non-Affiliates				2,597,614						
1199999 –	Total General A	Account Aut	horized				2,597,614						
4599999 - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 2,597,614													
9199999 –	Total U.S						2,597,614						
9999999 – Total (Sum of 4599999 and 9099999) 2,597,614													

(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)

		2023	2022	2021	2020	2019
A.	OPERATIONS ITEMS					
	1 Premiums					
	2 Title XVIII-Medicare	2,598	493	369	474	472
	3 Title XIX-Medicaid					
	4 Commissions and reinsurance expense allowance					
	5 Total hospital and medical expenses			154	2	1,150
B.	BALANCE SHEET ITEMS					
	6 Premiums receivable					
	7 Claims payable	170	150	135	88	62
	8 Reinsurance recoverable on paid losses		8 .	96	5	482
	9 Experience rating refunds due or unpaid					
	 9 Experience rating refunds due or unpaid					
	11 Unauthorized reinsurance offset					
	12 Offset for reinsurance with Certified Reinsurers					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD					
	FROM)					
	13 Funds deposited by and withheld from (F)					
	14 Letters of credit (L)					
	15 Trust agreements (T)					
	16 Other (0)					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS					
	WITHHELD FROM)					
	17 Multiple Beneficiary Trust					
	18 Funds deposited by and withheld from (F)					
	19 Letters of credit (L)					
	20 Trust agreements (T)					
	21 Other (0)					

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)	361,567,679	170,000	361,737,679
LIAE	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)	2,861,824		2,861,824
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)			
	CREDIT FOR CEDED REINSURANCE	001,007,073	170,000	501,757,075
18	Claims unpaid	170,000	YYY	YYY
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			
26	Unauthorized reinsurance			
27	Reinsurance with Certified Reinsurers			
28	Funds held under reinsurance treaties with Certified Reinsurers			
29	Other ceded reinsurance payables/offsets			
30	Total ceded reinsurance payables/offsets.			
31	Total net credit for ceded reinsurance	170.000		XXX
J I	Total fict ofcut for ocucu remoulance	170,000	^^^	^^^

SCHEDULE T - PART 2

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

	,	By States And 1	enitones	Direct Bus	iness Only		
		1	2	3	iness Only 4	5	6
		'	2	Disability Income		5	0
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama AL	ĺ .	,	,	,		
	Alaska AK						
	Arizona AZ						
	Arkansas AR						
	California CA						
6.	Colorado CO						
7.	Connecticut CT						
8.	Delaware DE.						
9.	District of ColumbiaDC						
10.	FloridaFL						
11.	Georgia GA						
12.	HawaiiHl						
13.	IdahoID						
	IllinoisIL						
	Indiana IN						
	lowaIA						
	Kansas KS						
	Kentucky KY						
	LouisianaLA						
	MaineME						
	Maryland MD.						
	Massachusetts						
	Michigan MI.						
	Minnesota MN.						
	Mississippi MS						
	Missouri MO.						
	Montana MT Nebraska NE						
	Nevada NV	ON					
	New Hampshire	- H H					
	New Jersey						
	New MexicoNM						
	New York NY.						
	North Carolina NC						
	North Dakota						
	Ohio. OH						
	Oklahoma OK						
	OregonOR						
39.	Pennsylvania						
40.	Rhode IslandRl						
	South Carolina SC						
	South Dakota SD						
	Tennessee TN						
	TexasTX						
	UtahUT						
	Vermont VT						
	VirginiaVAVAVA						
	Washington WA						
	West Virginia WV						
	Wisconsin WI						
	Wyoming WY						
	American Samoa AS						
	Guam						
	U.S. Virgin Islands VI						
	Northern Mariana Islands						
	Canada CAN					***************************************	
	Aggregate Other Alien OT.					***************************************	
	Totals					***************************************	
J7.	IUIUIO						

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
						Name of Securities Exchange if					Type of Control (Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly Traded			Relationship		Management,	Ownership,		Filing	
Group		Company		Federal		(U.S. or		,		Directly Controlled by (Name of		Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	ID Number	RSSD	CIK	International)	or Affiliates	Location	Entity	Entity/Person)	Influence, Other)	Percentage	Entity(ies) / Person(s)	(Yes/No)	*
			00 1515100		0001001170	NAODAO	Clover Health Investments,	DE	LUD	Entities Affiliated with Vivek	Ownership &	60.700	Viscala O a visa a III	NO	
			98-1515192		0001801170	NASDAQ	Corp.	DE	UIP	Garipalli	Voting Power	62.700	Vivek Garipalli	NO	
4010 Clov	ver Health Group	86371	31-0522223				Clover Insurance Company	NJ	RE	Clover Health Holdings, Inc	Ownership	100.000	Clover Health Investments, Corp.	NO	
4910(CIO	vei Health Group	00371	31-0322223				Clover insurance company		. KE	Clover Health Holdings, Inc	Ownership	100.000	Clover Health Investments,	INO	
			38-3889370				Clover Health, LLC	NJ	NIA	Clover Health Corp	Ownership	100.000	Corp.	NO	
			00 000 707 0				Glover ricultii, LEG	1		olovei ricultii oorp	O WITCI SITIP	100.000	Clover Health Investments,		
			27-2761894				Clover Healthcare. LLC	NJ	NIA	Clover Health Corp	Ownership	100.000	Corp.	NO	
							0.0 10.1 1.00.11.100.10, 22.0.11.11.11.11			Coron risulation Corp.	p		Clover Health Investments.		
			36-4744890				Clover HMO, LLC	NJ	NIA	Clover HMO Corp.	Ownership	100.000	Corp.	NO	
							,			Clover Health Investments,			Clover Health Investments,		
			47-2552172				Clover Health Corp	DE	NIA	Corp.	Ownership	100.000	Corp.	NO	
							·						Clover Health Investments,		
			47-2580683				Clover Health Labs, LLC	CA	NIA	Clover Health, LLC	Ownership	100.000	Corp.	NO	
										Clover Health Investments,			Clover Health Investments,		
			47-2551324				Clover HMO Corp	DE	NIA	Corp.	Ownership	100.000	Corp.	NO	
										Clover Health Investments,			Clover Health Investments,		
			47-2542375				Clover Health Holdings, Inc	DE	UDP	Corp.	Ownership	100.000	Corp.	NO	
													Clover Health Investments,		
4918 Clo	ver Health Group	16347	38-4057194				Clover HMO of New Jersey, Inc.	NJ	IA	Clover Health Holdings, Inc	Ownership	100.000	Corp.	NO	
							Cover Health International,			Clover Health Investments,			Clover Health Investments,		
			83-1700805				Corp.	DE	NIA	Corp.	Ownership	100.000	. Corp.	NO	
			69601330-000-					111/0		Clover Health International,		100.000	Clover Health Investments,		
			07-18-1				Clover Health HK Limited	HKG	NIA	Corp.	Ownership	100.000	. Corp.	NO	
			83-1769911				Character Biosciences. Inc.	DE	NIIA	Clover Health Investments,	Ouranahin	23.900	Clover Health Investments,	NO	
			03-1/09911				Character biosciences, inc	υΕ	NIA	Corp.	Ownership	23.900	Corp.	NO	
			47-2402286				Principium Health, LLC	DE	NIA	Clover Health Corp	Ownership	100.000	Clover Health Investments, Corp.	NO	
			+/-2402200				Medical Service Professionals	DE	14174	Glover Health Corp	Ownersulh	100.000	. σοι μ		
							of New Jersey, LLC (MSPNJ,						Clover Health Investments,		
			82-0735027				LLC)	NJ	NIA	Clover HMO of New Jersey, Inc.	Ownership	100.000	Corp.	NO	
											p		Clover Health Investments.		
			46-1977204				Juxly, LLC	MO	NIA	Counterpart Health, Inc	Ownership	100.000	Corp.	NO	
							,,						Clover Health Investments,		
			86-1193984				Clover Health Partners, LLC	DE	NIA	Clover Health Corp	Ownership	100.000	Corp.	NO	
							Clover Health Partners MSSP A						Clover Health Investments,		
			92-3877957				LLC	DE	NIA	Clover Health Corp	Ownership	100.000	Corp.	NO	
							Clover Health Partners MSSP			·	·		Clover Health Investments,		
			92-3897114				Enhanced LLC	DE	NIA	Clover Health Corp	Ownership	100.000	. Corp.	NO	
													Clover Health Investments,		
			93-2578708				Counterpart Health, Inc	DE	NIA	Clover Health Corp	Ownership	100.000	Corp.	NO	
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 Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Connection with Guarantees or Undertakings for the Benefit of any	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
86371	31-0522223	Clover Insurance Company					(146,741,730)				(146,741,730)	
00000	38-3889370	Clover Health LLC					155,088,579				155,088,579	
16347	38-4057194	Clover HMO of NJ	***************************************	***************************************		***************************************	(8,346,848)				(8,346,848)	
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	4	5	6	7	8
			Granted				Granted
			Disclaimer of Control /				Disclaimer of Control /
		Ownership	Affiliation of			Ownership	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	Clover Health Holdings	100.000 %	NO	Clover Health Investments, Corp	Clover Health Group	100.000 %	NO
Clover HMO New Jersey, Inc.	Clover Health Holdings	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 questions.

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

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?..... 10 Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?... 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 Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... 15 No..... Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead 16. audit partner be filed electronically with the NAIC by March 1? 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? Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be 18. filed 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

Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions 19. and with the NAIC by March 1?.... No **April Filing**

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?..... 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.. 21. .No.... Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?..... 22 Yes..... 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of

August Filing

No.

No.

Yes

Yes.....

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

domicile and the NAIC by April 1?..

filed with the state of domicile and electronically with the NAIC by March 1?

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

1. 2. 3. 4. 5. 6. 7. 8. 9.

22. 23. 24.

Explanation	Barcode
1.	
2. 3.	
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OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS



LIFE SUPPLEMENTS

For The Year Ended December 31, 2023 (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	-		1,625		
1958 CSO ALB 3.0% CRVM					
1958 CSO ALB 4.0% NL			767		
1958 CSO ALB 4.5% NL					
1958 CSO ALB 4.5% CRVM			12,647		
1980 CSO 3.5% CRVM	3,210,100		3,210,100		
1980 CSO 4.5% CRVM			1,908,397		
0199997 - Totals (Gross)	5,137,438		5,137,438		
0199998 - Reinsurance ceded			5,137,438		
ANNUITIES (excluding supplementary contracts w	ith life contingencies):				
83a 5.50% CARVM DEF 94, 96-97	830,169	XXX	82,575	XXX	747,594
83a 5.75% CARVM DEF 93	18,716	XXX		XXX	18,716
0299997 - Totals (Gross)	848,885	XXX	82,575	XXX	766,310
0299998 - Reinsurance ceded	848,885	XXX	82,575	XXX	766,310
ACCIDENTAL DEATH BENEFITS:	· ·				
1959 ADB & 1980 CSO 4.50%	3,182		3,182		
0499997 - Totals (Gross)	3,182		3,182		
0499998 - Reinsurance ceded	3,182		3,182		
DISABILITY-ACTIVE LIVES:			•		
Unearned Premium Reserve	3,028		3,028		
0599997 - Totals (Gross)	3,028		3,028		
0599998 - Reinsurance ceded	3,028		0.000		
DISABILITY-DISABLED LIVES:	· .				
1952 Dis & 1958 CSO 3.50%	3,287		3,287		
0699997 - Totals (Gross)	- 1		3.287		
0699998 - Reinsurance ceded			3.287		
MISCELLANEOUS RESERVES:	,,		,,		
Substandard Reserve	533		533		
0799997 - Totals (Gross)			533		
0799998 – Reinsurance ceded			533		
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?	NO
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	Desir of an arial accomments.	
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?	
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:	V
9	Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of	
9	the current year?	NO
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
		Guaranteed Interest		Supplemental	Dividend Accumulations or	Premium and Other
	Total	Contracts	Annuities Certain	Contracts	Refunds	Deposit Funds
1. Balance at the beginning of the year before reinsurance	39				39	
2. Deposits received during the year						
3. Investment earnings credited to the account						
4. Other net change in reserves						
5. Fees and other charges assessed						
6. Surrender charges						
7. Net surrender or withdrawal payments						
8. Other net transfers to or (from) Separate Accounts						
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) (a)	39					
10. Reinsurance balance at the beginning of the year	(39)				(39)	
11. Net change in reinsurance assumed						
12. Net change in reinsurance ceded						
13. Reinsurance balance at the end of the year (Lines 10+11-12)	(39)				(39)	
14. Net balance at the end of current year after reinsurance (Lines 9+13)						

a) FHLB funding agreements:

IIILD	runding agreements.
1.	Reported as GICs (captured in column 2)\$\$
2.	Reported as Annuities Certain (captured in column 2) \$\$
3.	Reported as Supplemental and the s (captured as Supplemental and the second as Supplemental and Supplemental Andread and Supplemental Andread and Supplemental Andread and Supplemental Andread and Supplemen
4.	Reported as Dividend Accumulations of Refund (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 –	Total (Sum of	1199999 an	d 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	18,941	18,502	(39)				
60445	74-1915841.	05/01/1999	Sagicor Life Insurance Co	AZ	CO/I			82,575	83,039					
60445	74-1915841.	05/01/1999	Sagicor Life Insurance Co	AZ	CO/G			766,310	767,394					
60445	74-1915841.	05/01/1999	Sagicor Life Insurance Co	AZ	OTH/i			39	39					
82627	06-0839705.	09/15/2001	Swiss Re Life & Health America, Inc	CT	YRT/i		727,715	3,043	2,845	2,207				
82627	06-0839705.	09/15/2001	Swiss Re Life & Health America, Inc	CT			149,000	31	30	63				
69744	13-1423090.	12/31/2014	Union Labor Life Insurance Company	MD	CO/i				48,967	11,910				
69418	59-2403689.	10/01/2012	Southern Financial Life Insurance Company	LA	CO/i		32,391,118	5,125,453	5,301,280	429,761				
0899999 -	- General Acc	ount, Authoriz	zed, Non-Affiliates, U.S. Non-Affiliates				33,300,837	5,996,392	6,222,096	443,902				
1099999 -	- General Acc	ount, Authoriz	zed, Total Authorized Non-Affiliates				33,300,837	5,996,392	6,222,096	443,902				
1199999 -	- Total Genera	I Account Au	ıthorized				33,300,837	5,996,392	6,222,096	443,902				
4599999 -	- Total Genera	I Account Au	thorized, Unauthorized, Reciprocal Jurisdicti	on and Certifi	ed		33,300,837	5,996,392	6,222,096	443,902				
9199999 -	Total U.S						33,300,837	5,996,392	6,222,096	443,902				
9999999 -	- Total (Sum o	of 4599999 a	ind 9099999)				33,300,837	5,996,392	6,222,096	443,902				

Supp206.AL

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

	NAIC Group Code. 4916			1	5::1			NAIC Company Code. 60371					
		1	2	2		Policyholders/Refunds t	8	Claims and Benefits Paid					
	Line of Business	Premiums and Annuities Considerations	Other Considerations	3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Benefits	9 Matured Endowments	Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	Total (Sum Columns 8 throug s 11)
Individ	ual Life												
1.	Industrial	606											
3.	Whole	606											
3. 4.	Indexed												
5.	Universal												
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life	606											
Group 12.	Lite Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
20.	ual Annuities Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
Group	Annuities												
27. 28.	Fixed Indexed												
29.	Variable with guarantees												
30.	Variable with guarantees.												
31.	Life contingent payout.												
32.	Other ^(f)												
33.	Total Group Annuities												
	ent and Health												
34.	Comprehensive individual (d)								XXX	XXX	XXX		
35. 36	Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44. 45.	Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX		
45. 46.	Other health Total Accident and Health								XXX	XXX	XXX		
46.	Total	606 (c)								٨٨٨			
+ /.	rotar	000 (C)		I	1				1	l	1	1	1

		1			D: 1 D 11 D			(SIAIE		01111110		1		F "	E 1.2.5		
		10	_		Direct Death Benef				is .						/ Exhibit	De Face 5	21 0
		13		D-:-2			uring Current Year		T-4 10 111 11	-10 :::	22		uring Year		to In Force (Net)		31, Current Year (b
			Totals			Compromise		Rejected		ring Current Year	-	23	24	25	26	27	28
		Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
1	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Indivi	lual Life	Same Four	. 5.5, 55.15	,	7 0.0, 00.10	7.11104111	7 0.0, 00.10	7.11.00.11	. 0.0, 00.10	7.11104111	- arrone rour	. 5.5, 55.15	7.11100111	. 0.0, 00.10	7	1 0.0, 00.10	7.11104112
1.	Industrial																
2.	Whole																
3. 4.	Term Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life																
Group	Life									ĺ							
12.	Whole																
13. 14.	Term Universal																
15.	Variable Variable																
16.	Variable universal																
17.	Credit																
18.	Other ^(f)																
19.	Total Group Life							10									
	lual Annuities	1				1				1				1			
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25. 26.	Other ^(f)																
	Total Individual Annuities																
	Annuities									ĺ							
27. 28.	Fixed Indexed																
29.	Variable with guarantees																
30.	Variable with guarantees																
31.	Life contingent payout																
32.	Other ^(f)																
33.	Total Group Annuities																
	ent and Health																
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
38. 39.	Dental only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. 41.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	1				<u> </u>					i e		İ		1	1	1

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 576 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$557,483 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.AZ

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	NAIC Group Code: 4918										NAIC Compan	y Code. 6037 i	j
		1	2		Dividends to I	Policyholders/Refunds t	o Members			(Claims and Benefits F	'aid	•
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throug s 11)
Individ	ual Life												+
1.	Industrial												
2.	Whole	828											
3.	Term	739											
4.	Indexed												
5.	Universal	4,959											
6.	Universal with secondary guarantees												
7. 8.	Variable												
8. 9	Variable universal Credit												
9. 10.	Other ^(f)											1	
11.	Total Individual Life	6,525											
Group		0,020									100		100
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
	ual Annuities												
20.	Fixed												
21.	Indexed.												
22. 23.	Variable with guarantees Variable without guarantees												
24.	Life contingent payout.												
25.	Other ^(f)												
26.	Total Individual Annuities												
	Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	nt and Health			1					V007	100	,nn/	1	1
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35. 36.	Comprehensive group ^(a) Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(a)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(-)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
47.	Total	6,525 (c)									106		10

		1			Direct Death Bane		wments Incurred a				1		Dalia	Exhibit			
		13			Direct Death Bene		uring Current Year		ıs		22	Jacuad D	uring Year		to In Force (Net)	In Force December	21 Current Veer (
		13	Totals	Doid	Daduation by	Compromise		Rejected	Total Cattled Du	iring Current Year	- 22	23	24	25	26	27	28
			14	15	16	17	18	19	20	21	-	23	24	25	20	27	20
		Incurred During	Number of		Number of		Number of		Number of		Unpaid December 31,	Number of		Number of		Number of	
L	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Indiv	idual Life																
1. 2.	Industrial													(3)	(700,000)		25,00
3.	Term													(3)	(/00,000)	s	23,00
4.	Indexed																
5.	Universal															4	195,74
6.	Universal with secondary guarantees																170,7
7.	Variable																
8.	Variable universal																
8. 9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life													(3)	(700,000)	7	220,74
Grou	p Life																
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other ^(f)																
19.	Total Group Life																
	idual Annuities																
20. 21.	FixedIndexed																
22.	Variable with guarantees																
23.	Variable with guarantees Variable without guarantees										***************************************						
24.	Life contingent payout																
25	Other ^(f)																
25. 26.	Total Individual Annuities																
	p Annuities																
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32. 33.	Other ^(f)																
	Total Group Annuities																
	dent and Health																
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. 39.	Dental only ^(d) Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. 41.	Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total													(3)	(700,000)	7	220,74

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$43,068 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.CA

Total

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2023



25,000

25,000

LIFE INSURANCE (STATE PAGE) (b)

28,502 (c)

	NAIC Group Code: 4918										NAIC Company	y Code: 86371	
		1	2		Dividends to	Policyholders/Refund	s to Members			C	laims and Benefits P		
		Premiums and Annuities	Other	3 Paid in Cash or	4 Applied to Pay Renewal	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7 Total (Col.	8 Death and Annuity	9 Matured	10 Surrender Values and Withdrawals	11	12 Total (Sum Columns 8 throug
	Line of Business	Considerations	Considerations	Left on Deposit	Premiums	Period	Other	3+4+5+6)	Benefits	Endowments	for Life Contracts	All Other Benefits	11)
Indivi	dual Life												
1.	Industrial	2,631											
۷. ع	Term	5,634											
4.	Indexed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
5.	Universal	20,237											25,00
6.	Universal with secondary guarantees												
7.	Variable												
8. 9.	Variable universal												
9. 10.	CreditOther ^(f)												
11.	Total Individual Life.	28,502							25,000				25,00
Group													
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16. 17.	Variable universal Credit												
17.	Other ^(f)												
19.	Total Group Life												
	dual Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23. 24.	Variable without guarantees Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	o Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30. 31.	Variable without guarantees Life contingent payout												
31. 32.	Other ^(f)												
33.	Total Group Annuities												
	lent and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37. 38.	Vision only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)	1							XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44. 45	Long-term care ^(d)								XXX	XXX	XXX		
45. 46.	Other health ^(d)								XXX	XXX	XXX		
Š	Total Accident and Health												

	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits															
			[Direct Death Benef	fits, Matured Endo	wments Incurred a	and Annuity Benefit	s		-			Policy	Exhibit		
	13					uring Current Year				22	Issued Di	uring Year			In Force December	31, Current Year (b)
		Totals Pa	id	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial														(4 000 000)		
2. Whole													(10)	(1,809,998)	9	152,009
3. Term																
5. Universal	(50,000)		25,000						25,000				(2)	(61,063)	38	2,159,404
Universal with secondary guarantees	(30,000)		20,000						20,000				(Z)	(01,003)		2,100,404
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life	(50,000)		25,000						25,000				(12)	(1,871,061)	47	2,311,413
Group Life																
12. Whole																
13. Term																
14. Universal 15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other ^(f)																(u)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	(50,000)		25,000				1		25,000				(12)	(1,871,061)	47	2,311,413

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.CO

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

		1	2	1	Dividondo to I	Policyholders/Refunds t	a Mambara				Claims and Benefits F	nid	
		ı	2	3	4	5	6 Members	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	, Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 throi
Individ	lual Life			·				,					
1.	Industrial												
2.	Whole	1,753											
3.	Term												
4.	Indexed												
5.	Universal	14,593											4,5
5.	Universal with secondary guarantees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									,,,,,		,,
,	Variable												
3.	Variable universal												
).)	Credit												
,. 0.	Other ^(f)					1							
1.	Total Individual Life										4,502		4,
		10,340									4,302		
Group													
2.	Whole											***************************************	
3.	Term												
4.	Universal												
5.	Variable											***************************************	
б.	Variable universal											***************************************	
7.	Credit												
3.	Other ^(f)												
9.	Total Group Life												
divid	lual Annuities												
).	Fixed												
	Indexed												
	Variable with guarantees												
3.	Variable without guarantees												
4.	Life contingent payout												
5.	Other ^(f)												
5.	Total Individual Annuities												
	Annuities												
7.	Fixed												
8.	Indexed												
9.	Variable with guarantees												
).).	Variable without guarantees												
). 1.	Life contingent payout												
2.	Other(f)												
z. 3.	Total Group Annuities												
	ent and Health								V0/V	VVV	VVV		
4.	Comprehensive individual ^(d)								XXX	XXX	XXX		
5.	Comprehensive group ^(d)												
5.	Medicare Supplement ^(d)								XXX	XXX	XXX	***************************************	
7.	Vision only ^(d)								XXX	XXX	XXX		
3.).	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
١.	Disability income ^(d)								XXX	XXX	XXX		
4.	Long-term care ^(d)								XXX	XXX	XXX		
5.	Other health(d)								XXX	XXX	XXX		
6.	Total Accident and Health								XXX	XXX	XXX		
7.	Total	16,346 (c)									4,502		4,

					LILE IIIS	OKANCE	:(SIAIE	PAGE) (C		בטוייי						
				Direct Death Benef	fits, Matured Endo	wments Incurred a	and Annuity Benefit	ts					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	r 31, Current Year (b)
		Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole															5	47,492
3. Term																
4. Indexed													(1)	(36,254)	15	1,300,862
Universal with secondary guarantees	121,429												(1)	(30,234)	10	1,300,002
7. Variable																
8. Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life													(1)	(36,254)	20	1,348,354
Group Life	<u> </u>								1				.,			
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other ^(f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
23. Variable with guarantees																
24. Life contingent payout																
25. Other ^(f)																
25. Other ⁽¹⁾																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health	1000	NO.04		1001		1004	1004	1004	1004	1004						
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	121,429												(1)	(36,254)	20	1,348,354

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.CT

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 863/1	
		1	2		Dividends to	Policyholders/Refunc	ds to Members			C	laims and Benefits P	aid	
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throug 11)
Indiv	dual Life	Considerations	Considerations	Left on Deposit	Tremiumo	1 chou	Other	0141010)	Benefito	Litaowillento	Tor Eric Contracts	All Other Benefits	11)
1.	Industrial												
2.	Whole	1,060											
3.	Term												
4.	Indexed												
5.	Universal	6,151											
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life	7,212											
Grou													
12. 13.	Whole												
14.	Term												
15.	Universal Variable												
16.	Variable universal												
17.	Credit.												
18.	Other ^(f)												
19.	Total Group Life												
	dual Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
Grou	Annuities												
27.	Fixed										11,964		11,96
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities										11,964		
	lent and Health								ww	VVV	NAVA		
34.	Comprehensive individual ^(d)								XXX	XXXXXX	XXX		
35. 36.	Comprehensive group ^(d) Medicare Supplement ^(d)								XXX	XXX	XXX		
36. 37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(م)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(c)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	xxx		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
47.	Total	7,212 (c)									11,964		11,964

					LIFE INS	OKANCE	בען׳־׳									
				Direct Death Benet	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole															3	26,902
3. Term																
5. Universal										121,429			(1)	(50,000)	0	631,089
Universal with secondary guarantees										121,429			(1)	(30,000)		
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life										121,429			(1)	(50,000)	12	657,991
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit																(a)
18. Other ^(f)																(-)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	xxx	VVV						
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health					^^^		ΛΛΛ	ΛΛΛ		121,429			/1)	(50,000)	12	657,991
47. IUIdi		1		1	1	1	l	1	1	121,429	1	I	(1)	(50,000)	12	037,991

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.DE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to I	Policyholders/Refunds t	o Members			С	laims and Benefits P	aid	
				3	4	5 Applied to Provide Paid-Up Additions or Shorten the	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throu 11)
Indivi	dual Life												
1.	Industrial												
2.	Whole	710											
	Term												
	Indexed												
	Universal	576											
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
١.	Other ^(f)												
	Total Individual Life	1,286											
roup	Life												
	Whole												
	Term												
l.	Universal												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Group Life												
	lual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout.												
	Other ^(f)												
	Total Individual Annuities												
oup	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
<u>.</u>	Other ^(f)												
١.	Total Group Annuities												
	ent and Health												
١.	Comprehensive individual ^(d)								XXX	XXX	XXX		
i.	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
i. i.	Long-term care ^(d)								XXX	XXX	XXX		
т. 5.	Other health ^(d)								XXX	XXX	XXX		
б.	Total Accident and Health								XXX	XXX	XXX		
7.	Total	1,286 (c)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	rotui	1,200 (0)		i									

		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits															
				-	Direct Death Benef				s					•			
		13					uring Current Year				22	Issued D		Other Changes to		In Force December	
			Totals			Compromise		Rejected		ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21	Unpaid						
		Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
L	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Indivi	dual Life																
2.	Industrial																20,000
3.	Term															I	20,000
4.	Indexed																
5.	Universal																25,000
6.	Universal with secondary guarantees																
7.	Variable																
8. 9.	Variable universal																
	Credit																
10.	Other ^(f)																45.000
11.	Total Individual Life															2	45,000
Group	LITE																
12. 13.	Whole Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other ^(f)																
19.	Total Group Life																
	dual Annuities																
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees Variable without guarantees																
23. 24.	Life contingent payout																
25	Other(f)																
25. 26.	Total Individual Annuities																
	Annuities																
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32. 33.	Other ^(f)																
	Total Group Annuitiesent and Health																
34.	Comprehensive individual(d)	xxx	XXX	XXX	xxx	xxx	xxx	xxx	xxx	xxx	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. 44.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
44. 45.	Long-term care ^(d) Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. 46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total Total															2	45,000
+ /.	iotai	1	1		1	l	1	i .	1	1		i		1			43,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.DC

Total

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

516 (c)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to	Policyholders/Refund	s to Members			С	laims and Benefits P	aid	
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 througl
Individ	ual Life												
1.	Industrial												
2.	Whole												
3.	Term												
4.	Indexed	F4.6											
5.	Universal	516											
6. 7.	Universal with secondary guarantees Variable												
7. 8.	Variable universal												
o. 9.	Credit						***************************************						
10.	Other(f)												
11.	Total Individual Life	516											
Group													
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
	ual Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	Annuities												
27. 28.	Fixed												
28. 29.	Indexed												
29. 30.	Variable with guarantees Variable without guarantees												
31.	Life contingent payout.												
32.	Other(f)												
33.	Total Group Annuities												
	ent and Health												
34.	Comprehensive individual ^(d)								xxx	XXX	xxx		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		

	1			Direct Death P		ORANCE							D-II-	, Eybibit		
	13	1		Direct Death Bene		wments Incurred a Juring Current Year		ıs		22	January D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
	13	Takala	s Paid	Dadwatian b	Compromise		Rejected	T-4-1 0-441-4 D.	ring Current Year	- 22	23	24	25	26	27	28
		14	15	16	17	18	19	20	21	-	23	24	25	20	27	20
	Incurred During	Number of	13	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																65,000
Universal with secondary guarantees										***************************************		***************************************			Z	
7. Variable																
Variable universal Credit																
10. Other(f)																
11. Total Individual Life																65,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
																(a
18. Other ^(f)																
Individual Annuities									***************************************	***************************************		***************************************				
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)										***************************************						
Accident and Health																
34. Comprehensive individual ^(d)	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d) 36. Medicare Supplement ^(d) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total 47. Total	ΑΛΑ	ΑΛΛ	ΑΛΛ			^^^	^^^			ΑΛΛ					^	65,000
47. IUIdl	1	1	I	1	1	1	1	1	1	1	1	1	1	1	2	05,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.FL

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2023



NAIC Company Code: 86371

LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

	14A10 0104P 004c. 4210	1	2	1	Dividende +=	Policyholders /Pof:	de to Mambara				aims and Ronofits D		
		1		3	Dividends to	Policyholders/Refund 5	6	7	8	9	aims and Benefits P 10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period		7 Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 througl
Indiv	vidual Life												
1.	Industrial Whole												
2.	Term	323											
4.	Indexed												
5.	Universal	5,610											
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10. 11.	Other ^(f) Total Individual Life	5,933											
	rotal individual Life												
12.	ър спе Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	up Annuities												
27. 28.	Fixed Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	ident and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37. 38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(-)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health	E000 (-)							XXX	XXX	XXX		
47.	Total	5,933 (c)		1	1		1					1	

				D: 1 D 11 D			SIAIE		, C14 1 114U		1		- ·	E 1 2 2		
	10	1		Direct Death Bene		wments Incurred a		IS .		00	1 15			/ Exhibit	Tie Ferre Dece 1	21 0 //
	13	L	B : I	1 5 1 11 1		uring Current Year		T		22		uring Year		to In Force (Net)		r 31, Current Year (b)
		Totals		,	Compromise		Rejected		ring Current Year		23	24	25	26	27	28
	Incurred During		15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)																4
11. Total Individual Life																
Group Life																
12. Whole		-														
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a
18. Other ^(f)																
19. Total Group Life							10									
Individual Annuities						1										
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.GA

Total

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

3,905 (c)

	NAIC Group Code: 4918										NAIC Company	y Code: 86371	
		1	2		Dividends to	Policyholders/Refund	ls to Members			C	laims and Benefits P	aid	
		Premiums and Annuities	Other	3 Paid in Cash or	4 Applied to Pay Renewal	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7 Total (Col.	8 Death and Annuity	9 Matured	10 Surrender Values and Withdrawals	11	12 Total (Sum Columns 8 throug
	Line of Business	Considerations	Considerations	Left on Deposit	Premiums	Period	Other	3+4+5+6)	Benefits	Endowments	for Life Contracts	All Other Benefits	11)
Indivi	idual Life												
1.	Industrial												
2.	Whole	1,380											
3.	Term	1,261											
4.	Indexed	1,264											
٥. د	Universal with secondary guarantees	1,204											
7													
7. 8.	Variable Wariahla universal												
٥.	Variable universal Credit												
9. 10.	Other ^(f)												
11.	Total Individual Life	3,905											
		3,905											+
Group 12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit.												
18.	Other ^(f)												
19.	Total Group Life												
	idual Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	p Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	lent and Health												
34.	Comprehensive individual ^(d)			1					XXX	XXX	XXX	1	
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(0)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
				1		1						1	

						LILE III9	UKANCE	:(SIAIE	PAGE) (C	UNIINU	בע) ייי						
					Direct Death Benet	fits, Matured Endo	wments Incurred a	ind Annuity Benefit	is					Policy	Exhibit		
		13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	r 31, Current Year (b)
			Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
											Unpaid						
		Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole														(2)	(450,000)	2	20,000
3. Term																	
4. Indexed																	05.000
 Universal Universal w 	vith secondary guarantees															I	25,000
7. Variable	vitii secondary guarantees																
8. Variable un	nivereal																
9. Credit	iivei sai																
10. Other ^(f)																	
11. Total Individ	dual Life													(2)	(450,000)	3	45,000
Group Life														(=)	,,,		†
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
Variable un	niversal																
17. Credit																	
18. Other(f)																	
Total Group																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
	ith guarantees																
 Variable with Life conting 	ithout guarantees																
25. Other ^(f)	gent payout																
	dual Annuities																
Group Annuities	ddd Allifattes																
27. Fixed																	
28. Indexed																	
29. Variable wit	ith guarantees																
Variable with	ithout guarantees																
 Life conting 																	
32. Other(f)																	
 Total Group 																	
Accident and Health																	
Comprehen	nsive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Comprehen 	nsive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare S	Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Dental only Federal Em 	ployees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII N		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XVIII N		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability in		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other healt		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	dent and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total							1							(2)	(450,000)	3	45,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 106,857 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$106,888,450 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 72 \$
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

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DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

NAIC Company Code: 86371

		1	2		Dividonde to E	Policyholders/Refunds to	o Mombore			^	aims and Benefits P	haid	
		'	2	3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	, Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 throi
divid	al Life												
	Industrial												
	Whole	2,594											
	Term	6,835											
	Indexed	,											
	Universal	35,248											
	Universal with secondary guarantees	,											
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Individual Life	44,677											
oup l													
oup i	Whole												
	Term												
	Universal												
	Variable Universal												
	Credit												
	Other ^(f)												
	Total Group Life												
vidı	al Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Group Annuities												
ide	nt and Health												
	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)	(e)							XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
											.		
							l		YYY	YYY	YYY		
	Other health ^(d) Total Accident and Health								XXX	XXXXXX	XXX		

					LILE IIAS	UKANCE	: (21A1E	PAGE) (C		בטוייי						
				Direct Death Benet	fits, Matured Endo	wments Incurred a	and Annuity Benefit	ts					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(0)	(4 =00 000)		
2. Whole													(9)	(1,500,000)	3	118,000
3. Term																
5. Universal													(1)	(93,220)	52	3,911,276
Universal with secondary guarantees													(1)	(50,220)		
7. Variable																
8. Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life													(10)	(1,593,220)	55	4,029,276
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit														***************************************		(a)
18. Other ^(f)																(u)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			74.65	(4 500 000)		4,029,276
47. Total	1	1		1	1	ĺ		1	I	1		1	(10)	(1,593,220)	55	4,029,2/6

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918										NAIC Compan		
	1	2			Policyholders/Refund	s to Members				laims and Benefits P		
	Premiums and Annuities	Other	3 Paid in Cash or	4 Applied to Pay Renewal	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7 Total (Col.	8 Death and Annuity	9 Matured	10 Surrender Values and Withdrawals	11	12 Total (Sum Columns 8 through
Line of Business	Considerations	Considerations	Left on Deposit	Premiums	Period	Other	3+4+5+6)	Benefits	Endowments		All Other Benefits	11)
ndividual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed	0.054											
5. Universal												
6. Universal with secondary guarantees												
8. Variable universal												
10. Other ^(f)												
11. Total Individual Life	2,856											
Group Life	2,000								***************************************			
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other ^(f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
Variable without guarantees Life contingent payout												
25. Other ^(f) 26. Total Individual Annuities												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other ^(f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
 35. Comprehensive group^(d) 36. Medicare Supplement^(d) 37. Vision only^(d) 								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d) 46. Total Accident and Health.								XXX	XXX	XXX		
	00== (1)							XXX	XXX	XXX		
47. Total	2,856 (c)	i	1	1	1		1	1		1	1	1

					LILE IIIS	UKANCE	:(SIAIE	PAGE) (C		בע)∵′						
				Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued Di	uring Year	Other Changes	to In Force (Net)	In Force December	r 31, Current Year (b)
		Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial														(50,000)		
2. Whole														(50,000)		
4. Indexed																
5. Universal													(1)	(176,875)	4	216,125
Universal with secondary guarantees													.,,	(170,070)	•	210,120
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)														/ee.c=->		
11. Total Individual Life														(226,875)	4	216,125
Group Life																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other ^(f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
23. Variable with guarantees																
24. Life contingent payout																
25. Other ^(f)																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual(d)	xxx	XXX	XXX	xxx	xxx	XXX	XXX	xxx	xxx	XXX						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d) 40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XVIII Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
47. Total													(2)	(226,875)	4	216,125

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
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Total

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2023



21,421

LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918		1 0	Г	Distribute de As I	2-1:	. 14				NAIC Company Code: 86371	
		1	2	3	Dividends to F	Policyholders/Refunds to 5	6 Members	7	8	9	laims and Benefits Paid 10 11	12
		Premiums and			Applied to Pay	Applied to Provide Paid-Up Additions or Shorten the Endowment or	O				Surrender Values	Total (Sum
	Line of Business	Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Renewal Premiums	Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	and Withdrawals for Life Contracts All Other Benefits	Columns 8 through 11)
Individ	lual Life			,				,				,
1.	Industrial											
2.	Whole	67,580									21,421	21,421
3.	Term	688										
4. 5.	Indexed Universal	30,665										
6.	Universal with secondary guarantees	30,003										
7.	Variable											
8.	Variable universal											
8. 9.	Credit											
10.	Other ^(f)											
11.	Total Individual Life	98,933									21,421	21,421
Group												
12. 13.	Whole											
14.	Term											
15.	Variable											
16.	Variable universal											
17.	Credit											
18.	Other ^(f)											
19.	Total Group Life											
Individ	lual Annuities											
20.	Fixed											
21. 22.	Indexed											
22.	Variable with guarantees											
23. 24.	Life contingent payout.											
25.	Other ^(f)											
26.	Total Individual Annuities											
	Annuities											
27.	Fixed											
28.	Indexed											
29.	Variable with guarantees											
30.	Variable without guarantees											
31. 32.	Life contingent payout Other ^(f)											
33.	Total Group Annuities											
	ent and Health											
34.	Comprehensive individual ^(d)								XXX	xxx	xxx	
35.	Comprehensive group ^(d)								XXX	XXX	XXX	
36.	Medicare Supplement ^(d)								XXX	XXX	XXX	
37.	Vision only ^(d)								XXX	XXX	XXX	
38. 39.	Dental only ^(d)								XXX	XXX	XXX	
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX	
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX	
41. 42.	Title XIX Medicaid ^(d) Credit A&H								XXX	XXX	XXX	
42. 43.	Disability income ^(d)		1						XXX	XXX	XXX	
44.	Long-term care ^(d)								XXX	XXX	XXX	
45.	Other health ^(d)								XXX	XXX	XXX	
46.	Total Accident and Health								XXX	XXX	XXX	
47	Total	00.033 (a)									21 421	01 //01

98,933 (c)

						OKANCE				בע) ייי						
				Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial														(00==0.1)		
2. Whole										24,286			(7)	(385,524)	98	5,757,917
3. Term																
5. Universal															43	3,198,758
Universal with secondary guarantees																3,170,730
7. Variable																
8. Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life										24,286			(7)	(385,524)	141	8,956,675
Group Life																
12. Whole																
13. Term																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other ^(f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
34. Comprehensive individual ^(d)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d). 	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total								, , , , , , , , , , , , , , , , , , ,		24,286			(7)	(385,524)	141	8,956,675
	1	1	I	1	1	1	1	1	1	21,200	1	1	(*)	(555,024)	171	5,255,070

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.IN

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	NAIC Group Code. 4918										NAIC Compan	, couc. coo,	
		1	2			Policyholders/Refund					Claims and Benefits P		-
				3	4	Applied to Provide Paid-Up Additions	6	7	8	9	10	11	12
	Line of Business Cons	miums and nnuities siderations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individ	dual Life												
1.	Industrial Whole	0.770											
2.	Term	2,772											
۵. 4	Indexed												
5.	Universal	5,856											20,39
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)	0.000											
11. Group	Total Individual Life	8,628											20,397
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
Individ	dual Annuities Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	Annuities												
27.	Fixed												
28. 29.	Indexed												
30.	Variable with guarantees.												
31.	Life contingent payout.												
32.	Other ^(f)												
33.	Total Group Annuities												
	ent and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37. 38.	Vision only ^(d) Dental only ^(d)								XXX	XXX	XXX		
38. 39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(c)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health.	0.000 ()							XXX	XXX	XXX		0
47.	Total	8,628 (c)									20,397		20,39

						LIFE INS	UKANCE	(SIAIE	PAGE) (C		בט) ייי						
					Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is		-			Policy	Exhibit		
		13				Claims Settled D	uring Current Year				22	Issued Di	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
			Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
											Unpaid						
		Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Busine	ess	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																1	10,000
3. Term																	
5. Universal														(2)	(201,618)	10	563,986
6. Universal with secondary guara	entees													(Δ)	(201,010)	10	
7. Variable																	
Variable universal																	
9. Credit																	
10. Other ^(f)																	
11. Total Individual Life															(201,618)	11	573,986
Group Life																	
12. Whole																	
13. Term																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other ^(f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
Variable without guarantees Life contingent payout																	
25. Other ^(f)																	
25. Other ^(f)																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other ^(f)																	
33. Total Group Annuities Accident and Health																	
34. Comprehensive individual ^(d)		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Bene 	efits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
40. Title XVIII Medicare(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total														(2)	(201,618)	11	573,986
10141		1	1	1	1	1	1	1	1	1	1	1	1	(L)	(201,010)		0,0,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.IA

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	1
		1	2		Dividends to	Policyholders/Refund	ls to Members			C	laims and Benefits P	aid	
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throug s 11)
Individ	ual Life												
1.	Industrial												
2.	Whole												
3.	Term	950											
4.	Indexed	0.400							F4 F70				F4 F7
5.	Universal Universal with secondary guarantees	9,403							51,572				51,57
7	Variable Variable												
γ.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life	14,228											
Group		,											
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
	ual Annuities												
20.	Fixed												
21.	Indexed												
22. 23.	Variable with guarantees Variable without guarantees												
24.	Life contingent payout.												
25.	Other(f)												
26.	Total Individual Annuities												
	Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	ent and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35. 36.	Comprehensive group(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Dental only ^(d)								XXX	XXXXXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(c)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
47.	Total	14,228 (c)		<u> </u>					66,572				66,57

									UNIINU	בט)```						
			1	Direct Death Bene	fits, Matured Endo	wments Incurred a	nd Annuity Benefit	is		-			Policy	Exhibit		
	13					uring Current Year				22	Issued Di	uring Year			In Force December	31, Current Year (b)
		Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(0)	(400.000)		
2. Whole	24,286		15,000						15,000				(3)	(490,000)	9	99,227
3. Term																
5. Universal	(8,428)		51,572	***************************************					51,572				(3)	(124,072)	10	690,009
Universal with secondary guarantees	(0,420)												(3)	(124,072)	10	
7. Variable																
8. Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life			66,572						66,572				(6)	(614,072)	27	789,236
Group Life																
12. Whole																
13. Term																
14. Universal 15. Variable																
16. Variable universal																
17. Credit				***************************************												(a)
18. Other ^(f)																(u)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities				***************************************		***************************************										
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			7-1	742		
47. Total	15,858		66,572		1		1		66,572				(6)	(614,072)	27	789,236

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.KS

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Coue. 60371	1
		1	2		Dividends to F	Policyholders/Refunds t	to Members			C	laims and Benefits F	Paid	-
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throug 11)
Individ	ual Life												
1.	Industrial												
2.	Whole	617											
3.	Term	289											
4.	Indexed												
5.	Universal	6,780											
6.	Universal with secondary guarantees												
7.	Variable												
8. 9	Variable universal												
9. 10.	Credit												
11.	Total Individual Life												
Group		/,080											
12.	Lite Whole			1									
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
	ual Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
Group 27.	Annuities												
28.	Fixed Indexed												
29.	Variable with guarantees												
30.	Variable with guarantees Variable without guarantees												
31.	Life contingent payout.												
32.	Other ^(f)												
33.	Total Group Annuities												
Accide	nt and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43. 44.	Disability income ^(d)								XXX	XXX	XXX		
44. 45.	Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX		
45. 46.	Other nearth of the control of the c								XXX	XXX	XXX		
47.	Total	7,686 (c)											
4/.	iviai	7,000 (C)		1							1	1	1

	1			Diagram Danah Danah		UKANCE	•		01111110	LD)			D-II	. F. Likikia		
	12	1		Direct Death Bene				ts		22	Januard D	uring Voor		Exhibit	In Force December	21 Current Veer (h
	13	T	B : I	1 5 1 2 1		uring Current Year		T = 10 15		22		uring Year		to In Force (Net)		31, Current Year (b)
		14	Paid 15	16	Compromise 17	18	Rejected 19	20	ring Current Year 21		23	24	25	26	27	28
	Incurred During	Number of	15	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial														(== 000)		
2. Whole													(1)	(75,000)	5	26,152
3. Term																
															14	664,65
Universal Universal with secondary guarantees															14	
7. Variable																
8. Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life													(1)	(75,000)	19	690,805
Group Life													,			
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a
18. Other ^(f)																
Individual Annuities																
20. Fixed																
21. Indexed										***************************************		***************************************				
22. Variable with guarantees										***************************************		***************************************				
23. Variable with guarantees																
24. Life contingent payout																
25. Other ^(f)																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
Accident and Health	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total													(1)	(75,000)	19	690,805

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.KY

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Company	y Code: 86371	
		1	2		Dividends to	Policyholders/Refund	s to Members			С	aims and Benefits P		
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throug 11)
Indivi	dual Life			·									
1.	Industrial												
2.	Whole	1,344									1,859		
3.	Term	1,183											
4.	Indexed	0.004											
5.	Universal Universal with secondary guarantees.	2,001											
7	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life	4,528									1,859		
Group	Life												
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18. 19.	Other ^(f)												
	Total Group Life												
20.	dual Annuities Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32. 33.	Other(f)												
	Total Group Annuitiesent and Health												•
34.	Comprehensive individual ^(d)								XXX	xxx	xxx		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		*
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health.	4,528 (c)							XXX	XXX	XXX		4.05
47.	Total	4,528 (C)									1,859		1,859

				Direct Death Bene		OKANCE			01111110				Delieu	. multiple in		
	13			Direct Death Bene		ouring Current Year		ts		22	Jacuad D	uring Year		to In Force (Net)	In Force December	r 31, Current Year (b
	13	Totals	Doid	Daduation by	/ Compromise		Rejected	Total Cattled D	ring Current Year	- 22	23	24	25	26	27	28
		14	15	16	17	18	19	20	21	-	23	24	25	26	27	20
	Incurred During	Number of		Number of		Number of		Number of		Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(6)	(363,000)		38,01
3. Term													(0)	(303,000)	4	30,0
4. Indexed										***************************************						
5. Universal															5	168,00
Universal with secondary guarantees																100,00
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life													(6)	(363,000)	9	206,01
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
18. Other ^(f) 19. Total Group Life																
Individual Annuities									***************************************	***************************************						
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
Accident and Health																
34. Comprehensive individual ^(d)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Dental only^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX		XXX	XXX		XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
44. Long-term care ^(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health ^(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	1					1				1	1		(6)	(363,000)	9	206,014

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to	Policyholders/Refunds t	o Members			C	laims and Benefits P	aid	
				3	4	5 Applied to Provide Paid-Up Additions	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 thro 11)
ndivi	lual Life												
1.	Industrial												
2.	Whole												
.	Term												
	Indexed												
	Universal	2,591											
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
١.	Other ^(f)												
	Total Individual Life	2,591											
our	Life												
	Whole												
	Term												
	Universal												
i.	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Group Life												
	lual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout.												
	Other(f)												
	Total Group Annuities												
	ent and Health												
l.	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	xxx		
i. i.	Long-term care ^(d)								XXX	XXX	XXX		
+. 5.	Other health ^(d)				1				XXX	XXX	XXX		
). 5.	Total Accident and Health				1				XXX	XXX	XXX		
o. 7.	Total	2,591 (c)								ΛΛΛ			
1.	IUldi	∠,591 (C)	1	1	1	1			1		1	1	1

	_			D: 1 D 11 D		OKANCE	•		70111110	L <i>D)</i>	1		D. I.	E 1225		
	13	1		Direct Death Bene		wments Incurred a Juring Current Year		ts		22	Jaquad Di	uring Year		to In Force (Net)	Un Force December	21 Current Veer (h)
	13	Totals	D-:-J	Dadwatian b	Compromise		Rejected	T-4-1 0-441-4 D.	ring Current Year	- 22	23	24	25	26	27	31, Current Year (b)
		14	15	16	17	18	19	20	21		23	24	25	20	2/	28
	Incurred During		15	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term 4. Indexed																
5. Universal														49	3	175,653
Universal with secondary guarantees																
7. Variable																
Variable universal Credit																
10. Other ^(f)																
11. Total Individual Life															3	175,653
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a
18. Other ^(f)																
19. Total Group Life										***************************************						
Individual Annuities																
20. Fixed																
21. Indexed																
23. Variable with guarantees																
23. Variable without guarantees 24. Life contingent payout																
25. Other ^(f)										***************************************						
25. Other ^(f) 26. Total Individual Annuities										***************************************						
Group Annuities																
27. Fixed																
28. Indexed										***************************************						
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
32. Other ^(f)																
Accident and Health																
34. Comprehensive individual ^(d)	xxx	XXX	XXX	XXX	XXX	xxx	XXX	xxx	XXX	XXX						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
43. Disability income ^(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
47. Total														49	3	175,653

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

		4	•	1	Distribute to 1	2-11					laine and Danietta D	-14	
		1	2	3		Policyholders/Refunds t 5		7	8		laims and Benefits P		12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	, Total (Col. 3+4+5+6)	Death and Annuity Benefits	9 Matured Endowments	Surrender Values and Withdrawals	11 All Other Benefits	Total (Sum Columns 8 thro
ndivi	lual Life			,				,					, , , , , , , , , , , , , , , , , , ,
1.	Industrial												
2.	Whole												
	Term	103											
	Indexed												
	Universal	15,262											25,
	Universal with secondary guarantees	10,202											20,
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
0. 1.		15.064							05.000				OF
	Total Individual Life	15,364											
roup	Life												
2.	Whole												
3.	Term												
4.	Universal												
5.	Variable												
	Variable universal												
	Credit												
3.	Other ^(f)												
9.	Total Group Life												
divi	fual Annuities												
).	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
I.	Life contingent payout.												
i.	Other(f)												
).).													
	Total Individual Annuities												
	Annuities												
7.	Fixed												
١.	Indexed												
9.	Variable with guarantees												
١.	Variable without guarantees												
١.	Life contingent payout												
2.	Other ^(f)												
١.	Total Group Annuities												
cid	ent and Health												
1.	Comprehensive individual ^(d)								XXX	XXX	XXX		
i.	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
'.	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)	(e)		1		1			XXX	XXX	XXX		
	Credit A&H					1			XXX	XXX	XXX		
<u>2</u> . 3.	Disability income ^(d)					1			XXX	XXX	XXX		
3. 4.	Long-term care ^(d)					1			XXX	XXX	XXX		
									XXX	XXX	XXX		
5.	Other health ^(d)												
6. 7.	Total Accident and Health	15,364 (c)							XXX	XXX	XXX		25
,	Total	15 264 (a)	i i		1	1			25,000	i			

									PAGE) (C		ED)`′						
					Direct Death Benef		wments Incurred ar	d Annuity Benef	fits	<u> </u>				Policy		<u> </u>	
		13					uring Current Year				22	Issued Du			. ,	In Force December	,
				s Paid	,	Compromise	Amount F			ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
		In a control of December 1	Nihanaf		North an of		Normalis and		Normalisa		Unpaid	Niverban of		North and		Number of	
	Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Pols/Certs	Amount
Individ	ual Life	ourrent reur	1 010/ 00113	Amount	1 0137 00113	Amount	1 010/ 00110	Amount	1 010/ 00110	Amount	ourrent reur	1 010/ 00/10	Amount	1 010/ 00110	Amount	1 010/ 00/10	Amount
1.	Industrial																
2.	Whole													(1)	(100,000)		
3.	Term																
4.	Indexed																
5.	Universal	25,000		25,000						25,000				(1)	(24,494)	35	1,380,743
6.	Universal with secondary guarantees																
7.	Variable																
8. 9.	Variable universal																
9. 10.	Credit Other ^(f)																
11.	Total Individual Life	25,000		25,000						25,000				(2)	(124,494)	35	1,380,743
Group		20,000		20,000						20,000				(2)	(124,494)		1,000,740
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other ^(f)																
19.	Total Group Life					***************************************					***************************************						
	ual Annuities																
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees Variable without guarantees					***************************************											
23. 24.	Life contingent payout																
25	Other ^(f)																
25. 26.	Total Individual Annuities																
	Annuities																
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other ^(f)																
33.	Total Group Annuities																
	nt and Health	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV						
34. 35.	Comprehensive group(d)	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d) Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	25,000		25,000				·		25,000				(2)	(124,494)	35	1,380,743

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.MA

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	1	2		Dividanda +a	Policyholders/Refund	le to Members				laims and Benefits P	hic	
	'		3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 thro
dividual Life												
Industrial												
Whole												
Term												
Indexed												
Universal												
Universal with secondary guarantees												
Variable												
Variable universal												
Credit												
Other ^(f)												
Total Individual Life	9,622									20,825		
oup Life	,,,											
Whole												
Term												
Universal												
Variable												
Variable universal Credit												
Credit												
Other ^(f)												
Total Group Life												
ividual Annuities												
Fixed												
Variable with guarantees												
Variable without guarantees												
Life contingent payout												
Other ^(f)												
Total Individual Annuities												
up Annuities												
- Fixed												
Indexed												
Variable with guarantees												
Variable without guarantees												
Life contingent payout												
Other ^(f)												
Total Group Annuities												
ident and Health												
								xxx	XXX	xxx		
Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
Medicare Supplement ^(d)								XXX	XXX	XXX		
Vision only ^(d)								XXX	XXX	XXX		
Dental only ^(d)								XXX	XXX	XXX		
Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
Title XIX Medicaid ^(d)								XXX	XXX	XXX		
Credit A&H								XXX	XXX	XXX		
Disability income ^(d)								XXX	XXX	XXX		
Long-term care ^(d)								XXX	XXX	XXX		
Other health(d)								XXX	XXX	XXX		
. Total Accident and Health								XXX	XXX	XXX		
'. Total	9,622 (c)		1	1	1	İ				20,825		20,8

	1			Direct Death Bene		OKANCE	_ •						Dolin	/ Exhibit		
	13	1		Direct Death Bene		ouring Current Year		ıs		22	Jeeuad D	uring Year		to In Force (Net)	In Force December	31 Current Vear (
	13	Totals	s Paid	Doduction by	/ Compromise		Rejected	Total Cattled D	ring Current Year	- 22	23	24	25	26	27	28
		14	15	16	17	18	19	20	21		23	24	23	20	27	20
	Incurred During	Number of		Number of		Number of		Number of		Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
3. Term										***************************************						
4. Indexed																
5. Universal													(1	(83,000)	9	793,22
Universal with secondary guarantees														(00,000)		, , , , , ,
7. Variable																
8. Variable universal																
8. Variable universal																
10. Other ^(f)																
11. Total Individual Life													(1)(83,000)	9	793,22
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
19. Total Group Life																
Individual Annuities										***************************************					***************************************	
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without quarantees																
24. Life contingent payout																
25. Other ^(f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
Accident and Health 34. Comprehensive individual (d)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Dental only^(d) Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX		XXX	xxx	XXX	XXX	XXX	xxx	XXX	XXX						
44. Long-term care ^(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
47. Total		_											(1	(83,000)	9	793,225

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.MI

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

		1	2	1	Dividondo +o	Policyholders/Refund	de to Mombore		1		laims and Benefits P	aid	
		<u>'</u>	2	3	Dividends to	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	7 Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 thro
div	idual Life												
	Industrial												
	Whole												
	Term												
	Indexed												
	Universal	200							81,798				
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Individual Life	200							81,798				81
	p Life								1				
	Whole												
	Term												
	Universal												
	Variable												
	Variable universal												
	Credit.												
	Other ^(f)												
_	Total Group Life												
	idual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
	p Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Group Annuities												
	dent and Health												
	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(a)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)	(e)							XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
									XXX	XXX	XXX		
	Disability income ^(d)												
	Long-term care ^(d)								XXX	XXX	XXX		
	Other health(d)									XXX			
	Total Accident and Health								XXX	XXX	XXX		
7.	Total	200 (c)	1	1	1	1	1	1	81,798		1	1	81

						OKANCE				בען״׳׳						
			1	Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is		-			Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
		Totals I	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed			81,798						81,798							
Universal with secondary guarantees	01,/90		01,/90						01,/90							
7. Variable																
Variable universal Credit																
10. Other ^(f)																
11. Total Individual Life	81,798		81,798						81,798							
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other ^(f)																
19. Total Group Life																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ⁽¹⁾ 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	81,798		81,798	1					81,798		1					

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
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LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to	Policyholders/Refunds t	o Members			C	laims and Benefits P	aid	
				3	4	5 Applied to Provide Paid-Up Additions or Shorten the	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throu 11)
Indivi	dual Life												
1.	Industrial												
2.	Whole												
ł.	Term												
	Indexed												
	Universal												
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
).	Other ^(f)												
١.	Total Individual Life												
roup	Life												
2.	Whole												
١.	Term												
l.	Universal												
i.	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Group Life												
	dual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees				• • • • • • • • • • • • • • • • • • •								
	Variable without guarantees			NC									
	Life contingent payout				<i>7</i> - E - XI - E -						•		
	Other ^(f)												
	Total Individual Annuities												
oup	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
<u>.</u>	Other ^(f)												
١.	Total Group Annuities												
cid	ent and Health												
ŀ.	Comprehensive individual ^(d)								XXX	XXX	XXX		
5.	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	xxx		
	Title XIX Medicaid ^(d)	(0)							XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
i. i.	Long-term care ^(d)								XXX	XXX	XXX		
+. 5.	Other health ^(d)								XXX	XXX	XXX		
o. ó.	Total Accident and Health.				1				XXX	XXX	XXX		1
o. 7.	Total	(c)								^^^.			
1.	IUldi	(C)	1	1	1	1			1	1	1	1	1

								(SIAIE			בט)```						
					Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is		•			Policy	Exhibit		
		13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
			Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
											Unpaid						
		Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole 3. Term																	
 Term Indexed 																	
5. Universal																	
	with secondary guarantees																
7. Variable	min coodinary garantees																
Variable ur	niversal																
9. Credit																	
10. Other(f)																	
11. Total Indivi	ridual Life																
Group Life																	
12. Whole																	
13. Term 14. Universal																	
15. Variable																	
16. Variable ur	niversal																
17. Credit	THIVE I GUI																(a)
18. Other(f)									X								(=)
Total Grou	ıp Life							10									
Individual Annuities	s						1										
20. Fixed																	
21. Indexed																	
	vith guarantees																
	vithout guarantees																
25. Other ^(f)	ngent payout																
	ridual Annuities																
Group Annuities	radal Alliantes																
27. Fixed																	
28. Indexed																	
	vith guarantees																
	vithout guarantees																
	ngent payout																
32. Other ^(f) 33. Total Grou																	
Accident and Healt	up Annuities																
	tn :nsive individual ^(d)	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
	nsive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only	y ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
Federal Em	nployees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX M		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability i		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term 45. Other heal		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	dent and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	dent did Health		ΑΛΛ														
-/. IUIai		1	1		1	1	1	1	1	1	i	1	1	1	1	1	1

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,392 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,449,445 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 72 \$
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

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DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	NAIC Group Code: 4918										NAIC Compar	ly Code: 863/1	1
		1	2			Policyholders/Refunds					claims and Benefits I		-
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts		Total (Sum Columns 8 througl
Indivi	dual Life							,					1.,
1.	Industrial												
2.	Whole	563											
3.	Term												
4.	Indexed												
5.	Universal	20,075											
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9. 10.	CreditOther ^(r)												
11.	Total Individual Life.	20,638											
Group		20,030						***************************************					
12.	Whole			1								1	
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
Indivi	dual Annuities												1
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities							***************************************					
	Annuities												
27.	Fixed												
28. 29.	Indexed												
29. 30.	Variable with guarantees Variable without guarantees												
31.	Life contingent payout.												
32.	Other ^(f)												
33.	Total Group Annuities												
	ent and Health												
34.	Comprehensive individual ^(d)								XXX	xxx	xxx		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38. 39.	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
47.	Total	20,638 (c)											

								(SIAIE			LD)`´						
					Direct Death Benet	fits, Matured Endo	wments Incurred a	ind Annuity Benefit	is					Policy	Exhibit		
		13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
			Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
											Unpaid						
		Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Indiv	lual Life																
1.	Industrial														(40.000)		
2.	Whole	24,286									24,286			(1)	(10,000)		
3. 4.	Term																
4. 5.	IndexedUniversal															27	1,621,596
5. 6.	Universal with secondary guarantees															21	1,021,390
7.	Variable																
8.	Variable Universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life	24,286									24,286			(1)	(10,000)	27	1,621,596
Grou	Life													,	, ,		
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other ^(f)																
19.	Total Group Life																
	dual Annuities																
20.	Fixed																
21.	Indexed																
22. 23.	Variable with guarantees Variable without guarantees																
24.	Life contingent payout																
25	Other ^(f)																
25. 26.	Total Individual Annuities																
	Annuities																
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other ^(f)																
33.	Total Group Annuities																
	ent and Health																
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
36. 37.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Vision only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Dental only ^(d) Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	24,286									24,286			(1)	(10,000)	27	1,621,596

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.NE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to	Policyholders/Refund	ds to Members			C	aims and Benefits P	aid	
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throug 11)
Indiv	idual Life	Considerations	Considerations	Left on Deposit	Tremums	Teriou	Other	3141310)	Denents	Litaowillents	Tor Life Contracts	All Other benefits	11)
1.	Industrial												
2.	Whole	3,157											
3.	Term	310											
4.	Indexed												
5.	Universal	14,059											
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life	17,525											
	p Life												
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18. 19.	Other ^(f)												
	Total Group Lifeidual Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable with guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	p Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	lent and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. 43.	Credit A&H								XXX	XXXXXX	XXX		
43. 44.	Disability income ^(d)								XXX	XXXXXX	XXX		
44. 45.	Long-term care ¹⁴ Other health ^(d)								XXX	XXXXXX	XXX		
45. 46.	Total Accident and Health.							1	XXX	XXX	XXX		
47.	Total	17,525 (c)									ΛΛΛ		
47.	i Otai	17,323 (C)	1		1		i .	1	1		i	•	

		1			Direct Death Bene			•		ONTINU		1		Doling	Exhibit		
		13	1		Direct Death Belle		uring Current Year		18		22	Jeeuad D	uring Year		to In Force (Net)	In Force December	31 Current Vear (h
		13	Totals	Doid	Daduation by	Compromise		Rejected	Total Cattled Du	iring Current Year	- 22	23	24	25	26	27	28
			14	15	16	17	18	19	20	21	-	23	24	25	26	27	20
		Incurred During	Number of		Number of		Number of		Number of		Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																	
1. Industrial															(0.00.000)		
2. Whole														(2)	(250,000)	6	66,00
Term Indexed																	
														(0)	(60.005)	20	942,02
	secondary guarantees													(Z)	(69,805)	20	942,02
7. Variable	secondary guarantees										***************************************						
8. Variable univers	eal										***************************************						
9. Credit	5 4 1																
10. Other ^(f)																	
11. Total Individual	Life													(4)	(319,805)	26	1,008,02
Group Life														(')	(2.1,500)		.,,
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
Variable univers	sal																
17. Credit																	(
18. Other(f)																	
Total Group Life	e																
Individual Annuities																	
20. Fixed																	
21. Indexed																	
Variable with gr																	
Variable withou																	
 24. Life contingent 	payout																
25. Other ^(f)																	
	Annuities																
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with gr																	
30. Variable withou																	
31. Life contingent	payout																
32. Other (f)	nuition																
Accident and Health	nutties																
34. Comprehensive		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. Comprehensive		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Suppl		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Suppl 37. Vision only ^(d)	demont.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only discountry		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	rees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medi		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medic		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability incom	ne ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total		1	1		†			1	1	†				(4)	(319,805)	26	1,008,02

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.NV

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	NAIC Group Code. 4916			1	5::1				1		NAIC COMpan		
		1	2	2		Policyholders/Refunds t		7	8		laims and Benefits F		10
	Line of Business	Premiums and Annuities Considerations	Other Considerations	3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	Surrender Values and Withdrawals	11 All Other Benefits	Total (Sum Columns 8 throug s 11)
Individ	ual Life												
1.	Industrial												
2. 3.	Whole	350											
3. 4.	Indexed	330											
5.	Universal	1,380											
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other(f)	4 700											
11.	Total Individual Life	1,730											
Group 12.	Lite Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
20.	lual Annuities Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout.												
25.	Other ^(f)												
26.	Total Individual Annuities												
Group	Annuities												
27. 28.	Fixed Indexed												
29.	Variable with guarantees												
30.	Variable with guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	ent and Health								,,,,,,	V	,		
34.	Comprehensive individual (d)								XXX	XXX	XXX		
35. 36	Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44. 45.	Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX		
45. 46.	Other health Total Accident and Health								XXX	XXX	XXX		
46.	Total Accident and Health	1,730 (c)								٨٨٨			
H+/.	iviai	1,730 (C)		I	1				1	l	1	1	1

	1			Direct Death Bane		wments Incurred a			01111110				Dalia	/ Exhibit		
	13			Direct Death Belle		ouring Current Year		ıs		22	Jeeund D	uring Year		to In Force (Net)	In Force December	21 Current Veer (I
	13	Totals	Doid	Daduation by	/ Compromise		Rejected	Total Cattled D	ring Current Year	- 22	23	24	25	26	27	28
		14	15	16	17	18	19	20	21	-	23	24	25	26	27	20
	Incurred During	Number of		Number of		Number of		Number of		Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial														(200,000)		
3. Term													(1,	(200,000)		
4. Indexed										***************************************						
5. Universal															2	118,00
Universal with secondary guarantees															2	
7. Variable																
9. Credit																
10. Other(f)																
11. Total Individual Life													(1)	(200,000)	2	118,00
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
18. Other ^(f) 19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
Accident and Health	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Dental only^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX						
44. Long-term care ^(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health(d)	XXX		XXX		XXX	XXX		XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX		· · · · · · · · · · · · · · · · · · ·				
47. Total													(1)	(200,000)	2	118,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)
Supp206.NJ

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

		1	2								laims and Benefits P		
				3	4	Policyholders/Refunds to	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 thro
dividı	ial Life							,					<i>'</i>
	Industrial												
	Whole												
	Term												
	Indexed												
	Universal	1,427											
	Universal with secondary guarantees	,											
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Individual Life.	1,427											
oup L		1,727											
Jup L	Whole												
	Term												
	Universal												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Group Life												
vidu	ual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Group Annuities												
ider	nt and Health												
	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)	(e)							XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
	Other health(d)								XXX	XXX	XXX	1	
	Total Accident and Health.								XXX	XXX	XXX		

		1			Di		UKANCE			01111110		T		B "	F. Libia		1
		- 10	1		Direct Death Benef		wments Incurred a	nd Annuity Benefit	S		00		,		Exhibit	I. E. B. I	01.0 (1)
		13					uring Current Year				22		uring Year	Other Changes			31, Current Year (b)
			Totals 14		16	Compromise 17	18	Rejected 19	20	ring Current Year 21		23	24	25	26	27	28
		Incurred During		15	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Indivi	dual Life																
1.	Industrial																
2.	Whole																
3. 4.	Term																
4. 5.	Indexed																
5. 6.	Universal Universal with secondary guarantees																
7	Variable																
8.	Variable universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life																
Group) Life																
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16. 17.	Variable universal Credit														***************************************		(a)
18.	Other ^(f)								\···I								(a)
19.	Total Group Life																
	dual Annuities							101									
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25. 26.	Other ^(f)																
	Total Individual Annuities																
	Annuities																
27.	Fixed																
28. 29.	IndexedVariable with guarantees																
30.	Variable with guarantees																
31.	Life contingent payout					***************************************											
32.	Other ^(f)																
33.	Total Group Annuities																
	lent and Health																
34.	Comprehensive individual(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. 41.	Title XVIII Medicare ^(d) Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	1			1		1							1	İ	1	

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 806,508 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,039,614,200 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 72 \$
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

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DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

Considerations Considerations Considerations Part	ues Tota	11	Co	11				8	7	7				2	'	
Premiums and Chief Premiums and Chief Premiums and Chief	ues Tota als Columns	c	Co		100	10	,	o	'							
Industrial				All Other Benefit	als	Surrender Values and Withdrawals for Life Contracts	Matured Endowments	Death and Annuity Benefits	(Col. -5+6)	Total (C 3+4+5+	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	Applied to Pay Renewal	Paid in Cash or	Other Considerations	Annuities	Line of Business
Industrial									,				·			ial Life
Whole																
Term																
Indexed																
Universal with secondary guarantees																
Universal with secondary guarantees Variable universal Variable universal Oredit Total Individual Life 554 Whole Interest of the secondary of the secondary guarantees Whole Interest of the secondary guarantees Whole Interest of the secondary guarantees Variable universal V															564	
Variable universal Credit Other** Total Individual Life S64 Variable universal Total Individual Life S65 Variable universal S66 Variable universal S67 Variable universal S68 Variable universal S68 Variable universal S69 Variable universal																
Variable universal Order																
Credit Chemin C																
Other																
Total Individual Life																
Description Description															56/	
Whole											 					
Term																
Universal																
Variable																
Variable universal																
Credit																
Other Othe																
Total Group Life vidual Annuities Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout. Other ⁽ⁿ⁾ Total Individual Annuities Indexed Variable with guarantees Life contingent payout. Other ⁽ⁿ⁾ Total Individual Annuities Indexed Variable with guarantees Life contingent payout. Other ⁽ⁿ⁾ Total Individual Annuities Indexed Variable with guarantees Life contingent payout. Other ⁽ⁿ⁾ Variable with guarantees Life contingent payout.																
Fixed State																
Fixed Indexed Wariable with guarantees Wariable without guarantees Wariable without guarantees Wariable without guarantees Wariable without guarantees Wariable without guarantees Wariable with guarantees Wariable with guarantees Wariable with guarantees Wariable with guarantees Wariable with guarantees Wariable without guarantees Wariab											 					
Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ^(r) Total Individual Annuties oup Annutites Indexed Variable with guarantees Variable with guarantees Life contingent payout Outher ^(r) Total Individual Annuties oup Annutites Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ^(r)																
Variable with guarantees Variable without guarantees Life contingent payout Other ¹⁰ Total Individual Annuities Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ¹⁰ Indexed Variable without guarantees Variable without guarantees Life contingent payout Other ¹⁰																
Variable without guarantees Life contingent payout Other ^(r) Total Individual Annuities sup Annuities Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ^(r)																
Other ^(r) Total Individual Annuities pup Annuities Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ^(r)																Variable with guarantees
Other ^(r) Total Individual Annuities up Annuities Fixed. Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ^(r)																Variable without guarantees
Total Individual Annuities pup Annuities Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other(f)																Life contingent payout
Price Annuities Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ^(r)																Other ^(f)
Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ^(r)																Total Individual Annuities
Indexed Variable with guarantees Variable without guarantees Life contingent payout Other ⁽¹⁾																Annuities
Indexed. Variable with guarantees Variable without guarantees Life contingent payout Other ⁽¹⁾																Fixed
Variable with guarantees Variable without guarantees Life contingent payout Other(f)																Indexed
Variable without guarantees Life contingent payout Other ^(f)																Variable with guarantees
Life contingent payout. Other ^(f)																
Other ^(f)																
Total Group Annuities.																Total Group Annuities
cident and Health																
Comprehensive individual ^(d) XXX XXX XXX						XXX	XXX	XXX								
Comprehensive group ^(d) XXX XXX XXX																
Medicare Supplement ^(d) XXX XXX XXX																
Vision only ^(a) XXX XXX XXX																
Vision only ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X																
Federal Employees Health Benefits Plan ^{cd} XXX XXX XXX XXX																
Title XVIII Medicare ^(d) XXX XXX XXX XXX															(م)	
11te AVII wedicate((e)	
Title XIX Medicaid ^(d) XXX XXX																
Disability income ^(d) XXX XXX XXX XXX																
Long-term care ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X																
. Total Accident and Health								ХАХ			 				F / \	

		1		,	Direct Death Bf			nd Appuity Banefit						D-!:	- Cybibit		
		13		I	niect Death Benef		wments Incurred a		8		22	looued D	uring Voor		to In Force (Net)	In Force December	21 Current Veer (b)
		13	Totals	Paid	Poduation by	Claims Settled D	uring Current Year	Rejected	Total Cattled Do	ring Current Year	22	23	uring Year 24	25	26	27	31, Current Year (b)
			14	15	16	17	18	19	20	21		23	24	25	20	2/	20
	Line of Business	Incurred During Current Year		Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Indivi	lual Life	Current real	Fois/Certs	Alliount	FUIS/CELLS	Amount	FUIS/ Cel (S	Amount	FUIS/ Certs	Amount	Current real	FUIS/CEITS	Amount	FUIS/CEITS	Amount	Fois/Certs	Airiount
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5. 6.	Universal																
o. 7	Universal with secondary guarantees Variable																
8.	Variable universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life																
Group																	
12. 13.	Whole																
14.	Term Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other ^(f)								<u> </u>								
19.	Total Group Life							101									
	lual Annuities						, ,										
20. 21.	Fixed Indexed						·····										
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other ^(f)																
26.	Total Individual Annuities																
	Annuities																
27. 28.	Fixed Indexed	-															
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other ^(f)																
33.	Total Group Annuities																
	ent and Health	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVVV	ww						
34. 35.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. 43.	Credit A&H Disability income ^(d)	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	İ				İ	1			1							İ

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

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DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to	Policyholders/Refund	ds to Members			C	aims and Benefits P	aid	
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throug 11)
Indiv	idual Life	Conciderations	Contractations	Lore on Bopoore	110111101110	7 01100	0 1.101	0111010)	Benefite	Liidomiioiito	Tot Erro contracto	7 III Other Benefit	,
1.	Industrial												
2.	Whole												
3.	Term												
4.	Indexed												
5.	Universal	1,508											
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life	1,508											
	p Life												
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17. 18.	CreditOther ^(f)												
18.	Total Group Life												
	idual Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
	p Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	lent and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. 43.	Credit A&H								XXX	XXXXXX	XXX		
43. 44.	Disability income ^(d)								XXX	XXXXXX	XXX		
44. 45.	Long-term care ^{ua} Other health ^(d)								XXX	XXXXXX	XXX		
45. 46.	Total Accident and Health				1			1	XXX	XXXXXX	XXX		
47.	Total	1,508 (c)									ΛΛΛ		
47.	rotar	1,500 (C)	1	•	1		1	1	1		•	1	

		1			Di					ONTHINO		T		B "	T. J. L.		
		10	1		Direct Death Benef			nd Annuity Benefit	S		00		,		Exhibit	I. E. B. I	01.0 (1)
		13					uring Current Year				22		uring Year		to In Force (Net)		31, Current Year (b)
			Totals 14		16	Compromise 17	18	Rejected 19	20	ring Current Year 21		23	24	25	26	27	28
		Incurred During		15	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Indivi	lual Life																
1.	Industrial																
2.	Whole																
3.	Term																
4. 5.	Indexed																
5. 6.	Universal Universal with secondary guarantees																
7	Variable																
8.	Variable universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life																
Group	Life																
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16. 17.	Variable universal Credit						·····										(-)
18.	Other ^(f)								\···I								(a)
19.	Total Group Life																
	dual Annuities							101									
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25. 26.	Other ^(f)																
	Total Individual Annuities																
	Annuities																
27.	Fixed																
28. 29.	IndexedVariable with quarantees																
30.	Variable with guarantees Variable without guarantees																
31.	Life contingent payout																
32.	Other ^(f)																
33.	Total Group Annuities																
	ent and Health																
34.	Comprehensive individual(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. 41.	Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d) Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total																

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to I	Policyholders/Refund	ls to Members	_		C	laims and Benefits P		
				3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 througl 11)
Individ	ual Life												·
1.	Industrial												
2.	Whole	7,924							20,500				30,096
3.	Term	6,597											
4.	Indexed												
5.	Universal								93,312				97,419
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life	28,018							113,812				127,515
Group													
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life												
	ual Annuities												
20.	Fixed												
21.	Indexed.												
22. 23.	Variable with guarantees												
23. 24.	Variable without guarantees												
25.	Other(f)												
25. 26.	Total Individual Annuities												
	Annuities	***************************************											
Group 27.	Annuities Fixed												
28.	Indexed												
29.													
29. 30.	Variable with guarantees Variable without guarantees												
31.	Life contingent payout												
32.	Other(f).												
33.	Total Group Annuities												
	nt and Health												
34.	Comprehensive individual ^(d)								xxx	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(a)			1					XXX	XXX	XXX		
38.	Dental only ^(d)			1					XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)			1					XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(م)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(е)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)			1					XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health.								XXX	XXX	XXX		
47.	Total	28,018 (c)							113,812	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13,703		127,515
T/.	Total	20,010 (0)			1				113,012		13,703		127,31

				o:					ONTHINU	L <i>D)</i>	1		D. I.	E 1.1.5		
	10	T	l	Direct Death Bene		wments Incurred a		is .		00	Januari D	i V		Exhibit	lla Farra Danasahan	21 0 //
	13	T	B : I			uring Current Year		T - 10 15	. 0	22		uring Year		to In Force (Net)	In Force December	
		14	s Paid 15		Compromise	Amount 18	Rejected 19	20	ring Current Year		23	24	25	26	27	28
	Incurred During		15	16 Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole	20,500		20,500						20,500					(308,459)	38	370,360
3. Term																
5. Universal	93,312		93,312						93,312					(311,188)	23	1,228,14
Universal with secondary guarantees																
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)														(440.44=)		
11. Total Individual Life	113,812		113,812											(619,647)	61	1,598,508
Group Life																l
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																1
17. Credit																1 (:
18. Other ^(f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																ĺ
27. Fixed																
28. Indexed																
29. Variable with guarantees																1
30. Variable without guarantees31. Life contingent payout																
31. Life contingent payout																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						1
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						1
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						1
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						1
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX		XXX	XXX	XXX	XXX	XXX	XXX		XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	113,812		113,812						113,812				(14)	(619,647)	61	1,598,508

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

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DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	1	2		Dividanda +a	Policyholders/Refund	te to Members				laims and Benefits P	hie	
	'	2	3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	7 Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 thro
ndividual Life												
. Industrial												
2. Whole												
3. Term	99											
. Indexed												
. Universal												
Universal with secondary guarantees												
. Variable												
. Variable universal												
. Credit												
D. Other ^(f)												
1. Total Individual Life	2,866											
roup Life	2,000											
2. Whole												
3. Term												
4. Universal												
5. Variable												
. Variable universal												
Credit												
Other ^(f)												
). Total Group Life												
dividual Annuities												
. Fixed												
Indexed												
Variable with guarantees												
Variable without guarantees												
4. Life contingent payout												
Other ^(f)												
. Total Individual Annuities												
oup Annuities												
. Fixed												
Indexed												
. Variable with guarantees												
Variable without guarantees												
I. Life contingent payout												
2. Other ^(f)												
3. Total Group Annuities												
cident and Health												
Comprehensive individual ^(d)								XXX	XXX	xxx		
Comprehensive group ^(d)								XXX	XXX	XXX		
Medicare Supplement ^(d)								XXX	XXX	XXX		
Vision only ^(d)								XXX	XXX	XXX		
Dental only ^(d)								XXX	XXX	XXX		
Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX	1	
	f-A							XXX	XXXXXX	XXX		
	(e)								XXXXXX			
Title XIX Medicaid ^(d)								XXX		XXX		
Credit A&H								XXX	XXX	XXX		
. Disability income ^(d)								XXX	XXX	XXX		
. Long-term care ^(d)								XXX	XXX	XXX		
i. Other health ^(d)								XXX	XXX	XXX		
. Total Accident and Health								XXX	XXX	XXX		
7. Total	2,866 (c)	1	1		1	1	1	1		1		

						LILE IIIS	OKANCE	SIAIE	PAGE) (C		בטייי						
					Direct Death Benet	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is					Policy	Exhibit		
		13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
			Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
											Unpaid						
		Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
	of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																	
1. Industrial																	
Whole Term																	
4. Indexed																	
5. Universal																3	120,086
Universal with second	dary guarantees																120,000
7. Variable																	
Variable universal																	
9. Credit																	
10. Other ^(f)																	
11. Total Individual Life																	120,086
Group Life 12. Whole													1	1			
12. Whole																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other ^(f)																	
19. Total Group Life											***************************************			***************************************			
Individual Annuities																	
20. Fixed														***************************************			
21. Indexed	000																
23. Variable without guar																	
24. Life contingent payou																	
25. Other ^(f)																	
	ties																
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarant30. Variable without guar		-															
 Variable without guar Life contingent payou 																	
32. Other ^(f)																	
33. Total Group Annuities																	
Accident and Health																	
 Comprehensive indivi 		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Comprehensive group 		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement 37. Vision only ^(d)	t ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	ealth Renefite Dlan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and He	ealth	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	·									1						3	120,086

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

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DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	· · · · · · · · · · · · · · · · · · ·	1	2		Dividende to E	Policyholders/Refunds to	n Mamhare				laims and Benefits P	aid	
		'	2	3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 throi
divid	ual Life												,
	Industrial												
	Whole	2,656											
	Term	258											
	Indexed												
	Universal	5,425											
	Universal with secondary guarantees	,											
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Individual Life.			1									
	Life	0,007											
oup i	Whole			1		1						1	
	Term												
	Universal												
	Variable Universal												
	Credit												
	Other ^(f)												
	Total Group Life												
vidı	ual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Group Annuities												
ide	nt and Health												
	Comprehensive individual ^(d)								XXX	XXX	xxx		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	xxx		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)	(e)							XXX	XXX	XXX		
	Credit A&H			1					XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
	Other health ^(d) Total Accident and Health								XXX	XXX	XXX		

2. Who 3. Teri 4. Inde 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth					Direct Death Benet												
1. Indu 2. Who 3. Teru 4. Indo 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth							uring Current Year				22	Jeeuad Di	uring Year		Exhibit to In Force (Net)	In Force December	31 Current Vear (
1. Indu 2. Who 3. Teru 4. Indo 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth		13	Totals	Doid	Doduction by	Compromise		Rejected	Total Cattled Du	ring Current Year	22	23	24	25	26	27	28
1. Indu 2. Who 3. Teru 4. Indo 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth			14	15	16	17	18	19	20	21		23	24	25	20	27	20
1. Indu 2. Who 3. Teri 4. Indo 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth		Incurred During	Number of	13	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
1. Indu 2. Who 3. Teri 4. Indo 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
 Who Terri Inde Univ Var Var Cre Oth 																	
3. Terri 4. Inde 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth	lustrial																
4. Inde 5. Univ 6. Univ 7. Var 8. Var 9. Cre 10. Oth														(3)	(250,000)	5	72,00
6. Univ 7. Var 8. Var 9. Cre 10. Oth	rmlexed																
7. Var 8. Var 9. Cre 10. Oth	iversal															8	669,1
8. Var 9. Cre 10. Oth	iversal with secondary guarantees																
 Cred Oth 	riable																
10. Oth	riable universal																
10. Oth																	
	her ^(f)																
11. Tota	tal Individual Life													(3)	(250,000)	13	741,18
Group Life																	
12. Who	nole																
Teri	rm																
	iversal																
	riable																
	riable universal																
17. Cre																	
	her ^(f)																
19. Tota	tal Group Life																
Individual Ar	nnuities																
20. Fixe	ed																
	lexed																
	riable with guarantees																
23. Var	riable without guarantees																
24. Life	e contingent payout																
25. Oth 26. Tota	her ^(f)																
 Total 	tal Individual Annuities																
Group Annui	ities																
27. Fixe	ed																
28. Inde	lexed																
	riable with guarantees																
30. Var	riable without guarantees																
31. Life	e contingent payout																
	her ^(f)																
 33. Tota 	tal Group Annuities																
Accident and	nd Health																
34. Con	mprehensive individual(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Con	mprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	edicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Visi	sion only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Den	ntal only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Fed	deral Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title	le XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	le XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Cre	edit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disa	ability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Lon	ng-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	her health(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
	tal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Tota		†	 					†	1					(3)	(250,000)	13	741,18

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

		4	•	1	Distribute to 1	2-11					laine and Baracha B	-14	
		1	2	3	Dividends to i	Policyholders/Refunds t 5		7	8		laims and Benefits P		12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	, Total (Col. 3+4+5+6)	Death and Annuity Benefits	9 Matured Endowments	Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	Total (Sum Columns 8 thro
ndivi	lual Life												
1.	Industrial												
2.	Whole	3,844											
i.	Term	1,177											
	Indexed	,											
	Universal	28,648									2,216		
	Universal with secondary guarantees										,		
	Variable												
	Variable universal												
	Credit												
0.	Other ^(f)										0.046		
1.	Total Individual Life	33,669							25,000		2,216		
roup	Life												
2.	Whole												
3.	Term												
4.	Universal												
i.	Variable												
j.	Variable universal												
'.	Credit												
3.	Other ^(f)												
9.	Total Group Life												
	lual Annuities												
).	Fixed												
	Indexed												
2.	Variable with guarantees												
i. i.	Variable without guarantees												
	Life contingent payout												
j.	Other ^(f)												
j.	Total Individual Annuities												
	Annuities												
7.	Fixed												
١.	Indexed												
).	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
2.	Other ^(f)												
١.	Total Group Annuities												
	ent and Health												
1. 1.	Comprehensive individual ^(d)								xxx	XXX	XXX		
٠. 5.	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)					1			XXX	XXX	XXX		
). '.	Vision only ^(d)					1			XXX	XXX	XXX		
									XXX	XXX			
	Dental only(d)										XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
١.	Long-term care ^(d)								XXX	XXX	XXX		
5 .	Other health ^(d)								XXX	XXX	XXX		
5.	Total Accident and Health								XXX	XXX	XXX		
7.	Total	33,669 (c)	i e	1	i	1			25,000		2,216	1	27,

					FILE III/2	UKANCE	SIAIE	PAGE) (L	UNIINU	בען״׳׳						
			1	Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is		-			Policy	Exhibit		
	13				Claims Settled D	uring Current Year	e ·			22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
		Totals F	Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(7)	(898,500)	13	102,363
3. Term													(/)	(898,500)	13	102,303
4. Indexed																
5. Universal	25,000		25,000						25,000				(2)	(54,913)	53	2,337,633
Universal with secondary guarantees	,													(- ,,)		
7. Variable																
8. Variable universal																
9. Credit																
10. Other ^(f)	25,000		05.000						05.000				(0)	(0.00 410)		0.400.006
11. Total Individual Life	25,000		25,000						25,000				(9)	(953,413)	66	2,439,996
Group Life 12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other ^(f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health	1			1										1		
34. Comprehensive individual(d)	xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	25,000		25,000						25,000				(9)	(953,413)	66	2,439,996

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,147 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,327,617 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 72 \$
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

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DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

		^	ı	District	Daliauhalda (D-f	a ta Manahara				Naima and Dones	nat al	
	1	2			Policyholders/Refund		7	 		Claims and Benefits P		10
	Premiums and Annuities	Other	3 Paid in Cash or	4 Applied to Pay Renewal	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7 Total (Col.	8 Death and Annuity	9 Matured	10 Surrender Values and Withdrawals	11	Total (Sum Columns 8 throu
Line of Business	Considerations	Considerations	Left on Deposit	Premiums	Period	Other	3+4+5+6)	Benefits	Endowments	for Life Contracts	All Other Benefits	11)
lividual Life												
Industrial	FOC											
Whole	586											
Term												
Indexed												
Universal Universal with secondary guarantees.												
Universal with secondary guarantees												
Variable												
Variable universal												
Credit												
. Other ^(f)												
. Total Individual Life	3,865											
oup Life												
Whole												
Term												
Universal												
Variable												
Variable universal												
Credit												
Other ^(f)												
Total Group Life												
Total Group Life vidual Annuities												
												4,0
Fixed										4,000		4,0
Variable with guarantees												
Variable without guarantees												
Life contingent payout												
Other ^(f)												
Total Individual Annuities												4,0
up Annuities												
Fixed												
Indexed												
Variable with guarantees												
Variable without guarantees												
Life contingent payout												
Other ^(f)												
Total Group Annuities												
dent and Health												
Comprehensive individual ^(d)								XXX	XXX	XXX		
Comprehensive group ^(d)								xxx	XXX	XXX		
Medicare Supplement ^(d)								XXX	XXX	XXX		
Vision only ^(d)								XXX	XXX	XXX		
Dental only ^(d)								XXX	XXX	XXX		
Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
Title XXIII Medicare ^(a)	(e)							XXX	XXXXXX	XXX		
												1
Credit A&H								XXX	XXX	XXX		
Disability income ^(d)								XXX	XXX	XXX		
Long-term care ^(d)								XXX	XXX	XXX		
Other health ^(d)								XXX	XXX	XXX		
Total Accident and Health								XXX	XXX	XXX		
Total	3,865 (c)		1	1			1			26,542		26,

	1			Direct Death Bane		wments Incurred a	•		01111110				Dalia	, Evhibit		
	13			Direct Death Bene		ouring Current Year		ts		22	Jacuad D	uring Year		to In Force (Net)	In Force December	31, Current Year (b
	13	Totals	Doid	Daduation by	/ Compromise		Rejected	Total Cattled D	ring Current Year	22	23	24	25	26	27	28
		14	15	16	17	18	19	20	21		23	24	25	20	27	20
	Incurred During	Number of	13	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole															1	10,00
Term Indexed																
5. Universal													1	130,000	6	535,55
Universal with secondary guarantees														130,000	U	
7. Variable																
Variable universal Credit																
10. Other(f)																
11. Total Individual Life														130,000	7	545,55
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other ^(f) 19. Total Group Life																
Individual Annuities 20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
Accident and Health		100	1004		1004	1004	1004	1004	1004	1004						
 34. Comprehensive individual^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Dental only^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX						
46. Total Accident and Health	XXX		XXX		XXX	XXX		XXX	XXX	XXX						
47. Total				1	1		1						1	130,000	7	545,550

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2023

LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	ı
		1	2		Dividends to	Policyholders/Refund	s to Members			C	laims and Benefits P	aid	
				3	4	5 Applied to Provide Paid-Up Additions	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individ	ual Life												
1.	Industrial												
2.	Whole												
3.	Term												
4. 5	Universal												
6	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other ^(f)												
11.	Total Individual Life												
Group	Life												
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18. 19.	Other ^(f)												
	Total Group Life												
20.	ual Annuities Fixed												
21.	Indexed												
22.	Variable with guarantees			NC									
23.	Variable with guarantees Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												
Group	Annuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	ent and Health								100/	2007	100/		
34.	Comprehensive individual(d)								XXX	XXXXXX	XXX		
35.	Comprehensive group(d) Madiagra Supplement(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d)	1							XXX	XXXXXX	XXX		
38.	Dental only ^(a)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(c)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health						<u></u>		XXX	XXX	XXX		
47.	Total	(c)]			1		

								(SIAIE			בט)```						
					Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is		•			Policy	Exhibit		
		13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
			Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
											Unpaid						
		Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole 3. Term																	
 Term Indexed 																	
5. Universal																	
	with secondary guarantees																
7. Variable	min cocondary gadranteco																
Variable ur	niversal																
9. Credit																	
10. Other(f)																	
11. Total Indivi	ridual Life																
Group Life																	
12. Whole																	
13. Term 14. Universal																	
15. Variable																	
16. Variable ur	niversal																
17. Credit	THIVE I GUI																(a)
18. Other(f)									X								(=)
Total Grou	ıp Life							10									
Individual Annuities	s						1										
20. Fixed																	
21. Indexed																	
	vith guarantees																
	vithout guarantees																
25. Other ^(f)	ngent payout																
	ridual Annuities																
Group Annuities	radal Alliantes																
27. Fixed																	
28. Indexed																	
	vith guarantees																
	vithout guarantees																
	ngent payout																
32. Other ^(f) 33. Total Grou																	
Accident and Healt	up Annuities																
	tn :nsive individual ^(d)	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
	nsive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only	y ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
Federal Em	nployees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX M		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability i		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term 45. Other heal		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	dent and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	dent did Health		ΑΛΛ														
-/. IUIai		1	1		1	1	1	1	1	1	i	1	1	1	1	1	1

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 13,624 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,599,264 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 72 \$
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

NAIC Group Code: 4918

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2023

LIFE INSURANCE (STATE PAGE) (b)

NAIC Company Code: 86371

	1	2	T .	Dividondo +o	Policyholders/Refund	le to Mombore		1		laims and Benefits P	aid	
	'	2	3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	7 Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 thro
ndividual Life												
. Industrial												
. Whole												
3. Term												
Indexed												
. Universal	816									12,671		
Universal with secondary guarantees												
. Variable												
. Variable universal												
. Credit												
O. Other ^(f)												
1. Total Individual Life	816									12,671		12
roup Life	0.0									12,071		
2. Whole												
3. Term												
5. Variable												
o. Variable universal											***************************************	
. Credit												
Other ^(f)												
D. Total Group Life												
dividual Annuities												
). Fixed												
. Indexed												
. Variable with guarantees												
. Variable without guarantees												
. Life contingent payout												
Other ^(f)												
Total Individual Annuities												
oup Annuities												
7. Fixed												
. Indexed												
. Variable with guarantees												
Variable without guarantees												
. Life contingent payout												
. Other ^(f)												
. Total Group Annuities												
cident and Health												
. Comprehensive individual ^(d)								xxx	XXX	xxx		
Comprehensive group ^(d)								XXX	XXX	XXX		
. Medicare Supplement ^(d)								XXX	XXX	XXX		
Vision only ^(d)								XXX	XXX	XXX		
NSION ONLY ⁽⁴⁾								XXX				
. Dental only ^(d) . Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
Title XVIII Medicare ^(d)	(e	9						XXX	XXX	XXX		
Title XIX Medicaid ^(d)								XXX	XXX	XXX		
Credit A&H								XXX	XXX	XXX		
Disability income ^(d)								XXX	XXX	XXX		
. Long-term care ^(d)								XXX	XXX	XXX		
5. Other health ^(d)								XXX	XXX	XXX		
5. Total Accident and Health								XXX	XXX	XXX		
7. Total	816 (c)		1						12,671		12,

					LIFE INS	OKANCE	:(21A1E	PAGE) (C	UNITINU,	בען׳־׳						
				Direct Death Benet	fits, Matured Endo	wments Incurred a	and Annuity Benefit	ts					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal													***************************************		1	50,000
Universal with secondary guarantees																
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life																50,000
Group Life																
12. Whole																
13. Term																
14. Universal													***************************************			
16. Variable universal													***************************************			
17. Credit																(a)
18. Other ^(f)																(4)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV						
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		^^^			^^^		ΛΛΛ								1	50,000
47. IOIdi	I	1		1	1	1	l	1	1		I	1		I	1 '	50,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 247 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$245,201 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918									NAIC Compan	y 00dc. 0007 i	•
	1	2			Policyholders/Refund		T			Claims and Benefits P		
			3	4	5 Applied to Provide Paid-Up Additions	6	7	8	9	10	11	12
	Premiums an Annuities	Other	Paid in Cash or	Applied to Pay Renewal	or Shorten the Endowment or Premium-Paying	0.1	Total (Col.	Death and Annuity	Matured	Surrender Values and Withdrawals	All out - D. St.	Total (Sum Columns 8 throug
Individ	Line of Business Consideration ual Life	Considerations	Left on Deposit	Premiums	Period	Other	3+4+5+6)	Benefits	Endowments	for Life Contracts	All Other Benefits	11)
1.	Industrial											
2.		98						31,600				
3.	Term											
4.	Indexed											
5.	Universal 11,	55										3,235
6.	Universal with secondary guarantees											
7.	Variable											
8. 9	Variable universal											
9. 10.	Credit. Other ^(f)											
10.	Total Individual Life 16,	E0						31,600		8,724		40,324
Group		000						31,000				40,324
12.	Whole											
13.	Term											
14.	Universal											
15.	Variable											
16.	Variable universal											
17.	Credit											
18.	Other ^(f)											
19.	Total Group Life											
	ual Annuities											
20.	Fixed											
21.	Indexed											
22. 23.	Variable with guarantees											
23.	Variable without guarantees											
24. 25.	Life contingent payout											
25. 26.	Other ^(f)											
	Annuities											
27.	Fixed											
28.	Indexed											
29.	Variable with guarantees											
30.	Variable without guarantees											
31.	Life contingent payout.											
32.	Other ^(f)											
33.	Total Group Annuities											
Accide	nt and Health											
34.	Comprehensive individual ^(d)							XXX	XXX	XXX		
35.	Comprehensive group ^(d)							XXX	XXX	XXX		
36.	Medicare Supplement ^(d)				-			XXX	XXX	XXX		
37.	Vision only ^(d)							XXX	XXX	XXX		
38. 39.	Dental only ^(d)							XXX	XXX	XXX		
39. 40.	Title XVIII Medicare ^(d)	(6)						XXX	XXX	XXX		
40.	Title XVII Medicare — Title XIX Medicaid — Title XI	(c)						XXX	XXX	XXX		
42.	Credit A&H							XXX	XXX	XXX		
43.	Disability income ^(d)							XXX	XXX	XXX		
44.	Long-term care ^(d)							XXX	XXX	XXX		
45.	Other health ^(d)							XXX	XXX	XXX		
46.	Total Accident and Health							XXX	XXX	XXX		
47.	Total 16,853	(c)					1	31,600		8,724		40,324

							:(21A1E			בט)```						
			1	Direct Death Benef	fits, Matured Endo	wments Incurred a	and Annuity Benefit	is		-			Policy	Exhibit		
	13					uring Current Year				22	Issued D	uring Year			In Force December	31, Current Year (b)
		Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(a)	(70.000)		
2. Whole	31,600		31,600						31,600				(2)	(78,300)	13	143,962
3. Term																
5. Universal													(2)	(174,693)	16	
6. Universal with secondary guarantees													(Δ)	(174,093)	10	
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life	31,600		31,600						31,600				(4)	(252,993)	29	942,840
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit																(a)
18. Other ^(f)																(u)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities 27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	31,600		31,600						31,600				(4)	(252,993)	29	942,840

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,615 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,239,964 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 72 \$
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

Supp206.UT

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

		1	2		Dividende to I	Policyholders/Refunds to	o Mamhare				laims and Benefits P	aid	
		'	2	3	4	5	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 thro
divid	lual Life							*					<u> </u>
	Industrial												
	Whole												
	Term	97											
	Indexed												
	Universal	600											
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Individual Life	697											
	Life												
·	Whole												
	Term												
	Universal												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Group Life												
	lual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
oup	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Group Annuities												
	ent and Health												
	Comprehensive individual ^(d)								XXX	XXX	xxx		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	xxx		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)	(e)		1					XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
	Other health ^(d)								XXX	XXXXXX	XXX		
									XXX	XXX	XXX		
	Total Accident and Health	697 (c)							ХХХ	ХХХ			
17.	Lotal	607 (c)	1	1	l .	1	1		1	1	1	1	

	1			Direct Death Bane		wments Incurred a			01111110				Dalia	Exhibit		
	13	1		Direct Death Bene		ouring Current Year		ts		22	Jacuad D	uring Year		to In Force (Net)	In Force December	21 Current Veer (
	13	Totals	Doid	Daduation by	/ Compromise		Rejected	Total Cattled D	ring Current Year	- 22	23	24	25	26	27	28
		14	15	16	17	18	19	20	21	-	23	24	25	26	27	20
	Incurred During	Number of		Number of		Number of		Number of		Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(2)	(235,000)		
3. Term													(Z	(235,000)		
4. Indexed										***************************************						
5. Universal															1	25,00
Universal with secondary guarantees																20,00
7. Variable																
9. Credit																
10. Other(f)																
11. Total Individual Life													(2)	(235,000)		25,00
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
18. Other ^(f)																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f)																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
Accident and Health	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Dental only^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health(d)	xxx		XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX						
46. Total Accident and Health	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
47. Total				1	1		1						(2)	(235,000)	1	25,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

Supp206.VA

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	l
		1	2		Dividends to	Policyholders/Refunds t	o Members			C	laims and Benefits P	aid	
		Premiums and Annuities	Other	3 Paid in Cash or	4 Applied to Pay Renewal	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7 Total (Col.	8 Death and Annuity	9 Matured	10 Surrender Values and Withdrawals	11	12 Total (Sum Columns 8 throu
	Line of Business	Considerations	Considerations	Left on Deposit	Premiums	Period	Other	3+4+5+6)	Benefits	Endowments		All Other Benefits	11)
ndivid	ual Life							·					
	Industrial												
	Whole												
	Term												
	Indexed												
	Universal	12,686											
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Individual Life	12,686											
oup	Life												
	Whole												
	Term												
	Universal												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Group Life												
	ual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
oup	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Group Annuities												
cid	ent and Health												
	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
	Other health(d)								XXX	XXX	XXX		
	Total Accident and Health								XXX	XXX	XXX		
7.	Total	12,686 (c)							1		8,079		8,0

		П			Direct Death Bene			O IAIE		70111110		1		Delien	Exhibit		
		13			Direct Death Bene		uring Current Year		IS .		22	Jacuad Di	uring Year		to In Force (Net)	In Force December	21 Current Veer (b)
		13	Totals	s Paid	Paduation by	Compromise		Rejected	Total Cattlad Du	ring Current Year	- 22	23	24	25	26	27	28
			14	15	16	17	18	19	20	21		23	24	25	20	27	20
		Incurred During	Number of		Number of		Number of		Number of		Unpaid December 31,	Number of		Number of		Number of	
L	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Indivi	lual Life																
1.	Industrial Whole													(1)	(150,000)		10,000
3.	Term													(1)	(150,000)	I	10,000
4.	Indexed										***************************************						
5.	Universal													(3)	(199,999)	18	767,955
6.	Universal with secondary guarantees													(=)	(,,		
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life													(4)	(349,999)	19	777,955
Group	Life					1	ĺ			ĺ							
12.	Whole																
13. 14.	Term Universal																
15.	Variable																
16.	Variable universal										***************************************						
17.	Credit																(a)
18.	Other ^(f)																(4)
19.	Total Group Life																
Indivi	lual Annuities																
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25. 26.	Other ^(f)																
Group 27.	Annuities Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32. 33.	Other ^(f)																
	Total Group Annuities																
	ent and Health																
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. 38.	Vision only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. 39.	Dental only ^(d) Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total													(4)	(349,999)	19	777,955

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

Supp206.WA

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	NAIC Group Code: 4918										NAIC Compan	y Code: 86371	
		1	2		Dividends to I	Policyholders/Refunds t	o Members			C	laims and Benefits P	aid	
				3	4	5 Applied to Provide Paid-Up Additions	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 throi 11)
Indivi	lual Life												
1.	Industrial												
2.	Whole	1,159											
3.	Term												
	Indexed												
	Universal	2,676											
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
١.	Other ^(f)												
١.	Total Individual Life	3,834											
oup	Life												
	Whole												
١.	Term												
١.	Universal												
	Variable												
	Variable universal												
	Credit												
	Other ^(f)												
	Total Group Life												
ivi	lual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other ^(f)												
	Total Individual Annuities												
oun	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout.												
	Other(f)												
	Total Group Annuities.												
	ent and Health												
	Comprehensive individual ^(d)								XXX	xxx	xxx		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXXXXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXXXXX	XXX		1
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XVIII Medicaid ^(d)	(e)							XXX	XXXXXX	XXX		
	Credit A&H								XXX	XXXXXX	XXX		
									XXX	XXXXXX	XXX		
	Disability income ^(d) Long-term care ^(d)								XXX	XXX	XXX		
	Long-term careःण Other health ^(d)								XXX	XXX	XXX		
5.													
5.	Total Accident and Health	0.004 ()							XXX	XXX	XXX		
ŀ7.	Total	3,834 (c)		1	l	1			i l	i e	1	I	1

				Discost Docath D		UKANCE			, C 1 10	_ <i></i>	1		P. !!	. F. Likit		
	12	1		Direct Death Bene				ts		22	leave d D	uring Voor		y Exhibit	Un Force December	21 Current Ve /L
	13	T	s Paid	Dadies 1	Claims Settled D Compromise	uring Current Year	Rejected	T T-1-1 0-111 15	ring Current Year	22	23	uring Year	Other Changes 25	to In Force (Net)	In Force December	31, Current Year (b
		14	15	16	17	Amount 18	19	20	21	4	23	24	25	26	27	28
	Incurred During	Number of	15	Number of	17	Number of	19	Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal															4	
Universal with secondary guarantees																
7. Variable																
8. Variable universal 9. Credit																
10. Other ^(f)																
11. Total Individual Life															4	374,00
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(
18. Other ^(f)																
19. Total Group Life																
Individual Annuities 20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable with guarantees																
23. Variable without guarantees 24. Life contingent payout																
25. Other ^(f)																
25. Other ^(f)																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f) 33. Total Group Annuities																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX								
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
35. Comprehensive group ^(d) 36. Medicare Supplement ^(d) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d) 44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
47. Total		ΑΛΛ	ΑΛΛ	^^^					ΑΛΛ						4	374,000
47. IUIdi	I	1		1	1	1	1	1	1	1	1	1	I	1	4	3/4,000

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

Supp206.WV

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

	1	2		Dividanda +a	Policyholders/Refund	te to Members				laims and Benefits P	hie	
		2	3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	7 Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals	All Other Benefits	Total (Sum Columns 8 thro
ndividual Life												
. Industrial												
. Whole												
3. Term												
l. Indexed												
Universal												
. Universal with secondary guarantees												
. Variable												
. Variable universal												
. Credit												
O. Other ^(f)												
1. Total Individual Life	246											
roup Life	240											
2. Whole												
3. Term												
4. Universal												
4. Universal 5. Variable												
. Credit												
d. Other ^(f)												
. Total Group Life												
dividual Annuities												
O. Fixed												
. Indexed												
. Variable with guarantees												
. Variable without guarantees												
Life contingent payout												
. Other ^(f)												
. Total Individual Annuities												
roup Annuities												
7. Fixed												
. Indexed												
. Variable with guarantees												
Variable without guarantees												
. Life contingent payout												
2. Other ^(f)												
. Total Group Annuities												
cident and Health												
I. Comprehensive individual ^(d)								xxx	XXX	xxx		
. Comprehensive group ^(d)								XXX	XXX	XXX		
Medicare Supplement ^(d)								XXX	XXX	XXX		
. Vision only ^(d)								XXX	XXX	XXX		
. Dental only ^(d)								XXX	XXX	XXX		
Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX	1	
	7.3							XXX	XXX	XXX		
Title XVIII Medicare ^(d)	(e)								XXX			
. Title XIX Medicaid ^(d)								XXX		XXX		
								XXX	XXX	XXX		
. Disability income ^(d)								XXX	XXX	XXX		
Long-term care ^(d)								XXX	XXX	XXX		
i. Other health ^(d)								XXX	XXX	XXX		
5. Total Accident and Health								XXX	XXX	XXX		
7. Total	246 (c)	II	1	1	1	I	1			1		1

		1		,	Direct Death Bf		ONAITCL	•		01111110				Delien	- Cybibit		1
		13		<u> </u>	niect Death Benet		wments Incurred a uring Current Year		.s		22	January D.	uring Year		to In Force (Net)	In Force Docombos	31, Current Year (b)
		13	Totals	Paid	Poduation by	Compromise		Rejected	Total Cattled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21	-	23	24	25	20	27	20
	Line of Business	Incurred During Current Year		Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Indivi	dual Life	Current real	FUIS/CEITS	Alliount	FUIS/CELLS	Airiount	FUIS/ CELLS	Airiount	FUIS/CEITS	Amount	Current real	FUIS/CEITS	Amount	FUIS/ Cel (S	Amount	FUIS/CEITS	Amount
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5. 6.	Universal																
7	Universal with secondary guarantees Variable																
8.	Variable universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life																
Group																	
12. 13.	Whole Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other ^(f)																
19.	Total Group Life							10									
20.	dual Annuities Fixed						`										
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25. 26.	Other ^(f)																
	Total Individual Annuities																
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32. 33.	Other ^(f)																
	ent and Health																
34.	Comprehensive individual(d)	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. 41.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total													l			

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

Supp206.WI

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

Part Part	1	1	2		Dividanda +a I	Policyholders/Pofund	s to Members		1	^	aims and Benefits P	aid	
Particular particula		'	²	2				7	0				12
Selection	Ann	uities		Paid in Cash or	Applied to Pay Renewal	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying		Total (Col.	Death and Annuity	Matured	Surrender Values and Withdrawals		Total (Sum Columns 8 thro
Mode				•				,					
Term													
Second S		2,400											
Section Sect		266											
Secondary guarantes													
Variable universal		5,090											
Vorable Vora													
Variable ultimated Creekt													
Order													
1													
Total Control Life													
Term		7.756											
White		7,700											
Test													
1													
5 Variable unversal													
Comparison Com													
Credit Chern Che													
Other** Ortal Group Life Invitable Annualize													
Total Group Life Fixed													
Nividual Ansatise													
Fixed													
Indexed													
Variable with guarantees													
Variable without guarantees													
Life contingent payout Other** Stude Index Inde													
Other*** Total Individual Amuities Jour Amuities Fixed Indexed Variable with purantees Variable with													
Total Individual Annutities Fixed													
Display													
Fixed													
Indexed													
Variable with quarantees													
Variable without guarantees													
Variable without guarantees													
Other Othe													
Other® O													
3 Total Group Annuities													
Comprehensive individual ⁽ⁱⁱ⁾													
Comprehensive individual (10)													
Comprehensive group(d)									XXX	XXX	XXX		
Medicare Supplement(d)													
Vision only ^(d) XXX XXX													
Dental only ^(d)													
Federal Employees Health Benefits Plan(d)													
Title XVIII Medicare ^(d)	(d)												
Title XIX Medicaid ^(d) XXX XXX		(<u>A</u>)											
Credit A&H XXX		(c)											
Disability income ^(d) XXX XXX XXX XXX XXX Long-term care ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X													
L Long-term care ^(d) Other health ^(d) Total Accident and Health XXX XXX XXX XXX XXX XXX XXX													
5. Other health ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X													1
5. Total Accident and Health. XXX XXX XXX													
o. Total Accident and Health													
7. Total 7,756 (c)									XXX	XXX	XXX		

					LIFE INS	OKANCE	(SIAIE	PAGE) (C	UNITINU,	בעוייי						
				Direct Death Bene	fits, Matured Endo	wments Incurred a	and Annuity Benefit	ts					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	r 31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(0)	(400.000)		
2. Whole													(3)	(600,000)		
3. Term																
5. Universal															12	432,855
Universal with secondary guarantees															12	432,033
7. Variable																
Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life													(3)	(600,000)	12	432,855
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit																(a)
18. Other ^(f)																(u)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total								1			Ī	Ī	(3)	(600,000)	12	432,855

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

Supp206.WY

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	NAIC Group Code. 4916			1	5::1				1		NAIC COMpan		
		1	2	2		Policyholders/Refunds t		7	8		laims and Benefits F		10
	Line of Business	Premiums and Annuities Considerations	Other Considerations	3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	Surrender Values and Withdrawals	11 All Other Benefits	Total (Sum Columns 8 throug s 11)
Individ	ual Life												
1.	Industrial												
2. 3.	Whole Term												
3. 4.	Indexed												
5.	Universal	720											
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other(f)	700											
11.	Total Individual Life	720											
Group 12.	Life Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other ^(f)												
19.	Total Group Life ual Annuities												
20.	Jai Annuities Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other ^(f)												
26.	Total Individual Annuities												<u></u>
Group 27.	Annuities												
28.	Fixed Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other ^(f)												
33.	Total Group Annuities												
	nt and Health								V004	Very	100		
34.	Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
35. 36	Medicare Supplement ^(a)								XXX	XXXXXX	XXX		
36. 37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43. 44.	Disability income ^(d)								XXX	XXX	XXX		
44. 45.	Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
47.	Total	720 (c)							,,,,,		,,,,,,		+
		0 (0)		1	1				1		1		

		1		,	Direct Death Bf		ONAITCL	•		01111110				Delien	- Cybibi+		1
		13		<u> </u>	niect Death Benet		wments Incurred a uring Current Year		.s		22	January D.	uring Year		to In Force (Net)	In Force Docombos	31, Current Year (b)
		13	Totals	Paid	Poduation by	Compromise		Rejected	Total Cattled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21	-	23	24	25	20	27	20
	Line of Business	Incurred During Current Year		Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Indivi	dual Life	Current real	FUIS/CEITS	Alliount	FUIS/CELLS	Airiount	FUIS/ CELLS	Airiount	FUIS/CEITS	Amount	Current real	FUIS/CEITS	Amount	FUIS/ Cel (S	Amount	FUIS/CEITS	Alliount
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5. 6.	Universal																
7	Universal with secondary guarantees Variable																
8.	Variable universal																
9.	Credit																
10.	Other ^(f)																
11.	Total Individual Life																
Group																	
12. 13.	Whole Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other ^(f)																
19.	Total Group Life							10									
20.	dual Annuities Fixed						`										
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25. 26.	Other ^(f)																
	Total Individual Annuities																
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32. 33.	Other ^(f)																
	ent and Health																
34.	Comprehensive individual(d)	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35.	Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. 41.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total													l			

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

^{1.} Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$ 4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7)

Supp206.GT

GRAND TOTAL DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

Permiums and Applied to Provide Paid-typ Additions or Shorten the Endowment or Permiums of Applied to Provide Paid-typ Additions or Shorten the Endowment or Permiums of Shorten the Endowment or Shorten the Endo	ns and Benefits Pa	11	12
Permiums and Amulties Line of Business Considerations Consideratio	10	''	12
Sividual Life	urrender Values nd Withdrawals	All Other Benefits	Total (Sum Columns 8 throu
Industrial	- Enc contracts	All Other Benefits	+
Whole			
Term	38,364		
Indexed	00,001		100,1
Universal With secondary guarantees Universal With secondary guarantees Variable Variable Universal Credit O. Other ⁽ⁿ⁾ 1. Total Individual Life Vaniable Whole 3. Term 4. Universal 4. Universal 5. Variable universal 6. Variable universal 7. Credit 9. Total Group Life 1. Total Individual			
Universal with secondary guarantees. Variable Variable Oredit Orther ⁽¹⁾ Total Individual Life Whole Whole Total Individual Life Variabl	76,138		
Variable universal Variable universal Credit D. Other ⁽¹⁾ 1. Total Individual Life 2. Whole 3. Term 4. Universal 5. Variable 6. Variable 6. Variable 7. Credit 7. Credit 8. Other ⁽²⁾ 9. Total Group Life			.,
Variable universal			
Credit			
0. Other ^(r) 1. Total Individual Life			
1. Total Individual Life			
roup Life 2. Whole 3. Term 4. Universal 5. Variable 6. Variable universal 7. Credit 8. Other (n) 9. Total Group Life	114,503		
Whole			
3. Term 4. Universal 5. Variable 6. Variable 6. Variable 9. Variab			
Universal			
5. Variable			
is. Variable universal. 7. Credit. 8. Other ^(f) 9. Total Group Life			
7. Credit			
Other ^(f) Total Group Life			
. Total Group Life			
dividual Annuities			
urruuda Ainutes)). Fixed	4,053		4,05
Indexed III	4,000		7,00
. Variable with guarantees			
Variable without guarantees Value Variable without guarantees			
. Life contingent payout			
6. Other ^(r)			
5. Total Individual Annuities	4,053		4,0
roup Annuities	4,000		7,00
7. Fixed	34,453		
Indexed 3 3 1 Indexed 3 3 1 Indexed 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			34,40
D. Variable with guarantees			
). Variable with guarantees			
. Life contingent payout			
2. Other ^(f)			
3. Total Group Annuities	34,453		34,45
ccident and Health			J-1,
1. Comprehensive individual ^(d)	XXX		
5. Comprehensive mulvidual 5. XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX		
Medicare Supplement ^(a) XXX XXX XXX	XXX		
Western Supplies XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX		
B. Dental only ^(d) XXX XXX XXX	XXX		
Ental Only Services Health Benefits Plan ^(d)	XXX		
. Title XVIII Medicare ^(d) (e) XXX XXX	XXX		
. Title XIX Medicaid ^(d)	XXX		
The XIX Medicaio™ Credit A&H XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX		
	XXX		
Disability income ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX		
. Other health ^(a)	XXX		
. Total Accident and Health XXX XXX			
. Total 443,902 (c) 368,783	XXX		1

	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Policy Exhibit															
			1	Direct Death Benet	fits, Matured Endo	wments Incurred a	ind Annuity Benefit	is					Policy	Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b)
		Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
										Unpaid						
	Incurred During			Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial													(=0)	(0.000.001)		
2. Whole			67,100						67,100	48,571			(73)	(8,903,781)	220	7,115,398
3. Term																
5. Universal			301,683	***************************************					301,683	121,429			(27)	(1,531,145)	457	26,185,438
Universal with secondary guarantees										121,429			(27)	(1,551,145)	437	20,100,400
7. Variable																
8. Variable universal																
9. Credit																
10. Other ^(f)																
11. Total Individual Life			368,783						368,783	170,000			(100)	(10,434,926)	677	33,300,836
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit				***************************************												(a)
18. Other ^(f)																(u)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other ^(f) 26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other ^(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	388,783		368,783						368,783	170,000			(100)	(10,434,926)	677	33,300,836

⁽a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$ (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ 3) face amount: \$ (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 941,966 and number of persons insured under indemnity only products (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,174,934,692 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 72 \$
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$