



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 4918 , 0000 NAIC Company Code 86371 Employer's ID Number 31-0522223
(Current Period) (Prior Period)

Organized under the Laws of NJ , State of Domicile or Port of Entry NJ

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[] Property/Casualty[Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[Vision Service Corporation[Health Maintenance Organization[]
 Other[Is HMO Federally Qualified? Yes[No[] N/A[]

Incorporated/Organized 10/25/1947 Commenced Business 02/06/1948

Statutory Home Office 30 Montgomery Street, 15th Floor , Jersey City, NJ, US 07302
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 30 Montgomery Street, 15th Floor
(Street and Number)

Jersey City, NJ, US 07302 (201)432-2133
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 30 Montgomery Street, 15th Floor , Jersey City, NJ, US 07302
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 30 Montgomery Street, 15th Floor
(Street and Number)

Jersey City, NJ, US 07302 (201)432-2133
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Pritam Baxi (201)432-2133
(Name) (Area Code)(Telephone Number)(Extension)
registeredagent@cloverhealth.com (908)378-7880
(E-Mail Address) (Fax Number)

OFFICERS

<u>Name</u>	<u>Title</u>
Vivek Garipalli	CEO
Pritam Baxi	Chief Financial Officer #

OTHERS

Wendy Richey, Chief Compliance Officer
 Melody Pereira, Chief Information Security Officer
 Rachel Fish, Chief Administrative Officer
 Andrew Toy, Chief Technology Officer #
 Sophia Chang, Chief Clinical Informatics Officer #

Brady Priest, General Counsel
 Judah Rabinowitz, Chief Actuary
 Varsha Rao, Chief Operations Officer
 Mark Spektor, Chief Medical Officer #

DIRECTORS OR TRUSTEES

Vivek Garipalli
 Justin Doheny
 Edward Berde

State of New Jersey
 County of Hudson ss

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

_____ (Signature) Vivek Garipalli _____ (Printed Name) 1. CEO _____ (Title)	_____ (Signature) Pritam Baxi _____ (Printed Name) 2. Chief Financial Officer _____ (Title)	_____ (Signature) _____ (Printed Name) 3. _____ (Title)
-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

Subscribed and sworn to before me this _____ day of _____, 2019

a. Is this an original filing? _____ Yes[X] No[]
 b. If no, 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

 (Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	9,200,760		9,200,760	8,025,830
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....29,036,471, Schedule E Part 1), cash equivalents (\$.....1,915,251, Schedule E Part 2) and short-term investments (\$.....1,895,795, Schedule DA)	32,847,517		32,847,517	44,957,929
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	42,048,278		42,048,278	52,983,759
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	72,133		72,133	46,472
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	440,395		440,395	396,544
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....2,236,523) and contracts subject to redetermination (\$.....18,534,616)	20,771,139		20,771,139	13,061,734
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,185		1,185	13,336,457
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	959,979	959,979		5,837,868
18.1 Current federal and foreign income tax recoverable and interest thereon	4,628		4,628	
18.2 Net deferred tax asset	4,628		4,628	9,841
19. Guaranty funds receivable or on deposit	34,681		34,681	34,681
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	28,000,000		28,000,000	
24. Health care (\$.....16,189,805) and other amounts receivable	27,492,488	11,302,683	16,189,805	11,783,759
25. Aggregate write-ins for other than invested assets	3,088,018	2,990,000	98,018	98,018
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	122,917,551	15,252,662	107,664,889	97,589,133
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	122,917,551	15,252,662	107,664,889	97,589,133
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Intangible Assets-Licenses	2,990,000	2,990,000		
2502. Prepaid Premium Tax	98,018		98,018	98,018
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,088,018	2,990,000	98,018	98,018

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....17,636,237 reinsurance ceded)	45,732,147		45,732,147	44,742,291
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	1,015,322		1,015,322	852,220
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	9,604,658		9,604,658	
5. Aggregate life policy reserves	663		663	663
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	2,091,887		2,091,887	2,787,702
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	12,666,257		12,666,257	
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	470,603		470,603	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	1,019,588		1,019,588	844,870
23. Aggregate write-ins for other liabilities (including \$.....0 current)	4,451		4,451	4,451
24. TOTAL Liabilities (Lines 1 to 23)	72,605,577		72,605,577	49,232,198
25. Aggregate write-ins for special surplus funds	X X X	X X X		4,600,138
26. Common capital stock	X X X	X X X	2,500,000	2,100,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	129,373,869	101,773,869
29. Surplus notes	X X X	X X X	40,000,000	40,000,000
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(136,814,556)	(100,117,072)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	35,059,313	48,356,935
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	107,664,890	97,589,133
DETAILS OF WRITE-INS				
2301. Escheat Liability	4,451		4,451	4,451
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	4,451		4,451	4,451
2501. 9010 ACA Fee	X X X	X X X		4,600,138
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		4,600,138
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	377,758	316,954
2. Net premium income (including \$.....0 non-health premium income)	X X X	290,080,357	267,218,955
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$.....0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. TOTAL Revenues (Lines 2 to 7)	X X X	290,080,357	267,218,955
Hospital and Medical:			
9. Hospital/medical benefits		143,258,562	106,318,847
10. Other professional services		8,004,856	4,902,701
11. Outside referrals		143,178,338	116,784,673
12. Emergency room and out-of-area		13,838,054	10,868,529
13. Prescription drugs		26,507,402	31,372,214
14. Aggregate write-ins for other hospital and medical		3,577,995	2,406,561
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		338,365,207	272,653,525
Less:			
17. Net reinsurance recoveries		63,582,566	(2,590,885)
18. TOTAL Hospital and Medical (Lines 16 minus 17)		274,782,641	275,244,410
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....7,999,359 cost containment expenses		13,149,470	13,392,696
21. General administrative expenses		33,832,443	19,524,942
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		9,604,658	(19,278,000)
23. TOTAL Underwriting Deductions (Lines 18 through 22)		331,369,212	288,884,048
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(41,288,854)	(21,665,094)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		362,947	141,033
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(2,231)	
27. Net investment gains (losses) (Lines 25 plus 26)		360,716	141,033
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29. Aggregate write-ins for other income or expenses			5,900
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(40,928,139)	(21,518,161)
31. Federal and foreign income taxes incurred	X X X	(4,628)	
32. Net income (loss) (Lines 30 minus 31)	X X X	(40,923,511)	(21,518,161)
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401. Other Hospital and Medical Expenses		3,577,995	2,406,561
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		3,577,995	2,406,561
2901. Penalties and Fines			5,900
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			5,900

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	48,356,935	67,929,336
34. Net income or (loss) from Line 32	(40,923,511)	(21,518,161)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(5,213)	9,841
39. Change in nonadmitted assets	9,492,790	(13,214,082)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in	400,000	1,400,000
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	27,600,000	13,600,000
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	(9,861,689)	150,000
48. Net change in capital and surplus (Lines 34 to 47)	(13,297,622)	(19,572,401)
49. Capital and surplus end of reporting year (Line 33 plus 48)	35,059,313	48,356,935
DETAILS OF WRITE-INS		
4701. True up of Settlement Amounts	(9,861,689)	150,000
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(9,861,689)	150,000

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	297,219,904	172,478,573
2. Net investment income	305,067	133,081
3. Miscellaneous income		
4. TOTAL (Lines 1 through 3)	297,524,970	172,611,654
5. Benefit and loss related payments	263,538,708	189,296,422
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	40,669,522	27,800,541
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		
10. TOTAL (Lines 5 through 9)	304,208,229	217,096,963
11. Net cash from operations (Line 4 minus Line 10)	(6,683,259)	(44,485,309)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	4,703,458	1,105,000
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7)	4,703,458	1,105,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	5,847,583	6,300,473
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	818	
13.7 TOTAL Investments acquired (Lines 13.1 to 13.6)	5,848,401	6,300,473
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,144,943)	(5,195,473)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		15,000,000
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(4,282,209)	(4,208,506)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(4,282,209)	10,791,494
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(12,110,411)	(38,889,288)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	44,957,929	83,847,217
19.2 End of year (Line 18 plus Line 19.1)	32,847,518	44,957,929

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	Line 12.1 - Bond transferred to Cash Equivalent that was misreported at YE 2017		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
	Total									
1. Net premium income	290,080,357						290,080,357			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	290,080,357						290,080,357			
8. Hospital/medical benefits	143,258,562						143,258,562			XXX
9. Other professional services	8,004,856						8,004,856			XXX
10. Outside referrals	143,178,338						143,178,338			XXX
11. Emergency room and out-of-area	13,838,054						13,838,054			XXX
12. Prescription drugs	26,507,402						26,507,402			XXX
13. Aggregate write-ins for other hospital and medical	3,577,995						3,577,995			XXX
14. Incentive pool, withhold adjustments and bonus amounts										XXX
15. Subtotal (Lines 8 to 14)	338,365,207						338,365,207			XXX
16. Net reinsurance recoveries	63,582,566						63,582,566			XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	274,782,641						274,782,641			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....7,999,359 cost containment expenses	13,149,470						13,149,470			
20. General administrative expenses	33,832,443						33,832,443			
21. Increase in reserves for accident and health contracts	9,604,658						9,604,658			XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	331,369,212						331,369,212			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(41,288,854)						(41,288,854)			
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. Other Medical	3,577,995						3,577,995			XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	3,577,995						3,577,995			XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business		1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical)				
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare	357,448,413		67,368,056	290,080,357
7.	Title XIX - Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	357,448,413		67,368,056	290,080,357
10.	Life	549,021		549,021	0
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	357,997,434		67,917,077	290,080,357

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	331,180,606						330,714,274			466,332
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	69,868,444						69,402,112			466,332
1.4 Net	261,312,162						261,312,162			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	63,368,385						57,407,729			5,960,655
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	17,636,237						11,675,582			5,960,655
3.4 Net	45,732,147						45,732,147			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	5,014,506						5,014,506			
7. Amounts recoverable from reinsurers December 31, current year	1,185						1,185			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	50,819,380						44,742,291			6,077,089
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	6,077,089									6,077,089
8.4 Net	44,742,291						44,742,291			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	17,496,313						17,496,313			
12. Incurred benefits:										
12.1 Direct	338,715,105						338,365,206			349,898
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	63,932,464						63,582,566			349,898
12.4 Net	274,782,640						274,782,640			
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	17,565,645						17,565,645			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	17,565,645						17,565,645			
2. Incurred but Unreported:										
2.1 Direct	45,802,740						39,842,084			5,960,655
2.2 Reinsurance assumed										
2.3 Reinsurance ceded	17,636,237						11,675,582			5,960,655
2.4 Net	28,166,502						28,166,502			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	63,368,385						57,407,729			5,960,655
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	17,636,237						11,675,582			5,960,655
4.4 Net	45,732,147						45,732,147			

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	25,609,430	253,197,860		45,732,148	25,609,430	44,742,291
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	25,609,430	253,197,860		45,732,148	25,609,430	44,742,291
10. Healthcare receivables (a)	6,333,135	21,141,265			6,333,135	22,459,894
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	19,276,295	232,056,595		45,732,148	19,276,295	22,282,397

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	379	392	392	392	392
2. 2014	18,287	21,228	21,580	21,577	21,575
3. 2015	X X X	40,048	47,517	47,719	47,731
4. 2016	X X X	X X X	35,909	51,980	45,532
5. 2017	X X X	X X X	X X X	223,714	255,761
6. 2018	X X X	X X X	X X X	X X X	248,183

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	380	392	392	392	392
2. 2014	21,587	21,319	21,591	21,577	21,575
3. 2015	X X X	45,892	46,484	47,719	47,731
4. 2016	X X X	X X X	43,521	52,735	45,532
5. 2017	X X X	X X X	X X X	267,701	255,761
6. 2018	X X X	X X X	X X X	X X X	293,915

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2014	24,822	21,575	0	0.000	21,575	86.918			21,575	86.918
2. 2015	52,521	47,731	5	0.010	47,736	90.889			47,736	90.889
3. 2016	45,955	45,532	1,545	3.393	47,077	102.441			47,077	102.441
4. 2017	267,219	255,761	13,385	5.233	269,146	100.721			269,146	100.721
5. 2018	290,080	248,183	11,202	4.513	259,385	89.418	45,732	1,015	306,132	105.533

12 Grand Total

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	379	392	392	392	392
2. 2014	18,287	21,228	21,580	21,577	21,575
3. 2015	X X X	40,048	47,517	47,719	47,731
4. 2016	X X X	X X X	35,909	51,980	45,532
5. 2017	X X X	X X X	X X X	223,714	255,761
6. 2018	X X X	X X X	X X X	X X X	248,183

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	380	392	392	392	392
2. 2014	21,587	21,319	21,591	21,577	21,575
3. 2015	X X X	45,892	46,484	47,719	47,731
4. 2016	X X X	X X X	43,521	52,735	45,532
5. 2017	X X X	X X X	X X X	267,701	255,761
6. 2018	X X X	X X X	X X X	X X X	293,915

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2014	24,822	21,575	0	0.000	21,575	86.918			21,575	86.918
2. 2015	52,521	47,731	5	0.010	47,736	90.889			47,736	90.889
3. 2016	45,955	45,532	1,545	3.393	47,077	102.441			47,077	102.441
4. 2017	267,219	255,761	13,385	5.233	269,146	100.721			269,146	100.721
5. 2018	290,080	248,183	11,202	4.513	259,385	89.418	45,732	1,015	306,132	105.533

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)	9,604,658						9,604,658		
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)	9,604,658						9,604,658		
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	9,604,658						9,604,658		
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)									

(a) Includes \$.....9,604,658 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	218,175	140,465	608,680		967,320
2. Salaries, wages and other benefits	3,684,371	2,372,051	10,278,888		16,335,310
3. Commissions (less \$.....2,455,705 ceded plus \$.....0 assumed)	441,986	284,557	(1,207,832)		(481,288)
4. Legal fees and expenses	57,462	36,995	160,311		254,768
5. Certifications and accreditation fees	47,161	30,363	131,572		209,095
6. Auditing, actuarial and other consulting services	1,192,429	767,704	4,092,450		6,052,583
7. Traveling expenses	299,542	192,849	835,680		1,328,072
8. Marketing and advertising	548,158	352,912	1,529,632		2,430,702
9. Postage, express and telephone	99,002	63,739	277,117		439,858
10. Printing and office supplies	86,893	55,943	295,096		437,932
11. Occupancy, depreciation and amortization					
12. Equipment	28,566	18,391	79,696		126,654
13. Cost or depreciation of EDP equipment and software	405,277	260,923	1,130,668		1,796,868
14. Outsourced services including EDP, claims, and other services	508,265	327,234	9,133,734		9,969,233
15. Boards, bureaus and association fees	6,768	4,357	18,881		30,005
16. Insurance, except on real estate	27,568	17,749	76,911		122,228
17. Collection and bank service charges	17,351	11,171	48,407	79,693	156,622
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	53,195	34,248	148,195		235,638
23.2 State premium taxes			21,337		21,337
23.3 Regulatory authority licenses and fees	57,579	37,070	4,891,115		4,985,765
23.4 Payroll taxes	211,656	136,267	590,490		938,413
23.5 Other (excluding federal income and real estate taxes)			669,221		669,221
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	7,955	5,122	22,194		35,270
26. TOTAL Expenses Incurred (Lines 1 to 25)	7,999,359	5,150,110	33,832,443	79,693	(a) 47,061,605
27. Less expenses unpaid December 31, current year		1,015,322	2,091,887		3,107,210
28. Add expenses unpaid December 31, prior year		852,220	2,787,702		3,639,922
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	7,999,359	4,987,008	34,528,258	79,693	47,594,318
DETAILS OF WRITE-INS					
2501. Sponsorships and Charitable Contributions	7,955	5,122	22,194		35,270
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	7,955	5,122	22,194		35,270

(a) Includes management fees of \$.....35,466,577 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 118,590	120,791
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 37,455	36,835
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 293,209	285,015
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	TOTAL gross investment income	449,254	442,641
11.	Investment expenses		(g) 79,693
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	TOTAL Deductions (Lines 11 through 15)		79,693
17.	Net Investment income (Line 10 minus Line 16)		362,947

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a) Includes \$ 39,064 accrual of discount less \$ 6,844 amortization of premium and less \$ 21,679 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 14,440 accrual of discount less \$ 805 amortization of premium and less \$ 5,642 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(1,413)		(1,413)		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments	(818)		(818)		
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	TOTAL Capital gains (losses)	(2,231)		(2,231)		
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Invested income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers		4,159,856	4,159,856
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans	959,979	1,792,497	832,518
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates		5,096,591	5,096,591
24. Health care and other amounts receivable	11,302,683	10,706,509	(596,174)
25. Aggregate write-ins for other than invested assets	2,990,000	2,990,000	
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	15,252,662	24,745,453	9,492,790
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	15,252,662	24,745,453	9,492,790
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Intangible Assets-Licenses	2,990,000	2,990,000	
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,990,000	2,990,000	

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	27,752	30,835	31,279	31,904	32,425	377,758
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	27,752	30,835	31,279	31,904	32,425	377,758
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Clover Insurance Company (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the state of New Jersey for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under New Jersey Code. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of New Jersey Department of Banking and Insurance (DOBI).

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of New Jersey is shown below:

	SSAP#	F/S Page	F/S Line	2018	2017
NET INCOME					
(1)	State basis (Page 4, Line 32, Columns 2 & 3)			(40,923,511)	(21,518,161)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:				
(201)					
(299)	Total				
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:				
(301)					
(399)	Total			0	0
(4)	NAIC SAP (1-2-3=4)			(40,923,511)	(21,518,161)
SURPLUS					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)			35,059,313	48,356,934
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:				
(601)					
(699)	Total				
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:				
(701)					
(799)	Total			0	0
(8)	NAIC SAP (5-6-7=8)			35,059,313	48,356,934

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are authorized, as well as when services are provided without authorization to the extent such services are expected to be ultimately authorized. Expenses are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific interest method. The Company does not own any mandatory convertible securities or SVO-Identified bond ETFs reported on Schedule D-1.
- (3) The Company had no common stock.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) The Company had no loan-backed securities.

Notes to Financial Statements

- (7) The Company had no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company had no joint ventures, partnership, or limited liability companies.
- (9) The Company had no derivatives.
- (10) The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company's capitalization policy has not changed.
- (13) The Company's pharmaceutical rebate receivables are estimated based on a historical percentage of gross pharmaceutical claims methodology.

D. **Going Concern**

None

2. Accounting Changes and Corrections of Errors

In 2017, the Company had a prior period correction of an error in the amount of \$150,000 for removal of interest expense recorded in 2016 on the surplus note.

In 2018, the Company made a correction of an audit error in the amount of \$(9,861,689) which consisted of the following items:

Medicare Part D Adjustment	(443,153.)
IBNR Ceded - Swiss Re Settlement	(9,439,412)
ASO Fee	27,617
Interest Income	(6,742)
	(9,861,689)

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance – None
- D. Impairment Loss – None

4. Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in Discontinued Operation After Disposal - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate – None
- K. Low-income housing tax credits (LIHTC) – None

Notes to Financial Statements

L. Restricted Assets –

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted and Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted and Nonadmitted) Restricted from Prior Year	3 Increase /(Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted and Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under options contracts							
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	\$2,854,679	\$2,139,052	\$715,627	\$0	\$2,854,679	2.32%	2.65%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$2,854,679	\$2,139,052	\$715,627	\$0	\$2,854,679	2.32%	2.65%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – None

P. 5GI Securities – None

Q. Short Sales – None

R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.

B. The Company does not have any impaired Joint Ventures, Partnerships and Limited Liability Companies.

7. Investment Income

A. Due and accrued income was excluded from surplus that are over 90 days past due with the exception of mortgage loans in default.

B. The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments

None.

Notes to Financial Statements

9. Income Taxes

A. The statutory basis of accounting requires that the Company record deferred tax assets and liabilities for certain temporary differences between statutory basis income before federal income taxes, plus certain items recorded directly to surplus, and taxable income as reflected in the Company's federal income tax return, subject to certain limitations.

The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

Description	12/31/2018			12/31/2017			Change		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
a. Gross Deferred Tax Assets	28,833,050	324	28,833,374	17,276,351	-	17,276,351	11,556,699	324	11,557,023
b. Statutory Valuation Allowance Adjustments	(28,752,545)	(324)	(28,752,869)	(17,264,767)	-	(17,264,767)	(11,487,778)	(324)	(11,488,102)
c. Adjusted Gross Deferred Tax Assets (1a - 1b)	80,504	-	80,504	11,584	-	11,584	68,921	-	68,921
d. Deferred Tax Assets Non-admitted	-	-	-	-	-	-	-	-	-
e. Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	80,504	-	80,504	11,584	-	11,584	68,921	-	68,921
f. Deferred Tax Liabilities	75,876	-	75,876	1,742	-	1,742	74,134	-	74,134
g. Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	4,628	-	4,628	9,841	-	9,841	(5,213)	-	(5,213)

2.

Description	12/31/2018			12/31/2017			Change		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
a. Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	-	-	-	-	-	-	-	-	-
b. Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below)	4,628	-	4,628	8,099	-	8,099	(3,471)	-	(3,471)
b1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-	-	-	-	-	-	-
b2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX		XXX	XXX		XXX	XXX	
c. Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	75,876	-	75,876	1,742	-	1,742	74,134	-	74,134
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b - 2c)	80,504	-	80,504	9,841	-	9,841	70,663	-	70,663

3.

Description		2018	2017
a.	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	0%	0%
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	0	0

4.

Description	12/31/2018		12/31/2017		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1 + 3) Ordinary	6 (Col 2 + 4) Capital
Impact of Tax-Planning Strategies						
a.	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage					
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	80,504	0	11,584	0	68,921
2.	Percentage of Adjusted Gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%	0.00%	0.00%
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(c)	80,504	0	11,584	0	68,921
4.	Percentage of Net Admitted Adjusted Gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%	0.00%	0.00%

b.	Does the Company's tax-planning strategies include the use of reinsurance? (Yes / No)	No
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B. Regarding deferred tax liabilities that are not recognized: Not Applicable

Notes to Financial Statements

C. Current income taxes incurred consist of the following major components:

	Description	1 12/31/2018	2 12/31/2017	3 (Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	(4,628)	0	(4,628)
b.	Foreign	0	0	0
c.	Subtotal	(4,628)	0	(4,628)
d.	Federal income tax on net capital gains	0	0	0
e.	Utilization of capital loss carry-forwards	0	0	0
f.	Other	0	0	0
g.	Federal and foreign income taxes incurred	(4,628)	0	(4,628)
2.	Deferred Tax Assets:			
a.	Ordinary			
1.	Discounting of unpaid losses	150,789	57,401	93,387
2.	Unearned premium reserve			
3.	Policyholder reserves	-	-	
4.	Investments			
5.	Deferred acquisition costs	447,999	497,320	(49,321)
6.	Policyholder dividends accrual			
7.	Fixed assets			
8.	Compensation and benefits accrual			
9.	Pension accrual			
10.	Receivables – nonadmitted	2,575,159	2,624,791	(49,632)
11.	Net operating loss carry-forward	23,124,712	14,087,582	9,037,130
12.	Tax credit carry-forward	4,628	9,256	(4,628)
13.	Other (including items < 5% of total ordinary tax assets)	2,529,763		2,529,763
99.	Subtotal	28,833,050	17,276,351	11,556,699
b.	Statutory valuation allowance adjustment	28,752,545	17,264,767	11,487,778
c.	Nonadmitted			
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	80,504	11,584	68,921
e.	Capital:			
1.	Investments			
2.	Net capital loss carry-forward	324		324
3.	Real estate			
4.	Other (including items < 5% of total capital tax assets)			
99.	Subtotal	324		324
f.	Statutory valuation allowance adjustment	324		324
g.	Nonadmitted			
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)			
i.	Admitted deferred tax assets (2d + 2h)	80,504	11,584	68,921
3.	Deferred Tax Liabilities:			
a.	Ordinary			
1.	Investments	7,688	1,742	5,946
2.	Fixed assets			
3.	Deferred and uncollected premium	68,188		68,188
4.	Policyholder reserves			
5.	Other (including items < 5% of total ordinary tax liabilities)			
99.	Subtotal	75,876	1,742	74,134
b.	Capital:			
1.	Investments			
2.	Real estate			
3.	Other (including items < 5% of total capital tax liabilities)			
99.	Subtotal			
c.	Deferred tax liabilities (3a99 + 3b99)	75,876	1,742	74,134
4.	Net deferred tax assets/liabilities (2i – 3c)	4,628	9,841	(5,213)

The change in net deferred income taxes is comprised of the following, before consideration of non-admitted deferred tax assets:

	12/31/2018	12/31/2017	Change
Adjusted gross deferred tax assets	80,504	11,584	(68,921)
Total deferred tax liabilities	75,876	1,742	(74,134)
Net deferred tax assets (liabilities)	4,628	9,842	5,213
Tax effect of change in unrealized gains (losses)			-
Total change in net deferred income tax			5,213

Notes to Financial Statements

- D. The provision for federal income taxes incurred is different from that which would be obtained by applying the federal income tax rate to statutory income before income taxes. The items causing this difference are as follows:

	Amount	Tax Effect	Amount	Tax Effect
Provision computed at statutory rate	(8,593,937)	21.00%	(6,872,856)	21.00%
Permanent Differences	-	0.00%	2,006	-0.01%
PY True Up (to Deferred)	(3,816,782)	9.65%	(129,261)	0.39%
PY True Up (to Current)	-	0.00%	-	0.00%
Change in Non-admitted Assets	923,202	-2.33%	-	0.00%
Rate Differential	-	0.00%	(328,996)	1.01%
Tax Cuts & Jobs Act Rate Change	-	0.00%	-	0.00%
Change in deferred income taxes	(5,213)	0.01%	9,841	-0.03%
Change in Valuation Allowance	11,488,102	-28.07%	(3,368,810)	10.29%
Income in Equity of Subsidiaries	-	-	10,688,075	-32.66%
Totals	(4,628)	0.01%	-	0.00%

	2018	2017
Federal and foreign income taxes incurred	(4,628)	
Current taxes on realized capital gains		
Total statutory income taxes	(4,628)	

- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2018, the Company had unused operating loss carryforwards available to offset against future taxable income of \$108,768,363. The carryforwards begin to expire in 2028.

The following are federal income taxes incurred in the current and prior year that may be available for recovery in the event of future net operating losses.

2018	-
2017	-

- F. Consolidated Federal Income Tax Return - The Company's federal income tax return is filed on a consolidated basis with:

Clover Health Investments, Corp.
 Clover HMO, Corp.
 Clover Health, Corp.
 Clover Health Holdings, Inc.

- G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

- H. Alternative Minimum Tax (AMT) Credit

The Company has no AMT credit carryforward, and has no related recoverable to report.

- I. Repatriation Transition Tax (RTT) and Global Intangible Low-Taxed Income (GILTI)

The Company has no foreign activity, and is not subject to the RTT or the tax on GILTI under sections 965 or 951A of the Code.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A, B, & C - On April 17, 2017, Clover Health Investments, Corp. purchased \$1,400,000 of common stock of the Company for capital funding and contributed \$3,600,000 in additional surplus. Clover Health Investments, Corp. made additional contributions to surplus to the Company of \$5,000,000 on June 21, 2017 and \$5,000,000 on July 31, 2017. An additional contribution of \$28,000,000 was made February 28, 2019 and was recognized at year end 2018 as a receivable based on the permission of the state.
- D. Amounts Due from or to Related Parties - At year end 2017 the Company had \$4,853,351 due from Clover Health, LLC for advances which was nonadmitted. At the end of 2018 the Company had a payable to Clover Health, LLC of \$445,949 for management agreement and a payable due to Clover Health Labs, LLC of \$24,654 for intercompany settlement. The Company also had a receivable at the end of 2018 of \$28,000,000 from Clover Health Holdings, Inc. for contributed surplus.
- E. Guarantees - None
- F. Material Management Contracts - The Company has an administrative services agreement with Clover Health, LLC (ASO) to make use of certain employees, equipment and facilities in the operations and management of the Company. Under the terms of this agreement that was filed and approved by NJ DOBI, the Company paid an administrative fee of 14% of the premiums it earned in 2016 through June 30, 2017, and 9% from July 1, 2017 through December 31, 2018 for all the services and expenses incurred by ASO on the Company's behalf.

Notes to Financial Statements

For 2017 and 2018, the Company incurred \$30,821,063 and \$35,466,577 in administrative expenses, respectively.

- G. Common Control – The Company is owned by Clover Health Holdings, Inc. which is a member of Clover Health Investments, Corp., a Delaware domesticated company.
- H. Deductions in Value – There have been no deductions in value between affiliated companies.
- I. SCA that exceed 10% of Admitted Assets – None
- J. Impaired SCAs – None
- K. Foreign Subsidiary – None
- L. Downstream Noninsurance Holding Company – None
- M. Non-Insurance SCA Investments – None
- N. Investment in Insurance SCA – None
- O. SCA Loss Tracking – None

11. Debt

- A. Debt – None
- B. FHLB (Federal Home Loan Bank) Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies – None
- C. Plan Assets – None
- D. Long-term Rate-of-return-on-assets Assumption - None
- E. Defined Contribution Plans - None
- F. Multi-Employer Plan – None
- G. Consolidated/Holding Company Plans – None
- H. Post-Employment Benefits and Compensated Absences – None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- (1) On February 8, 2018 the Company changed the par value of shares issued from \$15 per share to \$17.86 per share. The Company now has 140,000 shares at \$17.86 per share authorized, issued and outstanding.
- (2) The Company has no preferred stock issued or outstanding.
- (3) The Company's ability to declare and pay dividends is limited by state regulations. Also such regulations do not specifically restrict the Company from paying dividends, they require the Company to be financially sound as determined by the NJ Department of Banking and Insurance.
- (4) The Company did not pay any dividends.
- (5) Ordinary Dividends – None.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company held no stock for special purposes.
- (9) There were no changes to the balances of any special surplus funds from the prior year.
- (10) Portion of unassigned funds represented or reduced by unrealized gains or losses is \$0.
- (11) The Company issued the following surplus debentures or similar obligations:

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
11/15/2015	3%	\$40,000,000	\$40,000,000				
1311999 Total		\$40,000,000	*\$40,000,000				XXX

Total should agree with Page 3, Line 29.

The surplus note in the amount of \$40,000,000, listed above was issued to Clover Health Investments, Corp. in exchange for cash. The surplus note repayments of interest and principal may only be made with prior approval of the Commissioner of Insurance of the State of Delaware and only to the extent the Company has sufficient surplus earnings to make such payment.

The surplus note subordinations terms are that it will run *pari passu* with the any other future surplus notes of the Parent and with all other similarly subordinated claims.

The liquidation preference to the insurer's common stock are that in the event that the Parent is subject to such proceeding, holders of Indebtedness, Policy Claims and Prior Claims would be afforded a greater priority under the Liquidation Act and the terms of the Notes and, accordingly, would have the right to be paid in full before any payments of interest or principal are made to the Note holders.

- (12) and (13) There have been no quasi-reorganizations.

Notes to Financial Statements

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - None

15. Leases

- A. Lessee Operating Lease - None
- B. Lessor Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales - None
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans - None
- B. ASC Plans - None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract
 - (1) Revenue from the Company's Medicare Part D Reinsurance Subsidy and Low-Income Cost Sharing for 2017 and 2018 consisted of \$43,872,194 and \$62,980,612, respectively, for medical and hospital services.
 - (2) The Company has recorded receivables from CMS for the Medicare Part D Reinsurance Subsidy and Low-Income Cost Sharing in 2017 and 2018 in the amount of \$5,837,868 and \$0, respectively.
 - (3) In connection with the Medicare Part D Reinsurance Subsidy and Low-Income Cost Sharing, in 2017 and 2018 the Company has recorded allowances and reserves for adjustment of recorded revenues in the amount of \$0 and \$134,780, respectively.
 - (4) No adjustments to revenue were made from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

- A. The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.

Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactive traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

Notes to Financial Statements

(1) Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a.	Assets at fair value					
01	Cash Equivalent (E-2)					
02	Exempt MM Mutual Fund	108,553				108,553
03	Other MM Mutual Fund	1,806,698				1,806,698
04	Total Cash Equivalent (E-2)	1,915,251				1,915,251
99	Subtotal – Assets at fair value	1,915,251				1,915,251
b.	Liabilities at fair value					
01						
02						
99	Subtotal – Liabilities at fair value					

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 2 or 3.

(5) Derivative assets and liabilities- None

B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	9,193,708	9,200,760	7,201,813	1,991,895			
Short-term Investments	1,895,795	1,895,795	1,895,795				
Cash Equivalents	1,915,251	1,915,251	1,915,251				

D. Not Practicable to Estimate Fair Value – None

E. Investments Measured using NAV - None

21. Other Items

A. Unusual and Infrequent Items – None

B. Troubled Debt Restructuring – None

C. Other Disclosures – None

D. Business Interruption Insurance Recoveries - None

E. State Transferable and Non-transferable Tax Credits - None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

Type I. – Recognized Subsequent Events

Subsequent events have been considered through February 28, 2019 for the statutory statement issued on December 31, 2018.

The Company recognized a receivable for contributed surplus from Clover Health Holdings, Inc. in the amount of \$28,000,000 that was received February 28, 2019.

Type II. – Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2019 for the statutory statement issued on December 31, 2018.

Notes to Financial Statements

On January 1, 2019, the Company will not be subject to an annual fee under Section 9010 of the federal Affordable Care Act (ACA). This annual fee was waived for 2019. Reporting the ACA assessment as of December 31, 2018, would not have triggered an RBC action level.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of Federal Affordable Care Act (YES/NO)? YES		
B. ACA fee assessment payable for the upcoming year	\$0	\$4,600,138
C. ACA fee assessment paid	\$4,607,501	\$0
D. Premium written subject to ACA 9010 assessment	\$0	\$267,506,898
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$35,059,313	
F. Total Adjusted Capital after surplus adjustment(Five-Year Historical Line 14 minus 22B)	\$35,059,313	
G. Authorized Control Level (Five-Year Historical Line 15)	\$11,606,644	
H. Would reporting the ACA assessment as of December 31, 2018, have triggered an RBC action level (YES/NO)? NO		

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (x)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (x)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (x)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (x)

Section 3 – Ceded Reinsurance Report – Part B – None

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business based on the company's underwriting rules and experience rating practices.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. The amount of net premiums written by the Company as of December 31, 2018 that are subject to retrospective rating features was \$1,425,298 that represented .49% of total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? No

Notes to Financial Statements

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year - None
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance. - None
- (4) Roll Forward of ACA Risk Corridor Asset and Liability Balances - None
- (5) ACA Risk Corridor Receivable - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves for Losses and Loss and Adjustment Expense as of December 31, 2017 were \$45,594,511. As of December 31, 2018, \$26,461,650 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$19,132,861 favorable prior-year development since December 31, 2017 to December 31, 2018. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims

The Company did not have any significant changes in methodologies or assumptions used in the calculation the liability for unpaid losses or loss adjustment expenses.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2018	9,304,377				
09/30/2018	8,618,871	8,618,871	7,385,888		
06/30/2018	8,517,700	8,517,700	6,896,435	1,558,841	
03/31/2018	7,922,700	7,922,700	6,560,444	1,164,096	82,054
12/31/2017	6,158,251	6,155,921	4,119,852	1,989,195	
09/30/2017	5,596,441	5,596,441	3,907,492	1,654,186	14,362
06/30/2017	5,504,799	5,504,799	3,611,110	1,842,189	28,608
03/31/2017	4,853,132	4,853,132	3,441,961	1,049,423	187,377
12/31/2016	6,158,251	6,158,251			514,147
09/30/2016	5,596,441	5,596,441	3,907,492		1,663,686
06/30/2016	5,504,799	5,504,799	3,611,110	1,842,189	1,469,190
03/31/2016	4,853,132	4,853,132	3,441,961	1,049,423	969,781

B. Risk Sharing Receivables - None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	<u>\$9,604,658</u>
2. Date of the most recent evaluation of this liability	<u>12/31/2018</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>Yes</u>

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
- 1.3 State Regulating? Yes[] No[X]
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[X] No[]
- 2.2 If yes, date of change: 02/13/2018
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/06/2016
- 3.4 By what department or departments?
 NJ Department of Banking and Finance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[X] No[] N/A[]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes[] No[X]
- 4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes[] No[X]
- 4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC. Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
- 7.2 If yes, 0.000%
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	No	No	No	No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 BDO 100 Park Ave New York, NY 10017
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[] No[X] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:
 Clover Insurance Company is in the process of establishing an audit committee.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

GENERAL INTERROGATORIES (Continued)

Judah Rabinowitz, Chief Actuary, Clover Health Labs, LLC, 22 4th Street, Floor 6, San Francisco, CA 94103

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No[X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved \$ 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [] No [] N/A[X]
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [] N/A[X]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [] N/A[X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A[X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No[X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No[X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No[X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes[X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers \$ 0
- 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No[X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No[X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
- 22.22 Amount paid as expenses \$ 0
- 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount \$ 28,000,000

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes[X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A[X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A[X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A[X]

GENERAL INTERROGATORIES (Continued)

- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 - 24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 - 24.103 Total payable for securities lending reported on the liability page. \$ 0

- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes[X] No []
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$ 0
 - 25.22 Subject to reverse repurchase agreements \$ 0
 - 25.23 Subject to dollar repurchase agreements \$ 0
 - 25.24 Subject to reverse dollar repurchase agreements \$ 0
 - 25.25 Placed under option agreements \$ 0
 - 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
 - 25.27 FHLB Capital Stock \$ 0
 - 25.28 On deposit with states \$ 2,854,679
 - 25.29 On deposit with other regulatory bodies \$ 0
 - 25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
 - 25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
 - 25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No[X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No[X] N/A []
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No[X]
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0
28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No []
- 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
TD Bank, NA	TD Wealth 1003 Astoria Boulevard, Cherry Hill, NJ 08034
Trustmark	P.O. Box 1758, Jackson, MS 39215-1978
Century Trust	100 S. Federal Place, Santa Fe, NM 87501
Union Bank	Global Custody Services, 350 California Street, Suite 2018, San Francisco, CA 94104
Xerox	Xerox State & Local Solutions, Inc. 100 Hancock Street, 10th Floor, Quincy, MA 02171
US Bank	2204 Lakeshore Dr., Suite 205, Homewood, AL 35209
Synovus	P.O. Box 1798, Sumter, SC 29151
Wells Fargo	MAC T9914-010, P.O. Box 2577, Waco, TX 76702-2577
PNC Bank	620 Liberty Ave., Pittsburgh, PA 15222

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No[X]
- 28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Parkway Advisors LP	U

- 28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[X] No []
- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[X] No []
- 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES (Continued)

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
112629	Parkway Advisors LP .....	.....	SEC .....	..... NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes [] No[X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	11,096,555	11,089,503	(7,052)
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals	11,096,555	11,089,503	(7,052)

30.4 Describe the sources or methods utilized in determining the fair values:
Custodian Statements

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[] N/A[]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

32.2 If no, list exceptions:

33. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5GI securities? Yes[] No[X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes[] No[X]

OTHER

35.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 0

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

36.1 Amount of payments for legal expenses, if any? \$ 0

36.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
.....

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0
- 37.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No[X]
- 1.2 If yes, indicate premium earned on U.S. business only: \$ 0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
- 1.31 Reason for excluding: \$ 0
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ 0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 0
- 1.6 Individual policies - Most current three years:
 - 1.61 TOTAL Premium earned \$ 0
 - 1.62 TOTAL Incurred claims \$ 0
 - 1.63 Number of covered lives 0
- All years prior to most current three years:
 - 1.64 TOTAL Premium earned \$ 0
 - 1.65 TOTAL Incurred claims \$ 0
 - 1.66 Number of covered lives 0
- 1.7 Group policies - Most current three years:
 - 1.71 TOTAL Premium earned \$ 0
 - 1.72 TOTAL Incurred claims \$ 0
 - 1.73 Number of covered lives 0
- All years prior to most current three years:
 - 1.74 TOTAL Premium earned \$ 0
 - 1.75 TOTAL Incurred claims \$ 0
 - 1.76 Number of covered lives 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	290,080,357	267,218,955
2.2 Premium Denominator	290,080,357	267,218,955
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	53,955,555	44,742,291
2.5 Reserve Denominator	55,336,805	44,742,291
2.6 Reserve Ratio (2.4 / 2.5)	0.975	1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No[X]
- 3.2 If yes, give particulars: Yes[X] No []
Yes[X] No [] N/A []
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes[X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes[X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes[X] No []
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
 - 5.31 Comprehensive Medical \$ 390,000
 - 5.32 Medical Only \$ 0
 - 5.33 Medicare Supplement \$ 0
 - 5.34 Dental & Vision \$ 0
 - 5.35 Other Limited Benefit Plan \$ 0
 - 5.36 Other \$ 0
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes[X] No []
- 7.2 If no, give details:
- 8. Provide the following information regarding participating providers:
 - 8.1 Number of providers at start of reporting year 8,979
 - 8.2 Number of providers at end of reporting year 21,399
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No[X]
- 9.2 If yes, direct premium earned:
 - 9.21 Business with rate guarantees between 15-36 months 0
 - 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No[X]
- 10.2 If yes:
 - 10.21 Maximum amount payable bonuses \$ 0
 - 10.22 Amount actually paid for year bonuses \$ 0
 - 10.23 Maximum amount payable withholds \$ 0
 - 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as:
 - 11.12 A Medical Group/Staff Model, Yes [] No[X]
 - 11.13 An Individual Practice Association (IPA), or, Yes [] No[X]
 - 11.14 A Mixed Model (combination of above)? Yes [] No[X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes[X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. \$ 7,800,000
- 11.4 If yes, show the amount required. Yes [] No[X]
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?
- 11.6 If the amount is calculated, show the calculation.
- 12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Atlantic County, NJ
Bergen County, NJ
Burlington County, NJ
Cumberland County, NJ
Essex County, NJ
Gloucester County, NJ
Hudson County, NJ
Mercer County, NJ
Middlesex County, NJ
Monmouth County, NJ
Morris County, NJ
Ocean County, NJ

GENERAL INTERROGATORIES (Continued)

1 Name of Service Area
Passaic County, NJ
Somerset County, NJ
Union County, NJ
Camden County, NJ
Pima County, AZ
Chatham County, GA
Bucks County, PA
Philadelphia County, PA
Charleston County, SC
Davidson County, TN
Rutherford County, TN
Williamson County, TN
Bexar County, TX
El Paso, TX

- 13.1 Do you act as a custodian for health savings accounts? Yes[] No[X]
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$ 0
 13.3 Do you act as an administrator for health savings accounts? Yes[] No[X]
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes[] No[] N/A[X]
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written \$ 0
 15.2 Total incurred claims \$ 0
 15.2 Number of covered lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[X] No[]
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	107,664,889	97,589,133	189,016,904	35,510,435	13,059,949
2. TOTAL Liabilities (Page 3, Line 24)	72,605,577	49,232,198	121,087,567	25,325,083	7,956,012
3. Statutory minimum capital and surplus requirement	7,800,000	7,800,000	7,800,000	3,500,000	3,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	35,059,313	48,356,935	67,929,336	10,185,352	5,103,937
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	290,080,357	267,218,955	45,955,135	52,520,881	24,822,447
6. TOTAL Medical and Hospital Expenses (Line 18)	274,782,641	275,244,410	50,744,605	45,891,731	21,245,818
7. Claims adjustment expenses (Line 20)	13,149,470	13,392,696			
8. TOTAL Administrative Expenses (Line 21)	33,832,443	19,524,942	14,694,476	8,257,097	2,496,628
9. Net underwriting gain (loss) (Line 24)	(41,288,854)	(21,665,094)	(34,480,119)	(5,233,041)	402,468
10. Net investment gain (loss) (Line 27)	360,716	141,033	47,478	255	217
11. TOTAL Other Income (Lines 28 plus 29)		5,900	(137,946)	293,367	
12. Net income or (loss) (Line 32)	(40,923,511)	(21,518,161)	(34,570,587)	(4,931,293)	51,053
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(6,683,259)	(44,485,309)	(27,097,552)	(4,273,570)	5,243,880
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	35,059,313	48,356,935	67,929,336	10,185,188	5,103,937
15. Authorized control level risk-based capital	11,606,644	11,283,082	2,758,522	1,266,564	1,659,014
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	32,425	27,752	20,561	7,237	2,930
17. TOTAL Members Months (Column 6, Line 7)	377,758	316,954	216,827	83,164	30,960
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	94.7	103.0	110.4	87.4	85.6
20. Cost containment expenses	2.8	2.7			
21. Other claims adjustment expenses	1.8	2.4			
22. TOTAL Underwriting Deductions (Line 23)	114.2	108.1	175.0	110.0	98.4
23. TOTAL Underwriting Gain (Loss) (Line 24)	(14.2)	(8.1)	(75.0)	(10.0)	1.6
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	19,276,295	16,796,706	5,720,862	6,376,116	384,556
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	22,282,397	(4,028,177)	5,901,115	6,433,071	841,187
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama (AL)	L					606		606	
2. Alaska (AK)	L								
3. Arizona (AZ)	L					7,041		7,041	
4. Arkansas (AR)	L					984		984	
5. California (CA)	L					34,073		34,073	
6. Colorado (CO)	L					18,198		18,198	
7. Connecticut (CT)	L					10,853		10,853	
8. Delaware (DE)	L					1,421		1,421	
9. District of Columbia (DC)	L					774		774	
10. Florida (FL)	L					3,018		3,018	
11. Georgia (GA)	L		432,167			4,496		436,663	
12. Hawaii (HI)	L					48,693		48,693	
13. Idaho (ID)	L					3,823		3,823	
14. Illinois (IL)	L					120,025		120,025	
15. Indiana (IN)	L					12,122		12,122	
16. Iowa (IA)	L					18,869		18,869	
17. Kansas (KS)	L					12,328		12,328	
18. Kentucky (KY)	L					5,859		5,859	
19. Louisiana (LA)	L					2,411		2,411	
20. Maine (ME)	L								
21. Maryland (MD)	L					20,781		20,781	
22. Massachusetts (MA)	L					11,670		11,670	
23. Michigan (MI)	N					1,200		1,200	
24. Minnesota (MN)	L								
25. Mississippi (MS)	L					420		420	
26. Missouri (MO)	L					26,156		26,156	
27. Montana (MT)	L								
28. Nebraska (NE)	L					20,291		20,291	
29. Nevada (NV)	L					2,941		2,941	
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	L		356,542,461			1,139		356,543,600	
32. New Mexico (NM)	L								
33. New York (NY)	N								
34. North Carolina (NC)	N					2,031		2,031	
35. North Dakota (ND)	L								
36. Ohio (OH)	L					34,200		34,200	
37. Oklahoma (OK)	L					2,866		2,866	
38. Oregon (OR)	L					10,293		10,293	
39. Pennsylvania (PA)	L		46,304			41,262		87,566	
40. Rhode Island (RI)	L					3,261		3,261	
41. South Carolina (SC)	L					1,092		1,092	
42. South Dakota (SD)	L					5,336		5,336	
43. Tennessee (TN)	L					1,895		1,895	
44. Texas (TX)	L		427,481			22,517		449,998	
45. Utah (UT)	L					1,102		1,102	
46. Vermont (VT)	N								
47. Virginia (VA)	L					17,519		17,519	
48. Washington (WA)	L					3,834		3,834	
49. West Virginia (WV)	L								
50. Wisconsin (WI)	L					10,598		10,598	
51. Wyoming (WY)	L					1,027		1,027	
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X		357,448,413			549,021		357,997,434	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	X X X		357,448,413			549,021		357,997,434	
DETAILS OF WRITE-INS									
58001	X X X								
58002	X X X								
58003	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

N - None of the above - Not allowed to write business in the state

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R - Registered - Non-domiciled RRGs

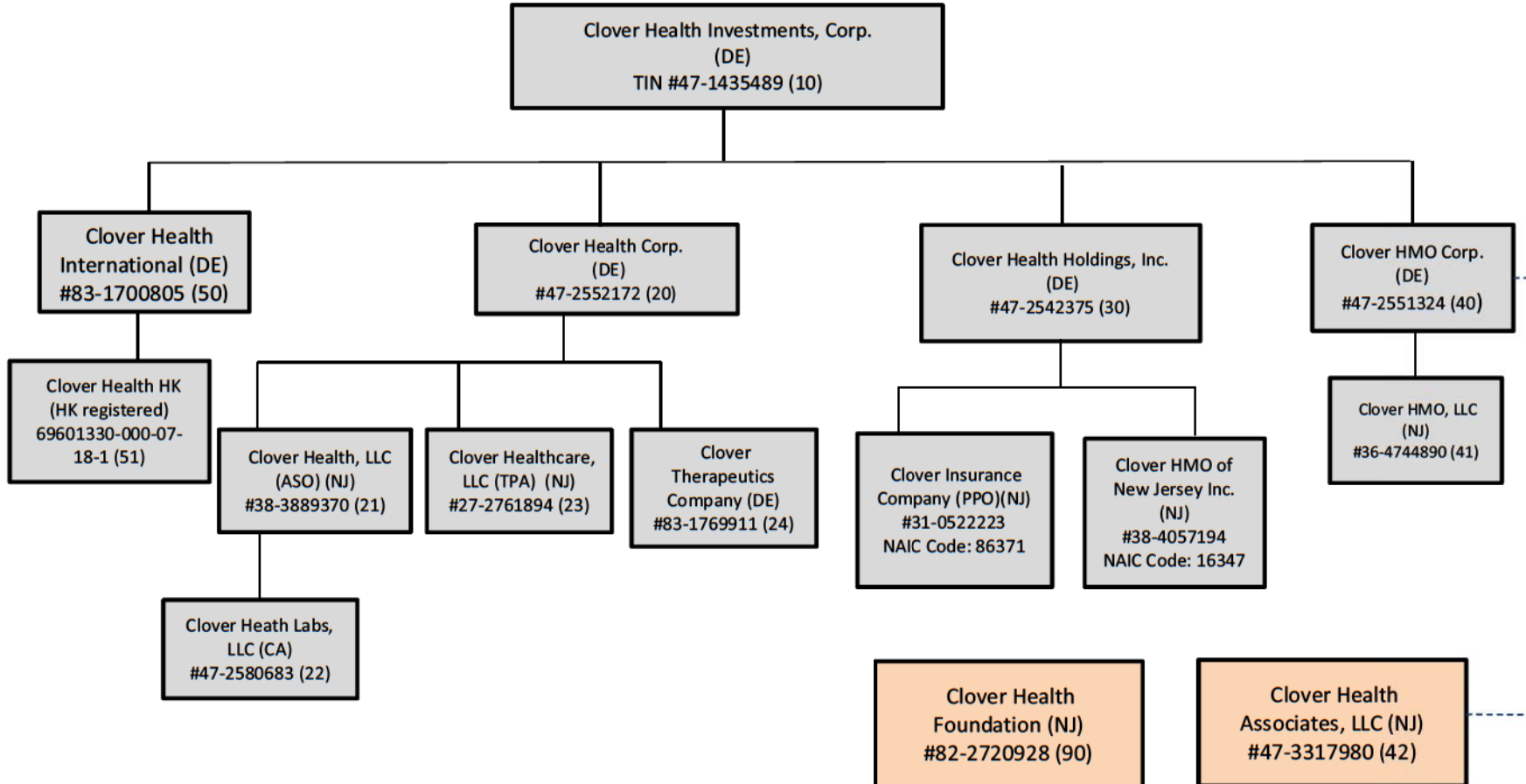
Q - Qualified - Qualified or accredited reinsurer

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Explanation of basis of allocation by state, premiums by state, etc.: Premiums are allocated based on residence of member

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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Clover Health Associates, LLC and Clover Health Foundation are affiliated entities through contracts, but not owned by Clover Health Investments, Corp.

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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 4918 (Current Period), 0000 (Prior Period) NAIC Company Code 86371 Employer's ID Number 31-0522223

Organized under the Laws of NJ, State of Domicile or Port of Entry NJ

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
 Other [] Is HMO Federally Qualified? Yes [] No [] N/A[X]

Incorporated/Organized 10/25/1947 Commenced Business 02/06/1948

Statutory Home Office 30 Montgomery Street, 15th Floor, Jersey City, NJ, US 07302
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 30 Montgomery Street, 15th Floor
 (Street and Number)
Jersey City, NJ, US 07302 (City or Town, State, Country and Zip Code)
(201)432-2133 (Area Code) (Telephone Number)

Mail Address 30 Montgomery Street, 15th Floor, Jersey City, NJ, US 07302
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 30 Montgomery Street, 15th Floor
 (Street and Number)
Jersey City, NJ, US 07302 (City or Town, State, Country and Zip Code)
(201)432-2133 (Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Pritam Baxi (Name) (201)432-2133 (Area Code)(Telephone Number)(Extension)
registeredagent@cloverhealth.com (E-Mail Address) (908)378-7880 (Fax Number)

OFFICERS

Name	Title
Vivek Garipalli	CEO
Pritam Baxi	Chief Financial Officer #

OTHERS

Wendy Richey, Chief Compliance Officer
 Melody Pereira, Chief Information Security Officer
 Rachel Fish, Chief Administrative Officer
 Andrew Toy, Chief Technology Officer #
 Sophia Chang, Chief Clinical Informatics Officer #

Brady Priest, General Counsel
 Judah Rabinowitz, Chief Actuary
 Varsha Rao, Chief Operations Officer
 Mark Spektor, Chief Medical Officer #

DIRECTORS OR TRUSTEES

Vivek Garipalli
 Justin Doheny

Edward Berde

State of New Jersey
 County of Hudson ss

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

 (Signature)
 Vivek Garipalli
 (Printed Name)
 1.
 CEO
 (Title)

 (Signature)
 Pritam Baxi
 (Printed Name)
 2.
 Chief Financial Officer
 (Title)

 (Signature)

 (Printed Name)
 3.

 (Title)

Subscribed and sworn to before me this _____ day of _____, 2019

a. Is this an original filing? Yes[X] No []
 b. If no, 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

 (Notary Public Signature)

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities	7,204,940	17.135	7,204,940		7,204,940	17.135
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies	1,995,820	4.746	1,995,820		1,995,820	4.746
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations						
1.43 Revenue and assessment obligations						
1.44 Industrial development and similar obligations						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or Guaranteed by GNMA						
1.512 Issued or Guaranteed by FNMA and FHLMC						
1.513 All other						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521						
1.523 All other						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.2 Unaffiliated Non-U.S. securities (including Canada)						
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
3.21 Affiliated						
3.22 Unaffiliated						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated						
3.32 Unaffiliated						
3.4 Other equity securities:						
3.41 Affiliated						
3.42 Unaffiliated						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated						
3.52 Unaffiliated						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt)						
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral)				X X X	X X X	X X X
10. Cash, cash equivalents and short-term investments	32,847,517	78.119	32,847,517		32,847,517	78.119
11. Other invested assets						
12. TOTAL Invested assets	42,048,278	100.000	42,048,278		42,048,278	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Current year change in encumbrances:		
3.1 TOTALS, Part 1, Column 13		
3.2 TOTALS, Part 3, Column 11		
4. TOTAL gain (loss) on disposals, Part 3, Column 18		
5. Deduct amounts received on disposals, Part 3, Column 15		
6. TOTAL foreign exchange change in book/adjusted	NONE	
6.1 TOTALS, Part 1, Column 15		
6.2 TOTALS, Part 3, Column 13		
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 TOTALS, Part 1, Column 12		
7.2 TOTALS, Part 3, Column 10		
8. Deduct current year's depreciation:		
8.1 TOTALS, Part 1, Column 11		
8.2 TOTALS, Part 3, Column 9		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Lines 9 minus 10)		

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7)		
2.2 Additional investment made after acquisition (Part 2, Column 8)		
3. Capitalized deferred interest and other:		
3.1 TOTALS, Part 1, Column 12		
3.2 TOTALS, Part 3, Column 11		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 TOTALS, Part 1, Column 9		
5.2 TOTALS, Part 3, Column 8		
6. TOTAL gain (loss) on disposals, Part 3, Column 18		
7. Deduct amounts received on disposals, Part 3, Column 15	NONE	
8. Deduct amortization of premium and mortgage interest		
9. TOTAL foreign exchange change in book value/recorded interest		
9.1 TOTALS, Part 1, Column 13		
9.2 TOTALS, Part 3, Column 13		
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 TOTALS, Part 1, Column 11		
10.2 TOTALS, Part 3, Column 10		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. TOTAL valuation allowance		
13. Subtotal (Lines 11 plus 12)		
14. Deduct total nonadmitted amounts		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 8)		
2.2	Additional investment made after acquisition (Part 2, Column 9)		
3.	Capitalized deferred interest and other:		
3.1	TOTALS, Part 1, Column 16		
3.2	TOTALS, Part 3, Column 12		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
5.1	TOTALS, Part 1, Column 13		
5.2	TOTALS, Part 3, Column 9		
6.	TOTAL gain (loss) on disposals, Part 3, Column 19		
7.	Deduct amounts received on disposals, Part 3, Column 7		
8.	Deduct amortization of premium and depreciation		
9.	TOTAL foreign exchange change in book/adjusted carrying value:		
9.1	TOTALS, Part 1, Column 17		
9.2	TOTALS, Part 3, Column 14		
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	TOTALS, Part 1, Column 15		
10.2	TOTALS, Part 3, Column 11		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		7,925,829
2.	Cost of bonds and stocks acquired, Part 3, Column 7		5,847,583
3.	Accrual of Discount		39,064
4.	Unrealized valuation increase (decrease):		
4.1	Part 1, Column 12		
4.2	Part 2, Section 1, Column 15		
4.3	Part 2, Section 2, Column 13		
4.4	Part 4, Column 11		
5.	TOTAL gain (loss) on disposals, Part 4, Column 19		(1,413)
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		4,603,458
7.	Deduct amortization of premium		6,844
8.	TOTAL foreign exchange change in book/adjusted carrying value:		
8.1	Part 1, Column 15		
8.2	Part 2, Section 1, Column 19		
8.3	Part 2, Section 2, Column 16		
8.4	Part 4, Column 15		
9.	Deduct current year's other-than-temporary impairment recognized:		
9.1	Part 1, Column 14		
9.2	Part 2, Section 1, Column 17		
9.3	Part 2, Section 2, Column 14		
9.4	Part 4, Column 13		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2)		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)		9,200,760
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		9,200,760

SCHEDULE D - SUMMARY BY COUNTRY**Long-Term Bonds and Stocks OWNED December 31 of Current Year**

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	7,204,940	7,201,813	7,179,666	7,240,000
	2. Canada				
	3. Other Countries				
	4. TOTALS	7,204,940	7,201,813	7,179,666	7,240,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. TOTALS				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. TOTALS				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. TOTALS	1,995,820	1,991,895	1,984,820	2,000,000
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and Hybrid Securities (unaffiliated)	8. United States				
	9. Canada				
	10. Other Countries				
	11. TOTALS				
Parent, Subsidiaries and Affiliates	12. TOTALS				
	13. TOTAL Bonds	9,200,760	9,193,708	9,164,486	9,240,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. TOTALS				
Parent, Subsidiaries and Affiliates	18. TOTALS				
	19. TOTAL Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. TOTALS				
Parent, Subsidiaries and Affiliates	24. TOTALS				
	25. TOTAL Common Stocks				
	26. TOTAL Stocks				
	27. TOTAL Bonds and Stocks	9,200,760	9,193,708	9,164,486	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Column 7 as a % of Line 11.7	Total From Column 7 Prior Year	% From Column 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	8,406,162	583,699			110,875	XXX	9,100,735	82.01	5,821,105	50.09	9,100,735	
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 TOTALS	8,406,162	583,699			110,875	XXX	9,100,735	82.01	5,821,105	50.09	9,100,735	
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 TOTALS						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 TOTALS						XXX						
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 TOTALS						XXX						
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 NAIC 1	1,995,820					XXX	1,995,820	17.99	4,901,130	42.17	1,995,820	
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 TOTALS	1,995,820					XXX	1,995,820	17.99	4,901,130	42.17	1,995,820	

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6.	Industrial and Miscellaneous (unaffiliated)												
6.1	NAIC 1						XXX			899,791	7.74		
6.2	NAIC 2						XXX						
6.3	NAIC 3						XXX						
6.4	NAIC 4						XXX						
6.5	NAIC 5						XXX						
6.6	NAIC 6						XXX						
6.7	TOTALS						XXX			899,791	7.74		
7.	Hybrid Securities												
7.1	NAIC 1						XXX						
7.2	NAIC 2						XXX						
7.3	NAIC 3						XXX						
7.4	NAIC 4						XXX						
7.5	NAIC 5						XXX						
7.6	NAIC 6						XXX						
7.7	TOTALS						XXX						
8.	Parent, Subsidiaries and Affiliates												
8.1	NAIC 1						XXX						
8.2	NAIC 2						XXX						
8.3	NAIC 3						XXX						
8.4	NAIC 4						XXX						
8.5	NAIC 5						XXX						
8.6	NAIC 6						XXX						
8.7	TOTALS						XXX						
9.	SVO Identified Funds												
9.1	NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.2	NAIC 2	XXX	XXX	XXX	XXX	XXX							
9.3	NAIC 3	XXX	XXX	XXX	XXX	XXX							
9.4	NAIC 4	XXX	XXX	XXX	XXX	XXX							
9.5	NAIC 5	XXX	XXX	XXX	XXX	XXX							
9.6	NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.7	TOTALS	XXX	XXX	XXX	XXX	XXX							
10.	Bank Loans												
10.1	NAIC 1						XXX			XXX	XXX		
10.2	NAIC 2						XXX			XXX	XXX		
10.3	NAIC 3						XXX			XXX	XXX		
10.4	NAIC 4						XXX			XXX	XXX		
10.5	NAIC 5						XXX			XXX	XXX		
10.6	NAIC 6						XXX			XXX	XXX		
10.7	TOTALS						XXX			XXX	XXX		

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 10,401,982	583,699			110,875		11,096,555	100.00	X X X	X X X	11,096,555	
11.2 NAIC 2	(d)								X X X	X X X		
11.3 NAIC 3	(d)								X X X	X X X		
11.4 NAIC 4	(d)								X X X	X X X		
11.5 NAIC 5	(d)								X X X	X X X		
11.6 NAIC 6	(d)						(c)		X X X	X X X		
11.7 TOTALS	10,401,982	583,699			110,875		(b) 11,096,555	100.00	X X X	X X X	11,096,555	
11.8 Line 11.7 as a % of Column 7	93.74	5.26			1.00		100.00	X X X	X X X	X X X	100.00	
12. Total Bonds Prior Year												
12.1 NAIC 1	8,304,423	3,206,580			111,024		X X X	X X X	11,622,027	100.00	11,622,027	
12.2 NAIC 2							X X X	X X X				
12.3 NAIC 3							X X X	X X X				
12.4 NAIC 4							X X X	X X X				
12.5 NAIC 5							X X X	X X X	(c)			
12.6 NAIC 6							X X X	X X X	(c)			
12.7 TOTALS	8,304,423	3,206,580			111,024		X X X	X X X	(b) 11,622,027	100.00	11,622,027	
12.8 Line 12.7 as a % of Col. 9	71.45	27.59			0.96		X X X	X X X	100.00	X X X	100.00	
13. Total Publicly Traded Bonds												
13.1 NAIC 1	10,401,982	583,699			110,875		11,096,555	100.00	11,622,027	100.00	11,096,555	X X X
13.2 NAIC 2												X X X
13.3 NAIC 3												X X X
13.4 NAIC 4												X X X
13.5 NAIC 5												X X X
13.6 NAIC 6												X X X
13.7 TOTALS	10,401,982	583,699			110,875		11,096,555	100.00	11,622,027	100.00	11,096,555	X X X
13.8 Line 13.7 as a % of Col. 7	93.74	5.26			1.00		100.00	X X X	X X X	X X X	100.00	X X X
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	93.74	5.26			1.00		100.00	X X X	X X X	X X X	100.00	X X X
14. Total Privately Placed Bonds												
14.1 NAIC 1											X X X	
14.2 NAIC 2											X X X	
14.3 NAIC 3											X X X	
14.4 NAIC 4											X X X	
14.5 NAIC 5											X X X	
14.6 NAIC 6											X X X	
14.7 TOTALS											X X X	
14.8 Line 14.7 as a % of Col. 7								X X X	X X X	X X X	X X X	
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11								X X X	X X X	X X X	X X X	

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(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....0 current year of bonds with Z designations, \$.....0 prior year of bonds with Z designations, \$.....0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$.....0 current year of bonds with 5GI designations, \$.....0 prior year of bonds with 5* or 5GI designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....1,895,795; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations	8,408,162	583,699			110,875	XXX	9,100,735	82.01	5,821,105	50.09	9,100,735	
1.2 Residential Mortgage-Backed Securities						XXX						
1.3 Commercial Mortgage-Backed Securities						XXX						
1.4 Other Loan-Backed and Structured Securities						XXX						
1.5 TOTALS	8,408,162	583,699			110,875	XXX	9,100,735	82.01	5,821,105	50.09	9,100,735	
2. All Other Governments												
2.1 Issuer Obligations						XXX						
2.2 Residential Mortgage-Backed Securities						XXX						
2.3 Commercial Mortgage-Backed Securities						XXX						
2.4 Other Loan-Backed and Structured Securities						XXX						
2.5 TOTALS						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX						
3.2 Residential Mortgage-Backed Securities						XXX						
3.3 Commercial Mortgage-Backed Securities						XXX						
3.4 Other Loan-Backed and Structured Securities						XXX						
3.5 TOTALS						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX						
4.2 Residential Mortgage-Backed Securities						XXX						
4.3 Commercial Mortgage-Backed Securities						XXX						
4.4 Other Loan-Backed and Structured Securities						XXX						
4.5 TOTALS						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	1,995,820					XXX	1,995,820	17.99	4,901,130	42.17	1,995,820	
5.2 Residential Mortgage-Backed Securities						XXX						
5.3 Commercial Mortgage-Backed Securities						XXX						
5.4 Other Loan-Backed and Structured Securities						XXX						
5.5 TOTALS	1,995,820					XXX	1,995,820	17.99	4,901,130	42.17	1,995,820	
6. Industrial and Miscellaneous												
6.1 Issuer Obligations						XXX			899,791	7.74		
6.2 Residential Mortgage-Backed Securities						XXX						
6.3 Commercial Mortgage-Backed Securities						XXX						
6.4 Other Loan-Backed and Structured Securities						XXX						
6.5 TOTALS						XXX			899,791	7.74		
7. Hybrid Securities												
7.1 Issuer Obligations						XXX						
7.2 Residential Mortgage-Backed Securities						XXX						
7.3 Commercial Mortgage-Backed Securities						XXX						
7.4 Other Loan-Backed and Structured Securities						XXX						
7.5 TOTALS						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX						
8.2 Residential Mortgage-Backed Securities						XXX						
8.3 Commercial Mortgage-Backed Securities						XXX						
8.4 Other Loan-Backed and Structured Securities						XXX						
8.5 TOTALS						XXX						

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

		1	2	3	4	5	6	7	8	9	10	11	12
Distribution by Type		1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Column 7 as a % of Line 11.7	Total From Column 7 Prior Year	% From Column 8 Prior Year	Total Publicly Traded	Total Privately Placed
9.	SVO Identified Funds												
9.1	Exchange Traded Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.2	Bond Mutual Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.3	TOTALS	X X X	X X X	X X X	X X X	X X X							
10.	Bank Loans												
10.1	Bank Loans - Issued						X X X			X X X	X X X		
10.2	Bank Loans - Acquired						X X X			X X X	X X X		
10.3	TOTALS						X X X			X X X	X X X		
11.	Total Bonds Current Year												
11.1	Issuer Obligations	10,401,982	583,699			110,875	X X X	11,096,555	100.00	X X X	X X X	11,096,555	
11.2	Residential Mortgage-Backed Securities						X X X			X X X	X X X		
11.3	Commercial Mortgage-Backed Securities						X X X			X X X	X X X		
11.4	Other Loan-Backed and Structured Securities						X X X			X X X	X X X		
11.5	SVO Identified Funds	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
11.6	Bank Loans						X X X			X X X	X X X		
11.7	TOTALS	10,401,982	583,699			110,875		11,096,555	100.00	X X X	X X X	11,096,555	
11.8	Line 11.7 as a % of Col. 7	93.74	5.26			1.00		100.00	X X X	X X X	X X X	100.00	
12.	Total Bonds Prior Year												
12.1	Issuer Obligations	8,304,423	3,206,580			111,024	X X X	X X X	X X X	11,622,027	100.00	11,622,027	
12.2	Residential Mortgage-Backed Securities						X X X	X X X	X X X				
12.3	Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
12.4	Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
12.5	SVO Identified Funds	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
12.6	Bank Loans	X X X	X X X	X X X	X X X	X X X		X X X	X X X	X X X	X X X	X X X	X X X
12.7	TOTALS	8,304,423	3,206,580			111,024		X X X	X X X	11,622,027	100.00	11,622,027	
12.8	Line 12.7 as a % of Col. 9	71.45	27.59			0.96		X X X	X X X	100.00	X X X	100.00	
13.	Total Publicly Traded Bonds												
13.1	Issuer Obligations	10,401,982	583,699			110,875	X X X	11,096,555	100.00	11,622,027	100.00	11,096,555	X X X
13.2	Residential Mortgage-Backed Securities						X X X						X X X
13.3	Commercial Mortgage-Backed Securities						X X X						X X X
13.4	Other Loan-Backed and Structured Securities						X X X						X X X
13.5	SVO Identified Funds	X X X	X X X	X X X	X X X	X X X				X X X	X X X		X X X
13.6	Bank Loans						X X X			X X X	X X X		X X X
13.7	TOTALS	10,401,982	583,699			110,875		11,096,555	100.00	11,622,027	100.00	11,096,555	X X X
13.8	Line 13.7 as a % of Col. 7	93.74	5.26			1.00		100.00	X X X	X X X	X X X	100.00	X X X
13.9	Line 13.7 as a % of Line 11.7, Col. 7, Section 11	93.74	5.26			1.00		100.00	X X X	X X X	X X X	100.00	X X X
14.	Total Privately Placed Bonds												
14.1	Issuer Obligations						X X X					X X X	
14.2	Residential Mortgage-Backed Securities						X X X					X X X	
14.3	Commercial Mortgage-Backed Securities						X X X					X X X	
14.4	Other Loan-Backed and Structured Securities						X X X					X X X	
14.5	SVO Identified Funds	X X X	X X X	X X X	X X X	X X X						X X X	
14.6	Bank Loans						X X X			X X X	X X X	X X X	
14.7	TOTALS						X X X			X X X	X X X	X X X	
14.8	Line 14.7 as a % of Col. 7								X X X	X X X	X X X	X X X	
14.9	Line 14.7 as a % of Line 11.7, Col. 7, Section 11								X X X	X X X	X X X	X X X	

SCHEDULE DA - VERIFICATION BETWEEN YEARS
Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	3,596,197	3,596,197			
2. Cost of short-term investments acquired	2,386,405	2,386,405			
3. Accrual of discount	12,974	12,974			
4. Unrealized valuation increase (decrease)					
5. TOTAL gain (loss) on disposals	(818)	(818)			
6. Deduct consideration received on disposals	4,098,157	4,098,157			
7. Deduct amortization of premium	805	805			
8. TOTAL foreign exchange change in book/adjusted carrying value					
9. Deduct current year's other-than-temporary impairment recognized					
10. Book adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,895,795	1,895,795			
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)	1,895,795	1,895,795			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

SI11 Schedule DB Part A Verification NONE

SI11 Schedule DB Part B Verification NONE

SI12 Schedule DB Part C Sn 1 - Rep. (Syn Asset) Transactions NONE

SI13 Schedule DB Part C Sn 2 - Rep. (Syn Asset) Transactions NONE

SI14 Schedule DB Verification NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	1,346,262		1,346,262	
2. Cost of cash equivalents acquired	9,534,579	1,198,533	8,336,046	
3. Accrual of discount	1,467	1,467		
4. Unrealized valuation increase (decrease)				
5. TOTAL gain (loss) on disposals				
6. Deduct consideration received on disposals	8,967,056	1,200,000	7,767,056	
7. Deduct amortization of premium				
8. TOTAL foreign exchange change in book/adjusted carrying value				
9. Deduct current year's other-than-temporary impairment recognized				
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,915,251		1,915,251	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Lines 10 minus 11)	1,915,251		1,915,251	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

E01 Schedule A - Part 1 Real Estate Owned NONE

E02 Schedule A - Part 2 Real Estate Acquired NONE

E03 Schedule A - Part 3 Real Estate Disposed NONE

E04 Schedule B Part 1 - Mortgage Loans Owned NONE

E05 Schedule B Part 2 - Mortgage Loans Acquired NONE

E06 Schedule B Part 3 - Mortgage Loans Disposed NONE

E07 Schedule BA Part 1 - Long-Term Invested Assets Owned NONE

E08 Schedule BA Part 2 - Long-Term Invested Assets Acquired NONE

E09 Schedule BA Part 3 - Long-Term Invested Assets Disposed NONE

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F O R E I G N	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B/A.C.V.	Rate of	Effective Rate of Interest	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
U.S. Governments - Issuer Obligations																					
912810RG5	UNITED STATES TREASURY	SD			1	111,152	106.5080	111,833	105,000	110,875		(149)			3.375	3.056	MN	460	3,544	02/16/2017	05/15/2044
912828B33	UNITED STATES TREASURY	SD			1	150,000	99.9330	149,900	150,000	150,000					1.500	1.500	JJ	3,192		01/11/2014	01/31/2019
912828C65	UNITED STATES TREASURY				1	499,070	99.8040	499,020	500,000	499,825		716			1.625	1.770	MS	2,076	8,125	12/11/2017	03/31/2019
912828F39	UNITED STATES TREASURY				1	992,143	99.3520	993,520	1,000,000	994,484		2,342			1.750	2.503	MS	4,471	8,750	09/06/2018	09/30/2019
912828F62	UNITED STATES TREASURY				1	988,433	99.0660	990,660	1,000,000	990,401		1,968			1.500	2.690	AO	2,569		10/30/2018	10/31/2019
912828P2	UNITED STATES TREASURY	SD			1	265,083	102.3125	271,107	265,000	265,026		(4)			3.625	3.620	FA	3,628	7,703	02/14/2011	02/15/2021
912828S9	UNITED STATES TREASURY				1	987,578	99.4380	994,380	1,000,000	994,975		7,396			1.125	2.359	MN	989	11,250	05/21/2018	05/31/2019
912828UB4	UNITED STATES TREASURY	SD			1	982,030	99.5270	985,270	1,000,000	984,829		2,799			1.000	2.696	MN	879	5,000	10/30/2018	11/30/2019
912828V23	UNITED STATES TREASURY	SD			1	14,653	98.7344	14,810	15,000	14,702		49			2.250	2.677	JD	1	338	02/12/2018	12/31/2023
912828V56	UNITED STATES TREASURY				1	497,000	99.9040	499,520	500,000	499,794		2,522			1.125	1.635	JJ	2,354	5,625	11/22/2017	01/31/2019
912828W30	UNITED STATES TREASURY				1	496,700	99.7990	498,995	500,000	499,582		2,598			1.125	1.651	FA	1,911	5,625	11/22/2017	02/28/2019
912828WW6	UNITED STATES TREASURY				1	892,266	99.4650	895,185	900,000	895,477		4,212			1.625	2.307	JJ	6,120	7,313	04/18/2018	07/31/2019
912828XW5	UNITED STATES TREASURY	SD			1	303,557	97.5781	297,613	305,000	303,971		262			1.750	1.850	JD	15	6,213	07/11/2017	06/30/2022
0199999	Subtotal - U.S. Governments - Issuer Obligations					7,179,666	XXX	7,201,813	7,240,000	7,204,940		24,731			XXX	XXX	XXX	28,665	69,484	XXX	XXX
0599999	Subtotal - U.S. Governments					7,179,666	XXX	7,201,813	7,240,000	7,204,940		24,731			XXX	XXX	XXX	28,665	69,484	XXX	XXX
U.S. Special Revenue, Special Assessment - Issuer Obligations																					
3130A8DB6	FEDERAL HOME LOAN BANKS				1	493,825	99.3130	496,565	500,000	497,868		4,043			1.125	2.042	JD	156	5,625	02/01/2018	06/21/2019
3130ABF92	FEDERAL HOME LOAN BANKS				1	496,655	99.5120	497,560	500,000	499,023		2,368			1.375	1.861	MN	630	6,875	01/02/2018	05/28/2019
3133EHP23	FEDERAL FARM CREDIT BANKS FUNDING CORP				1	498,735	99.9270	499,635	500,000	499,893		1,063			1.500	1.721	FA	3,021	5,625	12/06/2017	02/06/2019
3137EAD29	FEDERAL HOME LOAN MORTGAGE CORP				1	495,605	99.6270	498,135	500,000	499,036		3,348			1.125	1.806	AO	1,188	5,625	12/22/2017	04/15/2019
2599999	Subtotal - U.S. Special Revenue, Special Assessment - Issuer Obligations					1,984,820	XXX	1,991,895	2,000,000	1,995,820		10,843			XXX	XXX	XXX	4,995	23,750	XXX	XXX
3199999	Subtotal - U.S. Special Revenue, Special Assessment					1,984,820	XXX	1,991,895	2,000,000	1,995,820		10,843			XXX	XXX	XXX	4,995	23,750	XXX	XXX
7799999	Subtotal - Issuer Obligations					9,164,486	XXX	9,193,708	9,240,000	9,200,760		35,574			XXX	XXX	XXX	33,660	93,234	XXX	XXX
8399999	Grand Total - Bonds					9,164,486	XXX	9,193,708	9,240,000	9,200,760		35,574			XXX	XXX	XXX	33,660	93,234	XXX	XXX

E11 Schedule D - Part 2 Sn 1 Prfrd Stocks Owned NONE

E12 Schedule D - Part 2 Sn 2 Common Stocks Owned NONE

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
912828F39	UNITED STATES TREASURY		09/06/2018	Charles Schwab & Co Inc	X X X	992,143	1,000,000	7,650
912828F62	UNITED STATES TREASURY		10/30/2018	Charles Schwab & Co Inc	X X X	988,433	1,000,000	
912828S X9	UNITED STATES TREASURY		05/21/2018	Charles Schwab & Co Inc	X X X	987,578	1,000,000	5,347
912828UB4	UNITED STATES TREASURY		10/30/2018	Charles Schwab & Co Inc	X X X	982,030	1,000,000	4,180
912828V23	UNITED STATES TREASURY		02/12/2018	RAYMOND JAMES & ASSOCIATES INC.	X X X	14,653	15,000	41
912828WW6	UNITED STATES TREASURY		04/18/2018	WELLS FARGO SECURITIES LLC	X X X	892,266	900,000	3,151
0599999	Subtotal - Bonds - U.S. Governments					4,857,103	4,915,000	20,370
Bonds - U.S. Special Revenue, Special Assessment								
3130A8DB6	FEDERAL HOME LOAN BANKS		02/01/2018	RAYMOND JAMES & ASSOCIATES	X X X	493,825	500,000	641
3130ABF92	FEDERAL HOME LOAN BANKS		01/02/2018	RAYMOND JAMES & ASSOCIATES	X X X	496,655	500,000	668
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment					990,480	1,000,000	1,309
8399997	Subtotal - Bonds - Part 3					5,847,583	5,915,000	21,679
8399998	Summary item from Part 5 for Bonds							
8399999	Subtotal - Bonds					5,847,583	5,915,000	21,679
9999999	Totals					5,847,583	X X X	21,679

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED, or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amortization/ Accretion)	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B./A.C.V. (Cols. 11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.						
Bonds - U.S. Governments																				
912828A34	UNITED STATES TREASURY		10/30/2018	Charles Schwab & Co Inc	X X X	899,181	900,000	898,246	898,545		1,325		1,325		899,870		(689)	(689)	10,328	11/30/2018
912828A75	UNITED STATES TREASURY		10/30/2018	Charles Schwab & Co Inc	X X X	499,277	500,000	500,039	500,008		(6)		(6)		500,002		(725)	(725)	10,007	12/31/2018
912828JH4	UNITED STATES TREASURY		08/15/2018	Naturity @ 100.00	X X X	500,000	500,000	504,609	500,352		(362)		(362)		500,000				20,000	08/15/2018
912828N22	UNITED STATES TREASURY		12/15/2018	Naturity @ 100.00	X X X	100,000	100,000	99,945	99,982		18		18		100,000				1,250	12/15/2018
912828UJ7	UNITED STATES TREASURY		01/31/2018	Naturity @ 100.00	X X X	500,000	500,000	500,155	500,012		(12)		(12)		500,000				2,188	01/31/2018
0599999	Subtotal - Bonds - U.S. Governments					2,498,458	2,500,000	2,502,994	2,498,899		972		972		2,498,872		(1,413)	(1,413)	43,772	X X X
Bonds - U.S. Special Revenue, Special Assessment																				
313376BR5	FEDERAL HOME LOAN BANKS		12/14/2018	Naturity @ 100.00	X X X	1,205,000	1,205,000	1,230,770	1,210,467		(5,467)		(5,467)		1,205,000				21,088	12/14/2018
313382QS5	FEDERAL HOME LOAN BANKS		04/05/2018	Naturity @ 100.00	X X X	300,000	300,000	299,412	299,849		151		151		300,000				1,350	04/05/2018
3136G0X22	FEDERAL NATIONAL MORTGAGE ASSOCIATION		10/29/2018	Naturity @ 100.00	X X X	100,000	100,000	99,617	99,704		296		296		100,000				1,000	10/29/2018
3136G1DG1	FEDERAL NATIONAL MORTGAGE ASSOCIATION		02/27/2018	Naturity @ 100.00	X X X	300,000	300,000	300,417	300,061		(61)		(61)		300,000				1,575	02/27/2018
3137EAED7	FEDERAL HOME LOAN MORTGAGE CORP		10/12/2018	Naturity @ 100.00	X X X	200,000	200,000	199,012	199,246		754		754		200,000				1,750	10/12/2018
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment					2,105,000	2,105,000	2,129,228	2,109,326		(4,326)		(4,326)		2,105,000				26,763	X X X
8399997	Subtotal - Bonds - Part 4					4,603,458	4,605,000	4,632,222	4,608,226		(3,354)		(3,354)		4,604,872		(1,413)	(1,413)	70,535	X X X
8399998	Summary Item from Part 5 for Bonds																			X X X
8399999	Subtotal - Bonds					4,603,458	4,605,000	4,632,222	4,608,226		(3,354)		(3,354)		4,604,872		(1,413)	(1,413)	70,535	X X X
9999999	Totals					4,603,458	X X X	4,632,222	4,608,226		(3,354)		(3,354)		4,604,872		(1,413)	(1,413)	70,535	X X X

E15 Schedule D - Part 5 LT Bonds/Stocks Acquired/Disp NONE

E16 Schedule D - Part 6 Sn 1 NONE

E16 Schedule D - Part 6 Sn 2 NONE

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 Description	Codes		4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				12 Par Value	13 Actual Cost	Interest					20 Paid For Accrued Interest	
	2 Code	3 For- eign					8 Unrealized Valuation Increase/ (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other-Than- Temporary Impairment Recognized	11 Total Foreign Exchange Change in B./A.C.V.			14 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	15 Non-Admitted Due and Accrued	16 Rate of	17 Effective Rate of	18 When Paid		19 Amount Received During Year
Bonds - U.S. Governments - Issuer Obligations																			
UNITED STATES TREASURY			05/21/2018	Charles Schwab & Co Inc	02/28/2019	499,106		3,416			500,000	495,690	1,911		1.125	2.253	FA	2,813	1,269
UNITED STATES TREASURY			12/21/2018	Charles Schwab & Co Inc	05/23/2019	123,830		66			125,000	123,764				2.430	N/A		
UNITED STATES TREASURY			10/30/2018	Charles Schwab & Co Inc	09/12/2019	614,044		3,957			625,000	610,087				2.565	N/A		
UNITED STATES TREASURY			12/18/2018	DIRECT FROM ISSUER	12/05/2019	658,814		623			675,000	658,191				2.639	N/A		
0199999 Subtotal - Bonds - U.S. Governments - Issuer Obligations						1,895,795		8,062			1,925,000	1,887,733	1,911		X X X	X X X	X X X	2,813	1,269
0599999 Subtotal - Bonds - U.S. Governments						1,895,795		8,062			1,925,000	1,887,733	1,911		X X X	X X X	X X X	2,813	1,269
6599999 Subtotal - Bonds - Bank Loans															X X X	X X X	X X X		
7799999 Subtotal - Bonds - Issuer Obligations						1,895,795		8,062			1,925,000	1,887,733	1,911		X X X	X X X	X X X	2,813	1,269
8399999 Total Bonds						1,895,795		8,062			1,925,000	1,887,733	1,911		X X X	X X X	X X X	2,813	1,269
8699999 Total - Parent, Subsidiaries and Affiliates											X X X				X X X	X X X	X X X		
9199999 Total Short-Term Investments						1,895,795		8,062			X X X	1,887,733	1,911		X X X	X X X	X X X	2,813	1,269

E18 Schedule DB - Part A Sn 1 Opt/Cap/Floors/Collars/Swaps/Forwards Open . . . NONE

E19 Schedule DB - Part A Sn 2 Opt/Cap/Floors/Collars/Swaps/Forwards Term. . . NONE

E20 Schedule DB - Part B Sn 1 Futures Contracts Open NONE

E21 Schedule DB - Part B Sn 2 Futures Contracts Terminated NONE

E22 Schedule DB - Part D Sn 1 Counterparty Exposure for Derivative Instruments . NONE

E23 Schedule DB - Part D Sn 2 - Collateral Pledged By Reporting Entity NONE

E23 Schedule DB - Part D Sn 2 - Collateral Pledged To Reporting Entity NONE

E24 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E25 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
open depositories						
BNY Mellon - Controlled Disbursements	1006 Astoria Boulevard, Cherry Hill NJ 08034				47,377	X X X
BNY Mellon - Tritech Premium Taxes	1006 Astoria Boulevard, Cherry Hill NJ 08034				21,565	X X X
PNC Bank - PPO AP	P.O. Box 535230, Pittsburgh, PA 15253-5230				(212,025)	X X X
PNC Bank - PPO Claims	P.O. Box 535230, Pittsburgh, PA 15253-5230				(7,197,872)	X X X
PNC Bank - PPO Operating	P.O. Box 535230, Pittsburgh, PA 15253-5230				18,457,494	X X X
PNC Bank - Reserve Cash	P.O. Box 535230, Pittsburgh, PA 15253-5230				1,500	X X X
TD Bank	1006 Astoria Boulevard, Cherry Hill NJ 08034				52,011	X X X
PNC Bank - PPO Collateral	P.O. Box 535230, Pittsburgh, PA 15253-5230		106,898		484,400	X X X
PNC Bank CD	New Jersey	08/16/2019	2.600	132,021	36,376	17,382,021 X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories						
		X X X				X X X
0199999 Totals - Open Depositories						
		X X X	238,919	36,376	29,036,471	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories						
		X X X				X X X
0299999 Totals - Suspended Depositories						
		X X X				X X X
0399999 Total Cash On Deposit						
		X X X	238,919	36,376	29,036,471	X X X
0499999 Cash in Company's Office						
		X X X	X X X	X X X		X X X
0599999 Total Cash						
		X X X	238,919	36,376	29,036,471	X X X

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	36,751,940	4. April	29,279,132	7. July	28,001,664	10. October	30,039,251
2. February	33,072,692	5. May	19,224,794	8. August	61,339,640	11. November	64,859,344
3. March	59,733,926	6. June	64,389,577	9. September	30,055,098	12. December	29,036,471

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
31846V450	FIRST AMER:US TRS MM Z		12/21/2018 ...	2.190	X X X	8,553		
94975H296	WELLS FRGO TREASURY PLUS CL I MMF	SD	12/04/2018 ...	2.260	X X X	100,000	186	1,560
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO					108,553	186	1,560
All Other Money Market Mutual Funds								
26188J206	DREYFUS CASH MGT;INST	SD	12/30/2017 ...	2.540	X X X	105,000		426
711991000	TD BANK DEPOSIT SWEEP	SD	12/17/2018 ...	0.000	X X X	1,701,698		105
8699999	Subtotal - All Other Money Market Mutual Funds					1,806,698		531
8899999	Total Cash Equivalents					1,915,251	186	2,090

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For		All Other Special Deposits	
			the Benefit of All Policyholders		5	6
			3 Book/Adjusted Carrying Value	4 Fair Value	Book/Adjusted Carrying Value	Fair Value
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)	B	Life A&H Deposit			110,875	111,833
4. Arkansas (AR)	B	Life A&H Deposit			55,005	56,272
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)	ST	Life A&H Deposit			100,000	100,000
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)	ST	Life A&H Deposit			105,000	105,000
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)	ST	Life A&H Deposit	1,701,698	1,701,698		
32. New Mexico (NM)	B	Life A&H Deposit			423,683	419,852
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)	B	Life A&H Deposit			105,010	107,407
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)	B	Life A&H Deposit			150,000	149,900
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)	B	Life A&H Deposit			103,407	103,453
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate Alien and Other (OT)	X X X	X X X				
59. TOTAL	X X X	X X X	1,701,698	1,701,698	1,152,980	1,153,717
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X	X X X				
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X	X X X				

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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 4918 , 0000 NAIC Company Code 86371 Employer's ID Number 31-0522223
(Current Period) (Prior Period)

Organized under the Laws of NJ , State of Domicile or Port of Entry NJ

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
 Other [] Is HMO Federally Qualified? Yes [] No [] N/A[X]

Incorporated/Organized 10/25/1947 Commenced Business 02/06/1948

Statutory Home Office 30 Montgomery Street, 15th Floor , Jersey City, NJ, US 07302
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 30 Montgomery Street, 15th Floor
(Street and Number)

Jersey City, NJ, US 07302 (201)432-2133
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 30 Montgomery Street, 15th Floor , Jersey City, NJ, US 07302
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 30 Montgomery Street, 15th Floor
(Street and Number)

Jersey City, NJ, US 07302 (201)432-2133
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Pritam Baxi (201)432-2133
(Name) (Area Code)(Telephone Number)(Extension)
registeredagent@cloverhealth.com (908)378-7880
(E-Mail Address) (Fax Number)

OFFICERS

<u>Name</u>	<u>Title</u>
Vivek Garipalli	CEO
Pritam Baxi	Chief Financial Officer #

OTHERS

Wendy Richey, Chief Compliance Officer
 Melody Pereira, Chief Information Security Officer
 Rachel Fish, Chief Administrative Officer
 Andrew Toy, Chief Technology Officer #
 Sophia Chang, Chief Clinical Informatics Officer #

Brady Priest, General Counsel
 Judah Rabinowitz, Chief Actuary
 Varsha Rao, Chief Operations Officer
 Mark Spektor, Chief Medical Officer #

DIRECTORS OR TRUSTEES

Vivek Garipalli
 Justin Doheny
 Edward Berde

State of New Jersey
 County of Hudson ss

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

_____ (Signature) Vivek Garipalli _____ (Printed Name) 1. CEO _____ (Title)	_____ (Signature) Pritam Baxi _____ (Printed Name) 2. Chief Financial Officer _____ (Title)	_____ (Signature) _____ (Printed Name) 3. _____ (Title)
-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

Subscribed and sworn to before me this _____ day of _____, 2019

a. Is this an original filing? _____
 b. If no, 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

 (Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities	304,686	135,709				440,395
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	304,686	135,709				440,395

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Caremark	3,101,459	3,101,459	3,101,459	1,604,488	1,604,488	9,304,376
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	3,101,459	3,101,459	3,101,459	1,604,488	1,604,488	9,304,376
0299998 Claim Overpayment Receivables - Not Individually Listed	10,425,378			6,140,157	9,680,106	6,885,429
0299999 Subtotal - Claim Overpayment Receivables	10,425,378			6,140,157	9,680,106	6,885,429
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	18,089				18,089	
0699999 Subtotal - Other Receivables	18,089				18,089	
0799999 Gross health care receivables	13,544,925	3,101,459	3,101,459	7,744,645	11,302,683	16,189,805

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	9,041,900	23,647,759	192,978	10,715,888	9,234,878	8,341,257
2. Claim overpayment receivables	17,172,410	3,686,106	6,140,157	10,425,378	23,312,567	14,118,638
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	30,374			18,089	30,374	30,374
7. TOTALS (Lines 1 through 6)	26,244,684	27,333,865	6,333,135	21,159,354	32,577,819	22,490,269

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
 Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	16,346,506	930,693		288,446		17,565,645
0499999 Subtotals	16,346,506	930,693		288,446		17,565,645
0599999 Unreported claims and other claim reserves						45,802,740
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						63,368,385
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Clover Health Holdings, Inc.	28,000,000					28,000,000	
0199999 Total - Individually listed receivables	28,000,000					28,000,000	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	28,000,000					28,000,000	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Clover Heath Labs, LLC	Intercompany Settlement	24,654	24,654	
Clover Health, LLC	Management Services	445,949	445,949	
0199999 Total - Individually Listed Payables	X X X	470,603	470,603	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	470,603	470,603	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	330,714,274	100.000	X X X	X X X		330,714,274
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	330,714,274	100.000	X X X	X X X		330,714,274
13. TOTAL (Line 4 plus Line 12)	330,714,274	100.000	X X X	X X X		330,714,274

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	NONE					
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct		984								984
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		18,198								18,198
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		10,853								10,853
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		1,421								1,421
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct		774								774
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	61							61		
3. Second Quarter	64							64		
4. Third Quarter	63							63		
5. Current Year	72							72		
6. Current Year Member Months	767							767		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,787							1,787		
8. Non-Physician	169							169		
9. TOTAL	1,956							1,956		
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	432,167							432,167		
13. Life Premiums Direct	4,495									4,495
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed	432,167							432,167		
16. Property/Casualty Premiums Eamed										
17. Amount Paid for Provision of Health Care Services	216,742							216,742		
18. Amount Incurred for Provision of Health Care Services	221,756							221,756		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$432,167



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		120,025								120,025
15. Health Premiums Eamed										
16. Property/Casualty Premiums Eamed										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		12,122								12,122
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		2,411								2,411
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		20,781								20,781
15. Health Premiums Eamed										
16. Property/Casualty Premiums Eamed										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		11,670								11,670
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct		1,200								1,200
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		20,291								20,291
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		2,941								2,941
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	27,752							27,752		
2. First Quarter	30,712							30,712		
3. Second Quarter	31,154							31,154		
4. Third Quarter	31,778							31,778		
5. Current Year	32,283							32,283		
6. Current Year Member Months	376,233							376,233		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,591,672							1,591,672		
8. Non-Physician	91,789							91,789		
9. TOTAL	1,683,461							1,683,461		
10. Hospital Patient Days Incurred	54,609							54,609		
11. Number of Inpatient Admissions	7,110							7,110		
12. Health Premiums Written (b)	356,542,461							356,542,461		
13. Life Premiums Direct	1,139									1,139
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed	356,542,461							356,542,461		
16. Property/Casualty Premiums Eamed										
17. Amount Paid for Provision of Health Care Services	330,270,181							330,270,181		
18. Amount Incurred for Provision of Health Care Services	337,910,840							337,910,840		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.356,542,461



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct		2,031								2,031
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		2,866								2,866
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	8							8		
3. Second Quarter	7							7		
4. Third Quarter	9							9		
5. Current Year	8							8		
6. Current Year Member Months	100							100		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	264							264		
8. Non-Physician	13							13		
9. TOTAL	277							277		
10. Hospital Patient Days Incurred	12							12		
11. Number of Inpatient Admissions	3							3		
12. Health Premiums Written (b)	46,304							46,304		
13. Life Premiums Direct	41,262									41,262
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed	46,304							46,304		
16. Property/Casualty Premiums Eamed										
17. Amount Paid for Provision of Health Care Services	39,840							39,840		
18. Amount Incurred for Provision of Health Care Services	40,762							40,762		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$46,304



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		3,261								3,261
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct		1,092								1,092
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct		5,336								5,336
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct		1,895								1,895
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	54							54		
3. Second Quarter	54							54		
4. Third Quarter	54							54		
5. Current Year	62							62		
6. Current Year Member Months	658							658		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,592							1,592		
8. Non-Physician	32							32		
9. TOTAL	1,624							1,624		
10. Hospital Patient Days Incurred	8							8		
11. Number of Inpatient Admissions	5							5		
12. Health Premiums Written (b)	427,481							427,481		
13. Life Premiums Direct	22,517									22,517
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed	427,481							427,481		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	187,512							187,512		
18. Amount Incurred for Provision of Health Care Services	191,850							191,850		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$427,481



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		1,102								1,102
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code 4918

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		17,519								17,519
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Company Code 86371

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		10,598								10,598
15. Health Premiums Eamed										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written		1,027								1,027
15. Health Premiums Eamed										
16. Property/Casualty Premiums Eamed										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	27,752							27,752		
2. First Quarter	30,835							30,835		
3. Second Quarter	31,279							31,279		
4. Third Quarter	31,904							31,904		
5. Current Year	32,425							32,425		
6. Current Year Member Months	377,758							377,758		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,595,315							1,595,315		
8. Non-Physician	92,003							92,003		
9. TOTAL	1,687,318							1,687,318		
10. Hospital Patient Days Incurred	54,629							54,629		
11. Number of Inpatient Admissions	7,118							7,118		
12. Health Premiums Written (b)	357,448,413							357,448,413		
13. Life Premiums Direct	549,019									549,019
14. Property/Casualty Premiums Written										
15. Health Premiums Eamed	357,448,413							357,448,413		
16. Property/Casualty Premiums Eamed										
17. Amount Paid for Provision of Health Care Services	330,714,274							330,714,274		
18. Amount Incurred for Provision of Health Care Services	338,365,207							338,365,207		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....357,448,413

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

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

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
69418	59-2403689	10/01/2012	SOUTHERN FINANCIAL LIFE INS CO	LA		5,960,655
0899999 Subtotal - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						5,960,655
1099999 Total - Life and Annuity - Non-Affiliates						5,960,655
1199999 Total - Life and Annuity						5,960,655
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total						
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total						
1899999 Total - Accident and Health - Affiliates						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE	1,185	
00000	AA-3190677	04/01/2018	Horseshoe Re Ltd	BMU		11,675,582
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates						1,185
2199999 Total - Accident and Health - Non-Affiliates						1,185
2299999 Total - Accident and Health						1,185
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						1,185
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)						1,185
17,636,237						

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE	SSL/I	MR	514,328						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							514,328						
1099999 Total - General Account - Authorized - Non-Affiliates							514,328						
1199999 Total - General Account Authorized							514,328						
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190677	04/01/2018	Horseshoe Re Ltd	BMU	QA/I	MR	66,853,728						
2099999 Subtotal - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							66,853,728						
2199999 Total - General Account - Unauthorized - Non-Affiliates							66,853,728						
2299999 Total - General Account - Unauthorized							66,853,728						
3499999 Total - General Account - Authorized, Unauthorized and Certified							67,368,056						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							514,328						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							66,853,728						
9999999 Total (Sum of 3499999 and 6899999)							67,368,056						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
1199999 Total - General Account - Life and Annuity														
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-3190677	04/01/2018	Horseshoe Re Ltd		11,356,832		11,356,832			10,069,404			12,666,257	11,356,832
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					11,356,832		11,356,832		XXX	10,069,404			12,666,257	11,356,832
2199999 Total - General Account - Accident and Health - Non-Affiliates					11,356,832		11,356,832		XXX	10,069,404			12,666,257	11,356,832
2299999 Total - General Account - Accident and Health					11,356,832		11,356,832		XXX	10,069,404			12,666,257	11,356,832
2399999 Total - General Account					11,356,832		11,356,832		XXX	10,069,404			12,666,257	11,356,832
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									XXX					
3099999 Total - Separate Accounts - Affiliates									XXX					
3499999 Total - Separate Accounts									XXX					
3599999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)									XXX					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					11,356,832		11,356,832		XXX	10,069,404			12,666,257	11,356,832
9999999 Total (Sum of 2399999 and 3499999)					11,356,832		11,356,832		XXX	10,069,404			12,666,257	11,356,832

(a)

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

SCHEDULE S - PART 5

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

1 NAIC Com- pany Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- iliary Juris- diction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral							23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)				
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)								
999999 Total (Sum of 2399999 and 3499999)															XXX						XXX	XXX							

(a)

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

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	67,368	344	137,836	12,955	
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	63,583	(2,591)			
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	17,636	10,237			
8. Reinsurance recoverable on paid losses	1	13,336	77,134	6,174	
9. Experience rating refunds due or unpaid				674	
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)	10,069				
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	42,048,278		42,048,278
2. Accident and health premiums due and unpaid (Line 15)	21,211,534		21,211,534
3. Amounts recoverable from reinsurers (Line 16.1)	1,185	(1,185)	
4. Net credit for ceded reinsurance	X X X	4,971,165	4,971,165
5. All other admitted assets (Balance)	44,403,893		44,403,893
6. TOTAL Assets (Line 28)	107,664,889	4,969,981	112,634,870
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	45,732,147	17,636,237	63,368,385
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	26,873,430	(12,666,257)	14,207,173
15. TOTAL Liabilities (Line 24)	72,605,577	4,969,980	77,575,557
16. TOTAL Capital and Surplus (Line 33)	35,059,313	X X X	35,059,313
17. TOTAL Liabilities, Capital and Surplus (Line 34)	107,664,890	4,969,980	112,634,870
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	17,636,237		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,185		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	17,637,422		
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	12,666,257		
30. TOTAL Ceded Reinsurance Payables/Offsets	12,666,257		
31. TOTAL Net Credit for Ceded Reinsurance	4,971,165		

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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Asterisk	Explanation
0000001	

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/(Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 14203 ..	45-4535883 ..	Clover Insurance Company ..	.....	28,000,000	.....	.....	(35,461,949)	.....	.....	.....	(7,461,949)	.....
.....	38-3889370 ..	Clover Health, LLC ..	.....	.....	.....	.....	35,463,412	.....	.....	.....	35,463,412	.....
.. 16347 ..	38-4057194 ..	Clover HMO of NJ ..	.....	8,305,324	.....	.....	(1,462)	.....	.....	.....	8,303,862	.....
.....	47-2542375 ..	Clover Health Holdings, Inc. ....	.....	(36,305,324)	.....	.....	.....	.....	.....	.....	(36,305,324)	.....
9999999	Control Totals ..	.....	.....	.....	.....	.....	0	.....	XXX	.....	0	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

- | | |
|-----------------------------------------------------------------------------------------------------------------|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--------------------------------------------------------------------------------|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|------------------------------------------------------------------------------------------------------------------------------|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | Yes |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | Yes |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|----------------------------------------------------------------------------------------------------------------------------|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|----------------------------------------------------------------------------------------------------------------------------|----|

Explanation:

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



86371201830600000

2018

Document Code: 306

Management's Report of Internal Control over Financial Reporting



86371201822300000

2018

Document Code: 223



LIFE SUPPLEMENTS

For the Year Ended December 31, 2018

To Be Filed By March 1

Of The CLOVER INSURANCE COMPANY Insurance Company

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

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

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance (Gross)					
1958 CSO ALB 3.0% NL	1,309		1,309		
1958 CSO ALB 3.0% CRVM	2,632		2,632		
1958 CSO ALB 4.0% NL	3,657		3,657		
1958 CSO ALB 4.5% NL	851		851		
1958 CSO ALB 4.5% CRVM	11,260		11,260		
1980 CSO 5.5% CRVM	2,233		2,233		
1980 CSO 3.5% CRVM	3,159,198		3,159,198		
1980 CSO 4.5% CRVM	1,917,905		1,917,905		
0199997 Subtotal - Life Insurance (Gross)	5,099,045		5,099,045		
0199998 Reinsurance Ceded	5,099,045		5,099,045		
0199999 Totals - (Net)					
Annuities (excluding supplementary contracts with life contingencies) (Gross)					
83a 5.50% CARVM DEF 94, 96-97	738,951	X X X	84,257	X X X	654,694
83a 5.75% CARVM DEF 93	50,042	X X X		X X X	50,042
83a 6.00% CARVM DEF 95	124,366	X X X		X X X	124,366
83a 6.75% CARVM DEF 91	23,655	X X X	23,655	X X X	
0299997 Subtotal - Annuities (excluding supplementary contracts with life contingencies) (Gross)	937,014	X X X	107,912	X X X	829,102
0299998 Reinsurance Ceded	937,014	X X X	107,912	X X X	829,102
0299999 Totals - (Net)		X X X		X X X	
0399998 Reinsurance Ceded					
0399999 Totals - (Net)					
Accidental Death Benefits (Gross)					
1959 ADB & 1980 CSO 4.50%	2,730		2,730		
0499997 Subtotal - Accidental Death Benefits (Gross)	2,730		2,730		
0499998 Reinsurance Ceded	2,730		2,730		
0499999 Totals - (Net)					
Disability-Active Lives (Gross)					
1952 Dis & 1958 CSO 3.50%	4,078		4,078		
0599997 Subtotal - Disability-Active Lives (Gross)	4,078		4,078		
0599998 Reinsurance Ceded	4,078		4,078		
0599999 Totals - (Net)					
Disability-Disabled Lives (Gross)					
1952 Dis & 1958 CSO 3.50%	3,783		3,783		
0699997 Subtotal - Disability-Disabled Lives (Gross)	3,783		3,783		
0699998 Reinsurance Ceded	3,783		3,783		
0699999 Totals - (Net)					
Miscellaneous Reserves (Gross)					
Substandard Reserve	1,203		1,203		
0799997 Subtotal - Miscellaneous Reserves (Gross)	1,203		1,203		
0799998 Reinsurance Ceded	1,203		1,203		
0799999 Totals - (Net)					
9999999 Totals - (Net) -Page 3, Line 1					

EXHIBIT 5 - INTERROGATORIES

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <p>1.1 Has the reporting entity ever issued both participating and non-participating contracts?</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <p>1.2 If not, state which kind is issued:
 Non-participating (was issued)</p> | |
| <p>2.1 Does the reporting entity at present issue both participating and non-participating contracts?</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <p>2.2 If not, state which kind is issued.</p> | |
| <p>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.</p> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <p>4. Has the reporting entity any assessment or stipulated premium contracts in force?
 If so, state:</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <p>4.1 Amount of insurance:</p> | \$ 0 |
| <p>4.2 Amount of reserve:</p> | \$ 0 |
| <p>4.3 Basis of reserve</p> | |
| <p>4.4 Basis of regular assessments</p> | |
| <p>4.5 Basis of special assessments</p> | |
| <p>4.6 Assessments collected during the year</p> | \$ 0 |
| <p>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</p> | |
| <p>6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
 6.1 If so, state the amount of reserve on such contracts on the basis actually held:</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
\$ 0 |
| <p>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.</p> | \$ 0 |
| <p>7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <p>7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:</p> | \$ 0 |
| <p>7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount</p> | |
| <p>7.3 State the amount of reserves established for this business:</p> | \$ 0 |
| <p>7.4 Identify where the reserves are reported in the blank</p> | |
| <p>8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <p>8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:</p> | \$ 0 |
| <p>8.2 State the amount of reserves established for this business:</p> | \$ 0 |
| <p>8.3 Identify where the reserves are reported in the blank:</p> | |
| <p>9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <p>9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:</p> | \$ 0 |
| <p>9.2 State the amount of reserves established for this business:</p> | \$ 0 |
| <p>9.3 Identify where the reserves are reported in the blank:</p> | |

Supp28 Exhibit 7 - Deposit Type Contracts NONE

Supp29 Schedule S - Part 1 - Section 1 NONE

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CC	TX	CO/I	OL	42,504	21,942	29,744	547				
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CC	TX	CO/I	OL		107,912	107,005					
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CC	TX	CO/G	OL		829,102	1,050,098					
60445	74-1915841	05/01/1999	SAGICOR LIFE INS CC	TX	OTH/I	OL		39	86					
69418	59-2403689	10/01/2012	SOUTHERN FINANCIAL LIFE INS CO	LA	CO/I	OL	46,703,785	5,045,049	4,879,883	548,473				
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							46,746,289	6,004,044	6,066,816	549,020				
1099999 Total - General Account - Authorized - Non-Affiliates							46,746,289	6,004,044	6,066,816	549,020				
1199999 Total - General Account - Authorized							46,746,289	6,004,044	6,066,816	549,020				
3499999 Total - General Account - Authorized, Unauthorized and Certified							46,746,289	6,004,044	6,066,816	549,020				
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							46,746,289	6,004,044	6,066,816	549,020				
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)														
9999999 Total (Sum of 3499999 and 6899999)							46,746,289	6,004,044	6,066,816	549,020				



DIRECT BUSINESS IN THE STATE OF ALABAMA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life Insurance	606								606	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)	606								606	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1	Paid in cash or left on deposit									
6.2	Applied to pay renewal premiums									
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period									
6.4	Other									
6.5	TOTALS (sum of Lines 6.1 to 6.4)									
Annuities:										
7.1	Paid in cash or left on deposit									
7.2	Applied to provide paid-up annuities									
7.3	Other									
7.4	TOTALS (sum of Lines 7.1 to 7.3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)									
DIRECT CLAIMS AND BENEFITS PAID										
9.	Death benefits									
10.	Matured endowments									
11.	Annuity benefits									
12.	Surrender values and withdrawals for life contracts									
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid									
14.	All other benefits, except accident and health									
15.	TOTALS									

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALASKA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds					
4. Other considerations		X X X		X X X	
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. Ind.P & Grd Certi	NONE		Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18. Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ARIZONA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	7,041				7,041
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	7,041				7,041
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year:										
18.2 By payment in full										
18.3 By payment on compromised claims										
18.4 TOTALS Paid										
18.5 Reduction by compromise										
18.6 Amount rejected										
18.7 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11	955,746		(a)					11	955,746
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	11	955,746		(a)					11	955,746

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	984				984
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	984				984
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	34,073				34,073
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	34,073				34,073
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	7,200				7,200
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	7,200				7,200

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	92,488							2	92,488
Settled during current year:										
18.1 By payment in full	1	7,200							1	7,200
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	7,200							1	7,200
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	7,200							1	7,200
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	85,288							1	85,288
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	73	5,713,230		(a)					73	5,713,230
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	73	5,713,230		(a)					73	5,713,230

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF COLORADO
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	18,198				18,198
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	18,198				18,198
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	1,564				1,564
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	1,564				1,564

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	1,564							1	1,564
Settled during current year:										
18.1 By payment in full	1	1,564							1	1,564
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	1,564							1	1,564
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	1,564							1	1,564
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	25	1,631,035		(a)					25	1,631,035
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	25	1,631,035		(a)					25	1,631,035

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	10,853				10,853
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	10,853				10,853
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000							1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	17	925,991		(a)					17	925,991
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	17	925,991		(a)					17	925,991

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DELAWARE
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	1,421				1,421
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	1,421				1,421
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000							1	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	45,000		(a)					2	45,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	2	45,000		(a)					2	45,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	774				774
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	774				774
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	65,000		(a)					2	65,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	2	65,000		(a)					2	65,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF FLORIDA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	3,018				3,018
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	3,018				3,018
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF GEORGIA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	4,495				4,495
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	4,495				4,495
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,000				10,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	10,000				10,000

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind. Pcls & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	10,000							1	10,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	10,000							1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	495,000		(a)					5	495,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	5	495,000		(a)					5	495,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF HAWAII
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	48,693				48,693
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	48,693				48,693
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind. Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	57							1	57
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	57							1	57
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	73	6,218,373	(a)						73	6,218,373
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	73	6,218,373	(a)						73	6,218,373

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF IDAHO
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life Insurance	3,823								3,823	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)	3,823								3,823	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1	Paid in cash or left on deposit									
6.2	Applied to pay renewal premiums									
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period									
6.4	Other									
6.5	TOTALS (sum of Lines 6.1 to 6.4)									
Annuities:										
7.1	Paid in cash or left on deposit									
7.2	Applied to provide paid-up annuities									
7.3	Other									
7.4	TOTALS (sum of Lines 7.1 to 7.3)									
8.	GRAND TOTALS (Lines 6.5 plus 7.4)									
DIRECT CLAIMS AND BENEFITS PAID										
9.	Death benefits									
10.	Matured endowments									
11.	Annuity benefits									
12.	Surrender values and withdrawals for life contracts									
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid									
14.	All other benefits, except accident and health									
15.	TOTALS									

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1		2		3		4		5		6		7		8		9		10	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total											
	Number	Amount	No. of Ind. Pcls & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year																			
17.	Incurred during current year																			
Settled during current year:																				
18.1	By payment in full																			
18.2	By payment on compromised claims																			
18.3	TOTALS Paid																			
18.4	Reduction by compromise																			
18.5	Amount rejected																			
18.6	TOTAL Settlements																			
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)																			
POLICY EXHIBIT											No. of Policies									
20.	In force December 31, prior year		6 443,000		(a)												6 443,000			
21.	Issued during year																			
22.	Other changes to in force (Net)																			
23.	In force December 31 of current year		6 443,000		(a)												6 443,000			

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	120,025				120,025
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	120,025				120,025
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	43,438				43,438
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	43,438				43,438

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	43,438							5	43,438
Settled during current year:										
18.1 By payment in full	5	43,438							5	43,438
18.2 By payment on compromised claims										
18.3 TOTALS Paid	5	43,438							5	43,438
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	5	43,438							5	43,438
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	173	10,709,478		(a)					173	10,709,478
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	173	10,709,478		(a)					173	10,709,478

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF INDIANA

DURING THE YEAR 2018

NAIC Group Code: 4918

LIFE INSURANCE

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	12,122				12,122
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	12,122				12,122
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

DETAILS OF WRITE-INS

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14	821,100	(a)						14	821,100
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	14	821,100	(a)						14	821,100

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF IOWA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life Insurance	18,869								18,869	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)	18,869								18,869	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	5,195								5,195	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS	5,195								5,195	

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	5,195							2	5,195
Settled during current year:										
18.1 By payment in full	2	5,195							2	5,195
18.2 By payment on compromised claims										
18.3 TOTALS Paid	2	5,195							2	5,195
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	2	5,195							2	5,195
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	42	1,503,308		(a)					42	1,503,308
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	42	1,503,308		(a)					42	1,503,308

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF KANSAS
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	12,328				12,328
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	12,328				12,328
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	867				867
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	45,321				45,321
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	46,188				46,188

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind. Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	9	56,840							9	56,840
Settled during current year:										
18.1 By payment in full	5	46,188							5	46,188
18.2 By payment on compromised claims										
18.3 TOTALS Paid	5	46,188							5	46,188
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	5	46,188							5	46,188
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	10,652							4	10,652
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	25	943,091	(a)						25	943,091
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	25	943,091	(a)						25	943,091

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	5,859				5,859
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	5,859				5,859
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,000				3,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	3,000				3,000

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	3,000							1	3,000
Settled during current year:										
18.1 By payment in full	1	3,000							1	3,000
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	3,000							1	3,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	3,000							1	3,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	16	594,014		(a)					16	594,014
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	16	594,014		(a)					16	594,014

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life Insurance	2,411								2,411	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)	2,411								2,411	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year:										
18.2 By payment in full										
18.3 By payment on compromised claims										
18.4 TOTALS Paid										
18.5 Reduction by compromise										
18.6 Amount rejected										
18.7 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	174,895	(a)						3	174,895
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	174,895	(a)						3	174,895

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MAINE
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MARYLAND
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	20,781				20,781
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	20,781				20,781
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	2,730				2,730
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	2,730				2,730

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	2,730							1	2,730
Settled during current year:										
18.1 By payment in full	1	2,730							1	2,730
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	2,730							1	2,730
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	2,730							1	2,730
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	48	2,088,820		(a)					48	2,088,820
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	48	2,088,820		(a)					48	2,088,820

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	11,670				11,670
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	11,670				11,670
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certifi- cates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12	1,034,225	(a)						12	1,034,225
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	12	1,034,225	(a)						12	1,034,225

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	1,200				1,200
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	1,200				1,200
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	420				420
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	420				420
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MISSOURI
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	26,156				26,156
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	26,156				26,156
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000							1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	36	1,976,850		(a)					36	1,976,850
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	36	1,976,850		(a)					36	1,976,850

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MONTANA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA

DURING THE YEAR 2018

NAIC Group Code: 4918

LIFE INSURANCE

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	20,291				20,291
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	20,291				20,291
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	1,493				1,493
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	1,493				1,493

DETAILS OF WRITE-INS

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	1,493							1	1,493
Settled during current year:										
18.1 By payment in full	1	1,493							1	1,493
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	1,493							1	1,493
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	1,493							1	1,493
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	40	1,946,903		(a)					40	1,946,903
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	40	1,946,903		(a)					40	1,946,903

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEVADA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	2,941				2,941
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	2,941				2,941
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year:										
18.2 By payment in full										
18.3 By payment on compromised claims										
18.4 TOTALS Paid										
18.5 Reduction by compromise										
18.6 Amount rejected										
18.7 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	518,000		(a)					4	518,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	4	518,000		(a)					4	518,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	1,139				1,139
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	1,139				1,139
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW MEXICO
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	2,031				2,031
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	2,031				2,031
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA

DURING THE YEAR 2018

NAIC Group Code: 4918

LIFE INSURANCE

NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)			Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10	
	Number	Amount	No. Ind.P & Grd Certi	NONE		Amount	Number	Amount	Number	Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year:											
18.1 By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
POLICY EXHIBIT											
20. In force December 31, prior year			(a)								
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year			(a)								

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OHIO
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	34,200				34,200
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	34,200				34,200
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,202				5,202
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	3,821				3,821
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	9,023				9,023

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	14,023							5	14,023
Settled during current year:										
18.1 By payment in full	4	9,023							4	9,023
18.2 By payment on compromised claims										
18.3 TOTALS Paid	4	9,023							4	9,023
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	4	9,023							4	9,023
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000							1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	91	2,575,186		(a)					91	2,575,186
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	91	2,575,186		(a)					91	2,575,186

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	2,866				2,866
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	2,866				2,866
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18. Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	120,086		(a)					3	120,086
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	120,086		(a)					3	120,086

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OREGON
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	10,293				10,293
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	10,293				10,293
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,000				10,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	10,000				10,000

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	10,000							1	10,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	10,000							1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	1,166,180		(a)					18	1,166,180
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	18	1,166,180		(a)					18	1,166,180

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	41,262				41,262
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	41,262				41,262
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	1,906				1,906
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	1,906				1,906

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	1,906							1	1,906
Settled during current year:										
18.1 By payment in full	1	1,906							1	1,906
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	1,906							1	1,906
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	1,906							1	1,906
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	90	4,033,284		(a)					90	4,033,284
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	90	4,033,284		(a)					90	4,033,284

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	3,261				3,261
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	3,261				3,261
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9	845,550	(a)						9	845,550
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	9	845,550	(a)						9	845,550

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	1,092				1,092
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	1,092				1,092
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	5,336				5,336
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	5,336				5,336
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	50,000				50,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	50,000				50,000

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	1,895				1,895
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	1,895				1,895
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF TEXAS
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	22,517				22,517
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	22,517				22,517
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,000				25,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	25,000				25,000

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind. Pcls & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	132,140							5	132,140
Settled during current year:										
18.1 By payment in full	1	25,000							1	25,000
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	25,000							1	25,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	25,000							1	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	107,140							4	107,140
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	40	1,378,020		(a)					40	1,378,020
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	40	1,378,020		(a)					40	1,378,020

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF UTAH
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	1,102				1,102
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	1,102				1,102
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	260,000		(a)					3	260,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	260,000		(a)					3	260,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VERMONT
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	17,519				17,519
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	17,519				17,519
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	785				785
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	785				785

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	785							1	785
Settled during current year:										
18.1 By payment in full	1	785							1	785
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	785							1	785
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	785							1	785
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	1,320,354		(a)					32	1,320,354
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	32	1,320,354		(a)					32	1,320,354

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	3,834				3,834
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	3,834				3,834
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year:										
18.2 By payment in full										
18.3 By payment on compromised claims										
18.4 TOTALS Paid										
18.5 Reduction by compromise										
18.6 Amount rejected										
18.7 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	374,000		(a)					4	374,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	4	374,000		(a)					4	374,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance					
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life Insurance	10,598				10,598
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	10,598				10,598
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	6,270				6,270
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS	6,270				6,270

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	6,270							1	6,270
Settled during current year:										
18.1 By payment in full	1	6,270							1	6,270
18.2 By payment on compromised claims										
18.3 TOTALS Paid	1	6,270							1	6,270
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements	1	6,270							1	6,270
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	19	1,227,855		(a)					19	1,227,855
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	19	1,227,855		(a)					19	1,227,855

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WYOMING
NAIC Group Code: 4918

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 86371

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance	1,027				1,027
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. TOTALS (sum of Lines 1 to 4)	1,027				1,027
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 TOTALS (sum of Lines 7.1 to 7.3)					
8. GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. TOTALS					

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF GRAND TOTAL
NAIC Group Code: 4918

DURING THE YEAR 2018
NAIC Company Code: 86371

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life Insurance	549,019								549,019	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)	549,019								549,019	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	109,264								109,264	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	114,528								114,528	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS	223,792								223,792	

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1		2		3		4		5		6		7		8		9		10	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total											
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year																				
17. Incurred during current year	42	451,929																		
Settled during current year:																				
18.1 By payment in full	28	223,792																		
18.2 By payment on compromised claims																				
18.3 TOTALS Paid	28	223,792																		
18.4 Reduction by compromise																				
18.5 Amount rejected																				
18.6 TOTAL Settlements	28	223,792																		
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	228,137																		
POLICY EXHIBIT											No. of Policies									
20. In force December 31, prior year	937	52,153,574	(a)																	
21. Issued during year																				
22. Other changes to in force (Net)																				
23. In force December 31 of current year	937	52,153,574	(a)																	

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

ACCIDENT AND HEALTH INSURANCE

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

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

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STATEMENT OF ACTUARIAL OPINION
 STATUTORY ANNUAL STATEMENT
 FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2018

THE CLOVER INSURANCE COMPANY

This Opinion is	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
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Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording
Scope Section	<input type="checkbox"/> Prescribed Wording Only	<input checked="" type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording
Reliance Section	<input type="checkbox"/> Prescribed Wording Only	<input checked="" type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording
Opinion Section			<input checked="" type="checkbox"/> Revised Wording
Relevant Comments			<input checked="" type="checkbox"/> Revised Wording
<input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice			

Identification

I, Judah Rabinowitz, FSA, MAAA, am Chief Actuary of Clover Insurance Company and a member of the American Academy of Actuaries. I was appointed by, or by the authority of, the Board of Directors of said insurer to render this opinion as stated in the letter to the commissioner dated February 29, 2019. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

Scope

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the company, as prepared for filing with state regulatory offices, as of December 31, 2018.

Item	Amount
A. Claims Unpaid (Page 3, Line 1)	\$45,732,147
B. Accrued Medical Incentive Pool and Bonus Amounts (Page 3, Line 2)	\$0
C. Unpaid Claims Adjustment Expenses (Page 3, Line 3)	\$1,015,322
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D	\$9,604,658
E. Aggregate life policy reserves (Page 3, Line 5)	\$663
F. Property/casualty unearned premium reserves (Page 3, Line 6)	\$0
G. Aggregate health claim reserves (Page 3, Line 7)	\$0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement not included in the items above	\$0
I. Specified actuarial items presented as assets in the annual statement, as follows: Receivables related to risk-sharing provisions, including Medicare Part D risk-sharing or provider risk-sharing and Medicare Risk Adjustment (Accrued Retrospective Premium - Page 2, Line 15.3)	\$20,771,139

Reliance

In forming my opinion on the liabilities listed above I relied upon data prepared by Pritam Baxi, John Rogers, ASA, MAAA and Ivy Dong, FSA, MAAA and business assumptions provided by Ethan Lipkind and Shea Helmle, as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit, Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

Opinion

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;

B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;

C. Meet the requirements of the Insurance Laws and regulations of the state of New Jersey; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;

D. Except as noted below, make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;

E. Except as noted below, are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and

F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments

On April 20, 2016, Clover Insurance Company (formerly Ullico Life Insurance Company ("Ullico")) (the "Company") completed a series of transactions that resulted in the redomestication of Ullico from Texas to New Jersey and an inter-affiliate merger resulting in Ullico being the surviving entity and adopting the name "Clover Insurance Company") (all three transactions collectively herein referred to as the "Transactions"). The Transactions and related corporate changes were approved or not objected to by the Texas Department of Insurance (TDI) and the New Jersey Department of Banking and Insurance (NJ DOBI), as applicable and pursuant to each state's law.

A Uniform Certificate of Authority Application (UCAA) Corporate Amendment Application, dated December 29, 2016, was filed in 46 states to reflect the name change, redomestication and change of address (among other corporate changes).

The former Ullico business is in "run off" and no policies were written for years prior to the Transaction. Since the acquisition, Clover Insurance Company has continued the business decision not to market or write any new life policies. Activity regarding the "run off" policies are appropriately reported in statutory filings. All policies in place at the time of the Transaction were 100% ceded to Sagicor Financial Corporation and Southern Financial Life Insurance which administers the processing of claims. The policies are also reinsured at over 100%.

The model used to compute the incurred but not paid claims, and its associated assumptions, are described in detail in the actuarial memorandum to be filed with the state of New Jersey.

Differences between my estimates and actual amounts depend on the extent to which future experience conforms to the assumptions made in this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from predicted amounts to the extent that actual experience deviates from expected experience.



Judah Rabinowitz, FSA, MAAA
Clover Insurance Company
30 Montgomery Street
Jersey City, NJ 07032
551-247-6652

February 27, 2019
Date



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended DECEMBER 31, 2018
(To be filed by March 1)

PART 1 - INTERROGATORIES

1. Is the reporting insurer is a member of a group of insurers or other holding company system? Yes[X] No[]
 If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes[X] No[]
 or 2) allocation to each insurer: Yes[] No[X]

2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes[] No[X]

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes[] No[X]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
1. Vivek Garipalli Chief Executive Officer	2018								
	2017								
	2016								
2. Pritam Baxi Chief Financial Officer	2018	353,846			155,807	50,000		550	560,203
	2017								
	2016								
3. Wendy Richey Chief Compliance Officer	2018	323,077			15,788				338,865
	2017	295,385			7,942				303,327
	2016	223,846			6,175			12,770	242,791
4. Brady Priest General Counsel	2018	291,391			79,088				370,479
	2017	269,846	75,000		66,884			477	412,207
	2016	134,000	75,000		12,795			10,000	231,795
5. Rachel Fish Chief Administrative Officer	2018	332,692			7,081			600	340,373
	2017	256,000			46,858				302,858
	2016	205,192			76,045			23,494	304,731
6. Varsha Rao Chief Operations Officer	2018	250,000			584,577			600	835,177
	2017	66,346							66,346
	2016								
7. Judah Rabinowitz Chief Actuary	2018	360,000	102,057		12,576			600	475,233
	2017	317,846	200,009		4,645			9,946	532,446
	2016	284,423	115,705		6,374			29,929	436,431
8. Melody Pereira Chief Security Officer	2018	189,327			5,788			1,110	196,225
	2017								
	2016								
9. Mark Spektor Chief Medical Officer	2018	500,000						600	500,600
	2017	492,308							492,308
	2016	486,538						21,154	507,692
10. Andrew Toy Chief Technology Officer	2018	346,154			481,115			1,006	828,275
	2017								
	2016								

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
Vivek Garipalli						
Justin Doheny						
Edward Berde						

PART 4 NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.