



**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.....	351,606	279,452	495	37,252	37,252	631,553
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	351,606	279,452	495	37,252	37,252	631,553

**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
Caremark.....	51,250,415	9,504,155	7,130,856	1,569,436	18,204,446	51,250,415
0199999 – Pharmaceutical Rebate Receivables.....	51,250,415	9,504,155	7,130,856	1,569,436	18,204,446	51,250,415
0299998 – Aggregate of Amounts Not Individually Listed.....				16,931,092	12,458,858	4,472,234
0299999 – Claim Overpayment Receivables.....				16,931,092	12,458,858	4,472,234
0799999 – Gross Health Care Receivables.....	51,250,415	9,504,155	7,130,856	18,500,527	30,663,304	55,722,649

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	25,825,552	108,397,883	1,877,765	67,577,096	27,703,318	29,998,158
2. Claim overpayment receivables .....	18,215,611	3,658,494	9,969,176	6,961,916	28,184,786	9,869,498
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. Totals (Lines 1 through 6) .....	44,041,163	112,056,377	11,846,941	74,539,013	55,888,104	39,867,656

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
0399999 - Aggregate accounts not individually listed-covered.....	16,983,002	8,135,933	1,662,509	660,897	2,232,712	29,675,053
0499999 - Subtotals.....	16,983,002	8,135,933	1,662,509	660,897	2,232,712	29,675,053
0599999 - Unreported claims and other claim reserves.....						97,055,950
0799999 - Total claims unpaid.....						126,731,002
0899999 - Accrued medical incentive pool and bonus amounts.....						

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 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
0399999 - Total gross amounts receivable.....							

**NONE**

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

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

**EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups	11,619,933	1.189	3,171	3.794	11,619,933	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	11,619,933	1.189	3,171	3.794	11,619,933	
<b>Other Payments:</b>						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	958,750,045	98.077	XXX	XXX		958,750,045
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries	7,175,331	0.734	XXX	XXX	7,175,331	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	965,925,376	98.811	XXX	XXX	7,175,331	958,750,045
13. Total (Line 4 plus Line 12)	977,545,309	100.000 %	XXX	XXX	18,795,264	958,750,045

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 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
9999999 – Totals			XXX	XXX	XXX

**NONE**



**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

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



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....														
2. First Quarter.....	46							46						
3. Second Quarter.....	56							56						
4. Third Quarter.....	68							68						
5. Current Year.....	78							78						
6. Current Year Member Months.....	726							726						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	301							301						
8. Non-Physician.....	123							123						
9. Total.....	424							424						
10. Hospital Patient Days Incurred.....	41							41						
11. Number of Inpatient Admissions.....	8							8						
12. Health Premiums Written (b).....	568,535							568,535						
13. Life Premiums Direct.....	606													606
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	568,535							568,535						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	173,033							173,033						
18. Amount Incurred for Provision of Health Care Services.....	165,697							165,697						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 568,535



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	94							94						
2. First Quarter.....	116							116						
3. Second Quarter.....	122							122						
4. Third Quarter.....	121							121						
5. Current Year.....	112							112						
6. Current Year Member Months.....	1,427							1,427						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	476							476						
8. Non-Physician.....	75							75						
9. Total.....	551							551						
10. Hospital Patient Days Incurred.....	31							31						
11. Number of Inpatient Admissions.....	7							7						
12. Health Premiums Written (b).....	1,079,255							1,079,255						
13. Life Premiums Direct.....	7,375													7,375
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	1,079,255							1,079,255						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	522,855							522,855						
18. Amount Incurred for Provision of Health Care Services.....	500,687							500,687						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,079,255

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	30,429													30,429
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....														
2. First Quarter .....														
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....														
Total Member Ambulatory Encounters for Year:														
7. Physician .....														
8. Non-Physician .....														
9. Total .....														
10. Hospital Patient Days Incurred .....														
11. Number of Inpatient Admissions .....														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....	15,261													15,261
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	8,582													8,582
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		1,286												1,286
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

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

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		755												755
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		5,587												5,587
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	4,397							4,397						
2. First Quarter.....	12,100							12,100						
3. Second Quarter.....	12,522							12,522						
4. Third Quarter.....	12,931							12,931						
5. Current Year.....	13,020							13,020						
6. Current Year Member Months.....	150,885							150,885						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	110,794							110,794						
8. Non-Physician.....	29,758							29,758						
9. Total.....	140,552							140,552						
10. Hospital Patient Days Incurred.....	12,232							12,232						
11. Number of Inpatient Admissions.....	1,756							1,756						
12. Health Premiums Written (b).....	130,765,518							130,765,518						
13. Life Premiums Direct.....	4,791													4,791
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	130,765,518							130,765,518						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	50,404,446							50,404,446						
18. Amount Incurred for Provision of Health Care Services.....	48,267,411							48,267,411						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 130,765,518



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	44,753													44,753
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		3,823												3,823
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	100,813													100,813
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	10,124													10,124
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		17,001												17,001
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30 IA



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		9,764												9,764
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30 KS





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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	4,910													4,910
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30 KY



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	2,951													2,951
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.LA



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		17,136												17,136
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.MD



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		10,122												10,122
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.MA



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....				<b>NONE</b>										
8. Non-Physician .....														
9. Total .....														
10. Hospital Patient Days Incurred .....														
11. Number of Inpatient Admissions .....														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.MI



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	132							132						
2. First Quarter.....	180							180						
3. Second Quarter.....	177							177						
4. Third Quarter.....	175							175						
5. Current Year.....	183							183						
6. Current Year Member Months.....	2,121							2,121						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	2,300							2,300						
8. Non-Physician.....	348							348						
9. Total.....	2,648							2,648						
10. Hospital Patient Days Incurred.....	186							186						
11. Number of Inpatient Admissions.....	25							25						
12. Health Premiums Written (b).....	1,736,570							1,736,570						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	1,736,570							1,736,570						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	715,313							715,313						
18. Amount Incurred for Provision of Health Care Services.....	684,985							684,985						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,736,570

30 MS



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	20,970													20,970
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.MO



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	19,415													19,415
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.NE





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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	2,221													2,221
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.NV



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	55,317							55,317						
2. First Quarter.....	64,341							64,341						
3. Second Quarter.....	65,714							65,714						
4. Third Quarter.....	66,890							66,890						
5. Current Year.....	67,419							67,419						
6. Current Year Member Months.....	790,506							790,506						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	326,138							326,138						
8. Non-Physician.....	132,955							132,955						
9. Total.....	459,093							459,093						
10. Hospital Patient Days Incurred.....	73,504							73,504						
11. Number of Inpatient Admissions.....	10,467							10,467						
12. Health Premiums Written (b).....	851,281,007							851,281,007						
13. Life Premiums Direct.....	1,259													1,259
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	851,281,007							851,281,007						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	908,126,818							908,126,818						
18. Amount Incurred for Provision of Health Care Services.....	869,624,279							869,624,279						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30 NJ



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	564													564
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.NM



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		1,728												1,728
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30 NC



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	28,114													28,114
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	2,965													2,965
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		9,072												9,072
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	941							941						
2. First Quarter.....	1,156							1,156						
3. Second Quarter.....	1,161							1,161						
4. Third Quarter.....	1,168							1,168						
5. Current Year.....	1,173							1,173						
6. Current Year Member Months.....	14,032							14,032						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	7,174							7,174						
8. Non-Physician.....	3,123							3,123						
9. Total.....	10,297							10,297						
10. Hospital Patient Days Incurred.....	1,374							1,374						
11. Number of Inpatient Admissions.....	193							193						
12. Health Premiums Written (b).....	12,806,248							12,806,248						
13. Life Premiums Direct.....	36,766													36,766
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	12,806,248							12,806,248						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	8,269,645							8,269,645						
18. Amount Incurred for Provision of Health Care Services.....	7,919,030							7,919,030						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 12,806,248





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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		3,541												3,541
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2022

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

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,894,887

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....				<b>NONE</b>										
8. Non-Physician .....														
9. Total .....														
10. Hospital Patient Days Incurred .....														
11. Number of Inpatient Admissions .....														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	39							39						
2. First Quarter.....	45							45						
3. Second Quarter.....	46							46						
4. Third Quarter.....	42							42						
5. Current Year.....	39							39						
6. Current Year Member Months.....	511							511						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	33							33						
8. Non-Physician.....	24							24						
9. Total.....	57							57						
10. Hospital Patient Days Incurred.....	26							26						
11. Number of Inpatient Admissions.....	7							7						
12. Health Premiums Written (b).....	453,633							453,633						
13. Life Premiums Direct.....	1,296													1,296
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	453,633							453,633						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	237,751							237,751						
18. Amount Incurred for Provision of Health Care Services.....	227,671							227,671						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	184							184						
2. First Quarter.....	234							234						
3. Second Quarter.....	229							229						
4. Third Quarter.....	227							227						
5. Current Year.....	235							235						
6. Current Year Member Months.....	2,767							2,767						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	446							446						
8. Non-Physician.....	155							155						
9. Total.....	601							601						
10. Hospital Patient Days Incurred.....	212							212						
11. Number of Inpatient Admissions.....	32							32						
12. Health Premiums Written (b).....	2,085,269							2,085,269						
13. Life Premiums Direct.....	18,114													18,114
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	2,085,269							2,085,269						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	1,732,613							1,732,613						
18. Amount Incurred for Provision of Health Care Services.....	1,659,154							1,659,154						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,085,269

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		1,102												1,102
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		13,546												13,546
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....		3,834												3,834
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	246													246
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	8,603													8,603
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		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 .....	720													720
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ  
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2022

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	61,822							61,822						
2. First Quarter.....	79,455							79,455						
3. Second Quarter.....	81,303							81,303						
4. Third Quarter.....	82,941							82,941						
5. Current Year.....	83,571							83,571						
6. Current Year Member Months.....	978,266							978,266						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	455,724							455,724						
8. Non-Physician.....	170,339							170,339						
9. Total.....	626,063							626,063						
10. Hospital Patient Days Incurred.....	88,894							88,894						
11. Number of Inpatient Admissions.....	12,682							12,682						
12. Health Premiums Written (b).....	1,014,670,922							1,014,670,922						
13. Life Premiums Direct.....	470,145													470,145
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	1,014,670,922							1,014,670,922						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	977,545,309							977,545,309						
18. Amount Incurred for Provision of Health Care Services.....	936,099,582							936,099,582						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,014,670,922

30.GT

**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
9999999 - Total (Sum of 0799999 and 1099999)												

**NONE**

**SCHEDULE S - PART 2**

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
<b>Life and Annuity, Non-Affiliates, U.S. Non-Affiliates</b>						
69418	59-2403689	10/01/2012	Southern Financial Life Ins. Co.	LA		150,000
0899999 – Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						150,000
1099999 – Life and Annuity, Total Non-Affiliates						150,000
1199999 – Total Life and Annuity						150,000
<b>Accident and Health, Non-Affiliates, U.S. Non-Affiliates</b>						
11835	04-1590940	01/01/2022	PartnerRe America Insurance Company	DE	8,018	
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates					8,018	
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates					8,018	
2299999 – Total Accident and Health					8,018	
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					8,018	150,000
9999999 – Total (Sum of 1199999 and 2299999)					8,018	150,000

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

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

1 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		
<b>General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates</b>													
..... 11835	04-1590940.....	01/01/2022	PartnerRe America Insurance Company.....	DE.....	SSL/I.....	MR.....	493,459						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							493,459						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							493,459						
1199999 – Total General Account Authorized.....							493,459						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							493,459						
9199999 – Total U.S.....							493,459						
9999999 – Total (Sum of 4599999 and 9099999).....							493,459						

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**



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

	2022	2021	2020	2019	2018
<b>A. OPERATIONS ITEMS</b>					
1 Premiums.....					
2 Title XVIII-Medicare.....	493	369	474	472	67,368
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....		154	2	1,150	63,583
<b>B. BALANCE SHEET ITEMS</b>					
6 Premiums receivable.....					
7 Claims payable.....	150	135	88	62	17,636
8 Reinsurance recoverable on paid losses.....	8	96	5	482	1
9 Experience rating refunds due or unpaid.....					
10 Commissions and reinsurance expense allowances due.....					
11 Unauthorized reinsurance offset.....					
12 Offset for reinsurance with Certified Reinsurers.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13 Funds deposited by and withheld from (F).....					
14 Letters of credit (L).....					
15 Trust agreements (T).....					10,069
16 Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17 Multiple Beneficiary Trust.....					
18 Funds deposited by and withheld from (F).....					
19 Letters of credit (L).....					
20 Trust agreements (T).....					
21 Other (O).....					

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1 Cash and invested assets (Line 12)	213,802,933		213,802,933
2 Accident and health premiums due and unpaid (Line 15)	35,270,717		35,270,717
3 Amounts recoverable from reinsurers (Line 16.1)	8,018	(8,018)	
4 Net credit for ceded reinsurance	XXX	158,018	158,018
5 All other admitted assets (Balance)	61,446,316		61,446,316
6 Total assets (Line 28)	310,527,984	150,000	310,677,984
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7 Claims unpaid (Line 1)	126,581,002	150,000	126,731,002
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)	61,943,320		61,943,320
15 Total liabilities (Line 24)	188,524,321	150,000	188,674,321
16 Total capital and surplus (Line 33)	122,003,662	XXX	122,003,662
17 Total liabilities, capital and surplus (Line 34)	310,527,984	150,000	310,677,984
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18 Claims unpaid	150,000	XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses	8,018	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	158,018	XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance	158,018	XXX	XXX

**SCHEDULE T – PART 2**  
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
 Allocated By States And Territories

States, Etc.		Direct Business Only					Totals
		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	
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.	US Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

**NONE**

Annual Statement for the Year 2022 of the CLOVER INSURANCE COMPANY

**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? (Yes/No)	*
4918	Clover Health Group	86371	98-1515192		0001801170	NASDAQ	Clover Health Investments, Corp.	DE	UIP	NJ Healthcare Investments, LLC	Ownership	15.822	NJ Healthcare Investments, LLC	NO	
			31-0522223				Clover Insurance Company	NJ	RE	Clover Health Holdings, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			38-3889370				Clover Health, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			27-2761894				Clover Healthcare, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			36-4744890				Clover HMO, LLC	NJ	NIA	Clover HMO Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2552172				Clover Health Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2580683				Clover Health Labs, LLC	CA	NIA	Clover Health, LLC	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2551324				Clover HMO Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
4918	Clover Health Group	16347	47-2542375				Clover Health Holdings, Inc.	DE	UDP	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			38-4057194		Clover HMO of New Jersey, Inc.	NJ	IA	Clover Health Holdings, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			83-1700805		Cover Health International, Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			69601330-000-07-18-1		Clover Health HK	HKG	NIA	Clover Health International, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			83-1769911		Character Biosciences, Inc.	DE	NIA	Clover Health Investments, Corp.	Ownership	25.460	Clover Health Investments, Corp.	NO			
			47-2402286		Principium Health, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			82-0735027		MSPNJ, LLC	NJ	NIA	Clover HMO of New Jersey, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			84-4934476		Seek Insurance Services, Inc.	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
		86-1193984				Clover Health Partners, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO		

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Asterisk	Explanation
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**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)
86371	31-0522223	Clover Insurance Company		5,300,000			(100,136,309)				(94,836,309)	
16347	38-4057194	Clover HMO of NJ, Inc.					(8,112,476)				(8,112,476)	
00000	38-3889370	Clover Health, LLC					108,248,785				108,248,785	
00000	47-1435489	Clover Health Investments Corp.		(5,300,000)							(5,300,000)	
9999999	Control Totals								XXX			

**SCHEDULE Y**

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

1  Insurers in Holding Company	2  Owners with Greater than 10% Ownership	3  Ownership Percentage Column 2 of Column 1	4  Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5  Ultimate Controlling Party	6  U.S. Insurance Groups or Entities Controlled by Column 5	7  Ownership Percentage (Column 5 of Column 6)	8  Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Clover Insurance Company.....	Clover Health Holdings, Inc.....	100.000 %	NO .....	Clover Health Investments, Corp.....	Clover Health Group.....	100.000 %	NO.....
Clover HMO New Jersey, Inc.....	Clover Health Holdings, Inc.....	100.000 %	NO .....	Clover Health Investments, Corp.....	Clover Health Group.....	100.000 %	NO.....

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES****REQUIRED FILINGS**

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

	Response
<b>March Filing</b>	
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.....
<b>April Filing</b>	
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.....
<b>June Filing</b>	
8. Will an audited financial report be filed by June 1?.....	Yes.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	Yes.....

**SUPPLEMENTAL FILINGS**

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

<b>March Filing</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	No.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	Yes.....
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No.....
13. 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.....
14. 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.....
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No.....
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	No.....
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	No.....
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	No.....
<b>April Filing</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No.....
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No.....
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....	Yes.....
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?.....	Yes.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	YES.....
<b>August Filing</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	YES.....

### SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation

Barcode

- 1.
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**OVERFLOW PAGE FOR WRITE-INS**

**OVERFLOW PAGE FOR WRITE-INS**



**LIFE SUPPLEMENTS**

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

Of The: CLOVER INSURANCE COMPANY

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

NAIC Group Code: 4918

NAIC Company Code: 86371

Employer's ID Number: 31-0522223

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

1	2	3	4	5	6
Valuation Standard	Total (a)	Industrial	Ordinary	Credit (Group and Individual)	Group
<b>LIFE INSURANCE</b>					
1958 CSO ALB 3.0% NL	1,559		1,559		
1958 CSO ALB 3.0% CRVM	2,865		2,865		
1958 CSO ALB 4.0% NL	752		752		
1958 CSO ALB 4.5% NL	952		952		
1958 CSO ALB 4.5% CRVM	12,374		12,374		
1980 CSO 3.5% CRVM	3,263,532		3,263,532		
1980 CSO 4.5% CRVM	2,079,074		2,079,074		
0199997 – Totals (Gross)	5,361,108		5,361,108		
0199998 – Reinsurance ceded	5,361,108		5,361,108		
<b>ANNUITIES (excluding supplementary contracts with life contingencies):</b>					
83a 5.50% CARVM DEF 94, 96-97	832,437	XXX	83,039	XXX	749,398
83a 5.75% CARVM DEF 93	17,996	XXX		XXX	17,996
0299997 – Totals (Gross)	850,433	XXX	83,039	XXX	767,394
0299998 – Reinsurance ceded	850,433	XXX	83,039	XXX	767,394
<b>ACCIDENTAL DEATH BENEFITS:</b>					
1959 ADB & 1980 CSO 4.50%	3,116		3,116		
0499997 – Totals (Gross)	3,116		3,116		
0499998 – Reinsurance ceded	3,116		3,116		
<b>DISABILITY—ACTIVE LIVES:</b>					
Unearned Premium Reserve	3,436		3,436		
0599997 – Totals (Gross)	3,436		3,436		
0599998 – Reinsurance ceded	3,436		3,436		
<b>DISABILITY—DISABLED LIVES:</b>					
1952 Dis & 1958 CSO 3.50%	3,392		3,392		
0699997 – Totals (Gross)	3,392		3,392		
0699998 – Reinsurance ceded	3,392		3,392		
<b>MISCELLANEOUS RESERVES:</b>					
Substandard Reserve	573		573		
0799997 – Totals (Gross)	573		573		
0799998 – Reinsurance ceded	573		573		
9999999 – Totals (Net)					

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

**EXHIBIT 5 - INTERROGATORIES**

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

**EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS**

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

(a) FHLB funding agreements:

1. Reported as GICs (captured in column 2).....	\$.....
2. Reported as Annuities Certain (captured in column 3).....	\$.....
3. Reported as Supplemental Contracts (captured in column 4).....	\$.....
4. Reported as Dividend Accumulations or Refunds (captured in column 5).....	\$.....
5. Reported as Premium or Other Deposit Funds (captured in column 6).....	\$.....
6. Total reported as Deposit-Type Contracts (captured in column 1): (Sum of Lines 1 through 5).....	\$.....

**NONE**

**SCHEDULE S - PART 1 - SECTION 1**

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

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

**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		
<b>General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates</b>														
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	CO/I		33,004	18,502	18,063	78				
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	CO/I			83,039	83,351					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	CO/G			767,394	764,291					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	OTH/I			39						
82627	06-0839705	09/15/2001	Swiss Re Life & Health America, Inc	CT	YRT/I		738,574	2,845	2,667	2,020				
82627	06-0839705	09/15/2001	Swiss Re Life & Health America, Inc	CT			149,000	30	30	63				
69744	13-1423090	12/31/2014	Union Labor Life Insurance Company	MD	CO/I		3,275,000	48,967	50,949	23,409				
69418	59-2403689	10/01/2012	Southern Financial Life Ins. Co	LA	CO/I		39,540,184	5,301,280	5,216,837	444,574				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							43,735,762	6,222,096	6,136,188	470,144				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							43,735,762	6,222,096	6,136,188	470,144				
1199999 – Total General Account Authorized							43,735,762	6,222,096	6,136,188	470,144				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							43,735,762	6,222,096	6,136,188	470,144				
9199999 – Total U.S.							43,735,762	6,222,096	6,136,188	470,144				
9999999 – Total (Sum of 4599999 and 9099999)							43,735,762	6,222,096	6,136,188	470,144				





**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	606				606
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	606				606
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4).....					

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
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).....					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	7,375				7,375
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	7,375				7,375
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	11	955,746	(a)		No. of Policies				11	955,746
21. Issued during year										
22. Other changes to in force (Net)	(1)	(35,000)							(1)	(35,000)
23. In force December 31 of current year	10	920,746	(a)						10	920,746

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	30,429				30,429
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	30,429				30,429
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year										
17. Incurred during current year	1	75,000							1	75,000
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	75,000							1	75,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	64	5,307,033		(a)	No. of Policies				64	5,307,033
21. Issued during year										
22. Other changes to in force (Net)	(5)	(1,124,559)							(5)	(1,124,559)
23. In force December 31 of current year	59	4,182,474		(a)					59	4,182,474

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	15,261				15,261
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	15,261				15,261
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
					No. of Policies					
20. In force December 31, prior year	22	1,479,608		(a)					22	1,479,608
21. Issued during year										
22. Other changes to in force (Net)	(1)	(95,000)							(1)	(95,000)
23. In force December 31 of current year	21	1,384,608		(a)					21	1,384,608

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	8,582				8,582
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	8,582				8,582
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits			11,582		11,582
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals			11,582		11,582
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	14	807,991	(a)		No. of Policies				14	807,991
21. Issued during year										
22. Other changes to in force (Net)	(1)	(100,000)							(1)	(100,000)
23. In force December 31 of current year	13	707,991	(a)						13	707,991

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,286				1,286
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,286				1,286
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	2	45,000	(a)		No. of Policies				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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

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

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	755				755
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	755				755
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year					No. of Policies					
21. Issued during year	2	65,000	(a)						2	65,000
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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	5,587				5,587
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	5,587				5,587
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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





**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	4,791				4,791
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	4,791				4,791
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
					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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	44,753				44,753
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	44,753				44,753
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4).....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>Details of Write-Ins</b>					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	96,429							1	96,429
17. Incurred during current year.....		(71,429)								(71,429)
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).....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	66	5,647,496		(a)	No. of Policies				66	5,647,496
21. Issued during year.....										
22. Other changes to in force (Net).....	(1)	(25,000)							(1)	(25,000)
23. In force December 31 of current year.....	65	5,622,496		(a)					65	5,622,496

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
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).....					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	3,823				3,823
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	3,823				3,823
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
					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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	100,813				100,813
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	100,813				100,813
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits	10,000				10,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	14,643				14,643
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	24,643				24,643
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year										
17. Incurred during current year	3	10,000							3	10,000
Settled during current year:										
18.1 By payment in full	3	10,000							3	10,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	10,000							3	10,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	10,000							3	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	155	9,611,645		(a)					155	9,611,645
21. Issued during year										
22. Other changes to in force (Net)	(7)	(269,446)							(7)	(269,446)
23. In force December 31 of current year	148	9,342,199		(a)					148	9,342,199

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	10,124				10,124
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	10,124				10,124
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	13	774,343	(a)		No. of Policies				13	774,343
21. Issued during year										
22. Other changes to in force (Net)		1,261								1,261
23. In force December 31 of current year	13	775,604	(a)						13	775,604

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	17,001				17,001
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	17,001				17,001
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits	20,000				20,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	20,000				20,000
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year	1	38,571							1	38,571
17. Incurred during current year	2	56,429							2	56,429
Settled during current year:										
18.1 By payment in full	2	20,000							2	20,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	20,000							2	20,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	20,000							2	20,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	75,000							1	75,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	34	1,413,308		(a)	No. of Policies				34	1,413,308
21. Issued during year										
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	33	1,403,308		(a)					33	1,403,308

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	9,764				9,764
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	9,764				9,764
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	19,179				19,179
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	19,179				19,179
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year										
17. Incurred during current year	3								3	
Settled during current year:										
18.1 By payment in full	3								3	
18.2 By payment on compromised claims										
18.3 Totals paid	3								3	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3								3	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	21	805,805		(a)	No. of Policies				21	805,805
21. Issued during year										
22. Other changes to in force (Net)	(1)	(40,000)							(1)	(40,000)
23. In force December 31 of current year	20	765,805		(a)					20	765,805

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	4,910				4,910
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	4,910				4,910
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4).....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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.....					
<b>Details of Write-Ins</b>					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
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).....					

**NONE**

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





**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	2,951				2,951
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	2,951				2,951
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
					No. of Policies					
20. In force December 31, prior year	3	175,437	(a)						3	175,437
21. Issued during year										
22. Other changes to in force (Net)		167								167
23. In force December 31 of current year	3	175,604	(a)						3	175,604

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	17,136				17,136
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	17,136				17,136
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	20,855				20,855
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	20,855				20,855
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year										
17. Incurred during current year	2								2	
Settled during current year:										
18.1 By payment in full	2								2	
18.2 By payment on compromised claims										
18.3 Totals paid	2								2	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2								2	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	39	1,602,408		(a)	No. of Policies				39	1,602,408
21. Issued during year										
22. Other changes to in force (Net)	(2)	(97,171)							(2)	(97,171)
23. In force December 31 of current year	37	1,505,237		(a)					37	1,505,237

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	10,122				10,122
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	10,122				10,122
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	10	876,225	(a)		No. of Policies				10	876,225
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	10	876,225	(a)						10	876,225

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	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)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					

**NONE**

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	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)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					

**NONE**

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	20,970				20,970
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	20,970				20,970
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	8,703				8,703
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	8,703				8,703
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year										
17. Incurred during current year	2								2	
Settled during current year:										
18.1 By payment in full	2								2	
18.2 By payment on compromised claims										
18.3 Totals paid	2								2	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2								2	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	30	1,760,596		(a)	No. of Policies				30	1,760,596
21. Issued during year										
22. Other changes to in force (Net)	(2)	(129,000)							(2)	(129,000)
23. In force December 31 of current year	28	1,631,596		(a)					28	1,631,596

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance.....	19,415				19,415
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	19,415				19,415
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4).....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits.....	8,000				8,000
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....	8,000				8,000
<b>Details of Write-Ins</b>					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....										
17. Incurred during current year.....	1	8,000							1	8,000
Settled during current year:										
18.1 By payment in full.....	1	8,000							1	8,000
18.2 By payment on compromised claims.....										
18.3 Totals paid.....	1	8,000							1	8,000
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....	1	8,000							1	8,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	31	1,335,584		(a)	No. of Policies				31	1,335,584
21. Issued during year.....										
22. Other changes to in force (Net).....	(1)	(7,751)							(1)	(7,751)
23. In force December 31 of current year.....	30	1,327,833		(a)					30	1,327,833

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
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).....					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	2,221				2,221
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	2,221				2,221
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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





**LIFE INSURANCE**

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

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,259				1,259
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,259				1,259
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

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

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	564				564
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	564				564
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

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

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,728				1,728
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,728				1,728
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	28,114				28,114
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	28,114				28,114
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits	20,000				20,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	20,000				20,000
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year										
17. Incurred during current year	3	20,000							3	20,000
Settled during current year:										
18.1 By payment in full	3	20,000							3	20,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	20,000							3	20,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	20,000							3	20,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	78	2,237,601	(a)		No. of Policies				78	2,237,601
21. Issued during year										
22. Other changes to in force (Net)	(3)	(19,446)							(3)	(19,446)
23. In force December 31 of current year	75	2,218,155	(a)						75	2,218,155

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	2,965				2,965
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	2,965				2,965
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	3	120,086	(a)		No. of Policies				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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	9,072				9,072
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	9,072				9,072
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
					No. of Policies					
20. In force December 31, prior year	16	991,180	(a)						16	991,180
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	16	991,180	(a)						16	991,180

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	36,766				36,766
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	36,766				36,766
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4).....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits.....	5,000				5,000
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....	3,111				3,111
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....	8,111				8,111
<b>Details of Write-Ins</b>					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....										
17. Incurred during current year.....	2	5,000							2	5,000
Settled during current year:										
18.1 By payment in full.....	2	5,000							2	5,000
18.2 By payment on compromised claims.....										
18.3 Totals paid.....	2	5,000							2	5,000
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....	2	5,000							2	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	82	3,859,178		(a)	No. of Policies				82	3,859,178
21. Issued during year.....										
22. Other changes to in force (Net).....	(7)	(465,769)							(7)	(465,769)
23. In force December 31 of current year.....	75	3,393,409		(a)					75	3,393,409

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
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).....					

**NONE**

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



**LIFE INSURANCE**

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

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	3,541				3,541
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	3,541				3,541
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4).....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits.....					
10 Matured endowments.....					
11 Annuity benefits.....			22,369		22,369
12 Surrender values and withdrawals for life contracts.....					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....			22,369		22,369
<b>Details of Write-Ins</b>					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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).....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	8	645,550	(a)		No. of Policies				8	645,550
21. Issued during year.....										
22. Other changes to in force (Net).....	(2)	(230,000)							(2)	(230,000)
23. In force December 31 of current year.....	6	415,550	(a)						6	415,550

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
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).....					

**NONE**

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





**LIFE INSURANCE**

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

NAIC Group Code: 4918

NAIC Company Code: 86371

	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)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>NONE</b>					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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>NONE</b>					

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

		1	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance.....					
2	Annuity considerations.....					
3	Deposit-type contract funds.....		XXX		XXX	
4	Other considerations.....					
5	Totals (Sum of Lines 1 to 4).....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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 + 7.4).....					

**NONE**

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group policies (b).....					
24.1	Federal Employees Health Benefits Plan premium (b).....					
24.2	Credit (Group and Individual).....					
24.3	Collectively renewable policies/certificates (b).....					
24.4	Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>						
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).....					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,296				1,296
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,296				1,296
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
					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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	18,114				18,114
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	18,114				18,114
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits	35,000				35,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	35,000				35,000
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year										
17. Incurred during current year	1	35,000							1	35,000
Settled during current year:										
18.1 By payment in full	1	35,000							1	35,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	35,000							1	35,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	35,000							1	35,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	35	1,252,989		(a)	No. of Policies				35	1,252,989
21. Issued during year										
22. Other changes to in force (Net)	(2)	(57,156)							(2)	(57,156)
23. In force December 31 of current year	33	1,195,833		(a)					33	1,195,833

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	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		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,102				1,102
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
					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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	13,546				13,546
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	13,546				13,546
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	25	1,172,354		(a)					25	1,172,354
21. Issued during year										
22. Other changes to in force (Net)	(2)	(44,400)							(2)	(44,400)
23. In force December 31 of current year	23	1,127,954		(a)					23	1,127,954

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	3,834				3,834
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	3,834				3,834
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	4	374,000	(a)		No. of Policies				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 \$ , current year \$  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	246				246
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	246				246
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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





**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	8,603				8,603
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	8,603				8,603
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	15	1,032,855	(a)		No. of Policies				15	1,032,855
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	15	1,032,855	(a)						15	1,032,855

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	720				720
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	720				720
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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					
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

**NONE**

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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



**LIFE INSURANCE**

GRAND TOTAL DURING THE YEAR 2022

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	470,145				470,145
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	470,145				470,145
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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 + 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9 Death benefits	133,000				133,000
10 Matured endowments					
11 Annuity benefits			33,951		33,951
12 Surrender values and withdrawals for life contracts	66,491				66,491
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	199,491		33,951		233,442
<b>Details of Write-Ins</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
<b>Other Individual Policies:</b>					
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)					

**NONE**

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

**OVERFLOW PAGE FOR WRITE-INS**