



**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.....	212,161	363,197	252,205	756,032	756,032	827,562
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	212,161	363,197	252,205	756,032	756,032	827,562

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Caremark.....	15,519,296	15,519,296	15,519,296	21,003,728	21,003,728	46,557,887
0199999 – Pharmaceutical Rebate Receivables.....	15,519,296	15,519,296	15,519,296	21,003,728	21,003,728	46,557,887
0299998 – Aggregate of Amounts Not Individually Listed.....				15,206,555	11,737,386	3,469,169
0299999 – Claim Overpayment Receivables.....				15,206,555	11,737,386	3,469,169
0799999 – Gross Health Care Receivables.....	15,519,296	15,519,296	15,519,296	36,210,283	32,741,114	50,027,056

**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 .....	65,665,202	120,079,327	3,789,632	63,771,983	69,454,834	69,454,862
2. Claim overpayment receivables .....	15,389,808	6,730,025	10,600,961	4,605,594	25,990,769	16,931,092
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. Totals (Lines 1 through 6) .....	81,055,010	126,809,353	14,390,593	68,377,577	95,445,603	86,385,954

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

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

Aging Analysis of Unpaid Claims

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.....	23,213,865	6,644,021	2,247,148	580,169	1,692,297	34,377,500
0499999 - Subtotals.....	23,213,865	6,644,021	2,247,148	580,169	1,692,297	34,377,500
0599999 - Unreported claims and other claim reserves.....						94,322,508
0799999 - Total claims unpaid.....						128,700,008
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
Clover HMO of new Jersey, LLC	4,150					4,150	
0199999 – Individually listed receivables	4,150					4,150	
0399999 – Total gross amounts receivable	4,150					4,150	

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

1 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.....	Medical Costs Services Agreement.....	541,814	541,814	
Clover Health Labs, LLC.....	Expense paid on behalf of Company.....	33,068	33,068	
Clover Health, LLC.....	Management Services Agreement.....	8,020,287	8,020,287	
0199999 – Individually listed payable.....		8,603,317	8,603,317	
0399999 – Total gross payables.....		8,603,317	8,603,317	

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

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 .....	10,454,152	1.113	3,305	4.261	10,454,152	
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....	10,454,152	1.113	3,305	4.261	10,454,152	
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	923,549,239	98.324	XXX	XXX		923,549,239
7. Bonus/withhold arrangements – fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments .....			XXX	XXX		
9. Non-contingent salaries .....	5,283,950	0.563	XXX	XXX	5,283,950	
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. Total other payments .....	928,833,189	98.887	XXX	XXX	5,283,950	923,549,239
13. Total (Line 4 plus Line 12) .....	939,287,341	100.000 %	XXX	XXX	15,738,102	923,549,239

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

1 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 2023

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

(a) For health business: number of persons insured under PPO managed care products 43 and number of persons insured under indemnity only products .  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 557,483



**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 2023

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.....	112							112						
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).....	43,068							43,068						
13. Life Premiums Direct.....	6,525													6,525
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	43,068							43,068						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	11,801							11,801						
18. Amount Incurred for Provision of Health Care Services.....	11,870							11,870						

30.AZ

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 43,068



**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 2023

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 .....	28,502													28,502
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 CA

(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 2023

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 .....	16,346													16,346
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 CO

(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 CONNECTICUT DURING THE YEAR 2023

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 .....	7,212													7,212
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 CT

(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 DELAWARE DURING THE YEAR 2023

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 .....														

30 DE

(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 DISTRICT OF COLUMBIA DURING THE YEAR 2023

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 .....		516												516
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 DC

(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 FLORIDA DURING THE YEAR 2023

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 .....	5,933													5,933
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 FL

(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 GEORGIA DURING THE YEAR 2023

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

(a) For health business: number of persons insured under PPO managed care products 8,339 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 106,888,450



**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 2023

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 .....	44,677													44,677
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30.HI

(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 IDAHO DURING THE YEAR 2023

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 .....	2,856													2,856
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 .....														

30.ID

(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 ILLINOIS DURING THE YEAR 2023

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 .....	98,933													98,933
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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

30.1L



**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 2023

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 .....	8,628													8,628
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 IN

(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 2023

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 .....	14,228													14,228
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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

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

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 2023

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 .....	7,686													7,686
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 KS

(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 KENTUCKY DURING THE YEAR 2023

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 .....	4,528													4,528
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 .....														

30 KY

(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 LOUISIANA DURING THE YEAR 2023

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 .....	2,591													2,591
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 2023

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 .....	15,364													15,364
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30.MD

(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 MASSACHUSETTS DURING THE YEAR 2023

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 .....	9,622													9,622
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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

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

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 2023

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 .....	200													200
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 .....														

30.MI

(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 MISSISSIPPI DURING THE YEAR 2023

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

30 MS

(a) For health business: number of persons insured under PPO managed care products 100 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,449,445



**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 2023

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 .....	20,638													20,638
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 MO

(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 NEBRASKA DURING THE YEAR 2023

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 .....		17,525												17,525
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

30 NE

(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 NEVADA DURING THE YEAR 2023

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 .....		1,730												1,730
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 .....														

30 NV

(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 NEW JERSEY DURING THE YEAR 2023

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

(a) For health business: number of persons insured under PPO managed care products 66,996 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,039,614,200

30 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 2023

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 .....														

30.NM

(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 NORTH CAROLINA DURING THE YEAR 2023

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 .....		1,508												1,508
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 .....														

30 NC

(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 OHIO DURING THE YEAR 2023

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 .....	28,018													28,018
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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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 2023

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 .....	2,866													2,866
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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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 OREGON DURING THE YEAR 2023

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 .....	8,339													8,339
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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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 PENNSYLVANIA DURING THE YEAR 2023

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.....	1,173							1,173						
2. First Quarter.....	900							900						
3. Second Quarter.....	870							870						
4. Third Quarter.....	803							803						
5. Current Year.....	758							758						
6. Current Year Member Months.....	10,147							10,147						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	3,562							3,562						
8. Non-Physician.....	2,291							2,291						
9. Total.....	5,853							5,853						
10. Hospital Patient Days Incurred.....	886							886						
11. Number of Inpatient Admissions.....	130							130						
12. Health Premiums Written (b).....	10,327,617							10,327,617						
13. Life Premiums Direct.....	33,669													33,669
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	10,327,617							10,327,617						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	9,986,912							9,986,912						
18. Amount Incurred for Provision of Health Care Services.....	10,046,101							10,046,101						

(a) For health business: number of persons insured under PPO managed care products 758 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 10,327,617





**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 2023

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 .....	3,865													3,865
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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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 SOUTH CAROLINA DURING THE YEAR 2023

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

(a) For health business: number of persons insured under PPO managed care products 1,094 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,569,264

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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 2023

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

(a) For health business: number of persons insured under PPO managed care products 23 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 245,201



**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 2023

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.....	235							235						
2. First Quarter.....	228							228						
3. Second Quarter.....	216							216						
4. Third Quarter.....	210							210						
5. Current Year.....	209							209						
6. Current Year Member Months.....	2,615							2,615						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	262							262						
8. Non-Physician.....	136							136						
9. Total.....	398							398						
10. Hospital Patient Days Incurred.....	243							243						
11. Number of Inpatient Admissions.....	36							36						
12. Health Premiums Written (b).....	2,239,964							2,239,964						
13. Life Premiums Direct.....	16,853													16,853
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	2,239,964							2,239,964						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	1,857,030							1,857,030						
18. Amount Incurred for Provision of Health Care Services.....	1,868,036							1,868,036						

(a) For health business: number of persons insured under PPO managed care products 209 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,239,964



**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 2023

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 .....	697													697
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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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 VIRGINIA DURING THE YEAR 2023

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 .....	12,686													12,686
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

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

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



**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 2023

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 .....														

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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 WEST VIRGINIA DURING THE YEAR 2023

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 .....														

30.WV

(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 WISCONSIN DURING THE YEAR 2023

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 .....	7,756													7,756
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 WYOMING DURING THE YEAR 2023

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 .....														

30.WY

(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 GRAND TOTAL DURING THE YEAR 2023

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

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(a) For health business: number of persons insured under PPO managed care products 77,562 and number of persons insured under indemnity only products .  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,174,934,692

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of 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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 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		170,000
0899999 – Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						170,000
1099999 – Life and Annuity, Total Non-Affiliates						170,000
1199999 – Total Life and Annuity						170,000
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						170,000
9999999 – Total (Sum of 1199999 and 2299999)						170,000

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

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

1 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	01/01/2023	PartnerRe America Insurance Company	DE	SSL/I	MR	2,597,614						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							2,597,614						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							2,597,614						
1199999 – Total General Account Authorized							2,597,614						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							2,597,614						
9199999 – Total U.S.							2,597,614						
9999999 – Total (Sum of 4599999 and 9099999)							2,597,614						

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

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

	2023	2022	2021	2020	2019
<b>A. OPERATIONS ITEMS</b>					
1 Premiums.....					
2 Title XVIII-Medicare.....	2,598	493	369	474	472
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....			154	2	1,150
<b>B. BALANCE SHEET ITEMS</b>					
6 Premiums receivable.....					
7 Claims payable.....	170	150	135	88	62
8 Reinsurance recoverable on paid losses.....		8	96	5	482
9 Experience rating refunds due or unpaid.....					
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).....					
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)	257,548,981		257,548,981
2 Accident and health premiums due and unpaid (Line 15)	46,444,580		46,444,580
3 Amounts recoverable from reinsurers (Line 16.1)			
4 Net credit for ceded reinsurance	XXX	170,000	170,000
5 All other admitted assets (Balance)	57,574,117		57,574,117
6 Total assets (Line 28)	361,567,679	170,000	361,737,679
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7 Claims unpaid (Line 1)	128,530,009	170,000	128,700,009
8 Accrued medical incentive pool and bonus payments (Line 2)			
9 Premiums received in advance (Line 8)	2,861,824		2,861,824
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	63,765,572		63,765,572
15 Total liabilities (Line 24)	195,157,405	170,000	195,327,405
16 Total capital and surplus (Line 33)	166,410,274	XXX	166,410,274
17 Total liabilities, capital and surplus (Line 34)	361,567,679	170,000	361,737,679
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18 Claims unpaid	170,000	XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses		XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	170,000	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	170,000	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.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

**NONE**

Annual Statement for the Year 2023 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	Entities Affiliated with Vivek Garipalli	Ownership & Voting Power	62.700	Vivek Garipalli	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 Limited	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	23.900	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		Medical Service Professionals of New Jersey, LLC (MSPNJ, LLC)	NJ	NIA	Clover HMO of New Jersey, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			46-1977204		Juxly, LLC	MO	NIA	Counterpart Health, Inc.	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			
			92-3877957		Clover Health Partners MSSP A LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
92-3897114		Clover Health Partners MSSP Enhanced LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO						
			93-2578708				Counterpart Health, Inc.	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					(146,741,730)				(146,741,730)	
00000	38-3889370	Clover Health LLC					155,088,579				155,088,579	
16347	38-4057194	Clover HMO of NJ					(8,346,848)				(8,346,848)	
9999999	Control Totals								XXX			

**SCHEDULE Y**

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

1  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.....	100.000 %	NO .....	Clover Health Investments, Corp.....	Clover Health Group.....	100.000 %	NO.....
Clover HMO New Jersey, Inc.....	Clover Health Holdings.....	100.000 %	NO .....	Clover Health Investments, Corp.....	Clover Health Group.....	100.000 %	NO.....

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

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










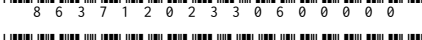
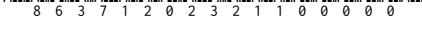
	Response
<b>March Filing</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	Yes.....
2. Will an actuarial opinion be filed by March 1?.....	Yes.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	Yes.....
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.....
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	No.....
<b>April Filing</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No.....
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	 8 6 3 7 1 2 0 2 3 3 6 0 0 0 0 0 0
11.	
12.	 8 6 3 7 1 2 0 2 3 4 2 0 0 0 0 0 0
13.	 8 6 3 7 1 2 0 2 3 3 7 1 0 0 0 0 0
14.	 8 6 3 7 1 2 0 2 3 3 7 0 0 0 0 0 0
15.	 8 6 3 7 1 2 0 2 3 3 6 5 0 0 0 0 0
16.	 8 6 3 7 1 2 0 2 3 2 2 4 0 0 0 0 0
17.	 8 6 3 7 1 2 0 2 3 2 2 5 0 0 0 0 0
18.	 8 6 3 7 1 2 0 2 3 2 2 6 0 0 0 0 0
19.	 8 6 3 7 1 2 0 2 3 6 0 0 0 0 0 0 0
20.	 8 6 3 7 1 2 0 2 3 3 0 6 0 0 0 0 0
21.	 8 6 3 7 1 2 0 2 3 2 1 1 0 0 0 0 0
22.	
23.	
24.	

**OVERFLOW PAGE FOR WRITE-INS**



**OVERFLOW PAGE FOR WRITE-INS**



**LIFE SUPPLEMENTS**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

Of The: CLOVER INSURANCE COMPANY

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

NAIC Group Code: 4918

NAIC Company Code: 86371

Employer's ID Number: 31-0522223

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

1	2	3	4	5	6
Valuation Standard	Total (a)	Industrial	Ordinary	Credit (Group and Individual)	Group
<b>LIFE INSURANCE</b>					
1958 CSO ALB 3.0% NL	1,625		1,625		
1958 CSO ALB 3.0% CRVM	2,924		2,924		
1958 CSO ALB 4.0% NL	767		767		
1958 CSO ALB 4.5% NL	978		978		
1958 CSO ALB 4.5% CRVM	12,647		12,647		
1980 CSO 3.5% CRVM	3,210,100		3,210,100		
1980 CSO 4.5% CRVM	1,908,397		1,908,397		
0199997 – Totals (Gross)	5,137,438		5,137,438		
0199998 – Reinsurance ceded	5,137,438		5,137,438		
<b>ANNUITIES (excluding supplementary contracts with life contingencies):</b>					
83a 5.50% CARVM DEF 94, 96-97	830,169	XXX	82,575	XXX	747,594
83a 5.75% CARVM DEF 93	18,716	XXX		XXX	18,716
0299997 – Totals (Gross)	848,885	XXX	82,575	XXX	766,310
0299998 – Reinsurance ceded	848,885	XXX	82,575	XXX	766,310
<b>ACCIDENTAL DEATH BENEFITS:</b>					
1959 ADB & 1980 CSO 4.50%	3,182		3,182		
0499997 – Totals (Gross)	3,182		3,182		
0499998 – Reinsurance ceded	3,182		3,182		
<b>DISABILITY—ACTIVE LIVES:</b>					
Unearned Premium Reserve	3,028		3,028		
0599997 – Totals (Gross)	3,028		3,028		
0599998 – Reinsurance ceded	3,028		3,028		
<b>DISABILITY—DISABLED LIVES:</b>					
1952 Dis & 1958 CSO 3.50%	3,287		3,287		
0699997 – Totals (Gross)	3,287		3,287		
0699998 – Reinsurance ceded	3,287		3,287		
<b>MISCELLANEOUS RESERVES:</b>					
Substandard Reserve	533		533		
0799997 – Totals (Gross)	533		533		
0799998 – Reinsurance ceded	533		533		
9999999 – Totals (Net)					

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

**EXHIBIT 5 - INTERROGATORIES**

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?..... NO.....
- 1.2 If not, state which kind is issued:.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts?..... NO.....
- 2.2 If not, state which kind is issued: .
  
- 3 Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions..... 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.....	39				39	
2. Deposits received during the year.....						
3. Investment earnings credited to the account.....						
4. Other net change in reserves.....						
5. Fees and other charges assessed.....						
6. Surrender charges.....						
7. Net surrender or withdrawal payments.....						
8. Other net transfers to or (from) Separate Accounts.....						
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) (a).....	39				39	
10. Reinsurance balance at the beginning of the year.....	(39)				(39)	
11. Net change in reinsurance assumed.....						
12. Net change in reinsurance ceded.....						
13. Reinsurance balance at the end of the year (Lines 10+11-12).....	(39)				(39)	
14. Net balance at the end of current year after reinsurance (Lines 9+13).....						

(a) FHLB funding agreements:

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	18,941	18,502	(39)				
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	CO/I			82,575	83,039					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	CO/G			766,310	767,394					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	OTH/i			39	39					
82627	06-0839705	09/15/2001	Swiss Re Life & Health America, Inc	CT	YRT/i		727,715	3,043	2,845	2,207				
82627	06-0839705	09/15/2001	Swiss Re Life & Health America, Inc	CT			149,000	31	30	63				
69744	13-1423090	12/31/2014	Union Labor Life Insurance Company	MD	CO/i				48,967	11,910				
69418	59-2403689	10/01/2012	Southern Financial Life Insurance Company	LA	CO/i		32,391,118	5,125,453	5,301,280	429,761				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							33,300,837	5,996,392	6,222,096	443,902				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							33,300,837	5,996,392	6,222,096	443,902				
1199999 – Total General Account Authorized							33,300,837	5,996,392	6,222,096	443,902				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							33,300,837	5,996,392	6,222,096	443,902				
9199999 – Total U.S.							33,300,837	5,996,392	6,222,096	443,902				
9999999 – Total (Sum of 4599999 and 9099999)							33,300,837	5,996,392	6,222,096	443,902				

Supp205.5



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.AL



**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

NONE

(a)

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 576 and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$557,483  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	828											
3. Term	739											
4. Indexed												
5. Universal	4,959									106		106
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	6,525									106		106
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	6,525 (c)									106		106

Supp206-AZ





**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole													(10)	(1,809,998)	9	152,009
3. Term																
4. Indexed																
5. Universal	(50,000)	25,000							25,000				(2)	(61,063)	38	2,159,404
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life	(50,000)	25,000							25,000				(12)	(1,871,061)	47	2,311,413
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total	(50,000)	25,000							25,000				(12)	(1,871,061)	47	2,311,413

Supp2016.CA.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	1,753											
3. Term												
4. Indexed												
5. Universal	14,593									4,502		4,502
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	16,346									4,502		4,502
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	16,346 (c)									4,502		4,502

Supp206 CO

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole															5	47,492
3. Term																
4. Indexed																
5. Universal	121,429											(1)	(36,254)	15	1,300,862	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life	121,429											(1)	(36,254)	20	1,348,354	
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	121,429											(1)	(36,254)	20	1,348,354	

Supp206.CO.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	1,060											
3. Term												
4. Indexed												
5. Universal	6,151											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	7,212											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed										11,964		11,964
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities										11,964		11,964
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	7,212 (c)									11,964		11,964

Supp206 CT



**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole															3	26,902
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees										121,429		(1)	(50,000)		9	631,089
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life										121,429		(1)	(50,000)		12	657,991
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																(a)
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total										121,429		(1)	(50,000)		12	657,991

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(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial .....												
2. Whole .....	710											
3. Term .....												
4. Indexed .....												
5. Universal .....	576											
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other <sup>(f)</sup> .....												
11. Total Individual Life .....	1,286											
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other <sup>(f)</sup> .....												
19. Total Group Life .....												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other <sup>(f)</sup> .....												
26. Total Individual Annuities .....												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other <sup>(f)</sup> .....												
33. Total Group Annuities .....												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup> .....								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup> .....								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup> .....								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup> .....								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup> .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup> .....								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup> .....		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup> .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup> .....								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup> .....								XXX	XXX	XXX		
45. Other health <sup>(d)</sup> .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	1,286 (c)											

Supp206.DE





**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.DC

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
<b>Individual Life</b>																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																2	65,000
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other <sup>(f)</sup>																	
11. Total Individual Life																2	65,000
<b>Group Life</b>																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other <sup>(f)</sup>																	
19. Total Group Life																	
<b>Individual Annuities</b>																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other <sup>(f)</sup>																	
26. Total Individual Annuities																	
<b>Group Annuities</b>																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other <sup>(f)</sup>																	
33. Total Group Annuities																	
<b>Accident and Health</b>																	
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																2	65,000

Supp2026.DC.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2023

**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.FL



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole													(2)	(450,000)	2	20,000
3. Term																
4. Indexed																
5. Universal															1	25,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life													(2)	(450,000)	3	45,000
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total													(2)	(450,000)	3	45,000

Supp206.GA.1

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 106,857 and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$106,888,450

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	2,594											
3. Term	6,835											
4. Indexed												
5. Universal	35,248											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	44,677											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	44,677 (c)											

Supp206.HI

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

Supp206.HI.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.ID





DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2023

**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.1L

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
<b>Individual Life</b>																	
1. Industrial																	
2. Whole										24,286			(7)	(385,524)	98	5,757,917	
3. Term																	
4. Indexed																	
5. Universal															43	3,198,758	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other <sup>(f)</sup>																	
11. Total Individual Life										24,286			(7)	(385,524)	141	8,956,675	
<b>Group Life</b>																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other <sup>(f)</sup>																	
19. Total Group Life																	
<b>Individual Annuities</b>																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other <sup>(f)</sup>																	
26. Total Individual Annuities																	
<b>Group Annuities</b>																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other <sup>(f)</sup>																	
33. Total Group Annuities																	
<b>Accident and Health</b>																	
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total										24,286			(7)	(385,524)	141	8,956,675	

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(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2023

**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.IN





DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	3,875								15,000			15,000
3. Term	950											
4. Indexed												
5. Universal	9,403								51,572			51,572
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	14,228								66,572			66,572
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>									XXX	XXX	XXX	
35. Comprehensive group <sup>(d)</sup>									XXX	XXX	XXX	
36. Medicare Supplement <sup>(d)</sup>									XXX	XXX	XXX	
37. Vision only <sup>(d)</sup>									XXX	XXX	XXX	
38. Dental only <sup>(d)</sup>									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan <sup>(d)</sup>									XXX	XXX	XXX	
40. Title XVIII Medicare <sup>(d)</sup>		(e)							XXX	XXX	XXX	
41. Title XIX Medicaid <sup>(d)</sup>									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income <sup>(d)</sup>									XXX	XXX	XXX	
44. Long-term care <sup>(d)</sup>									XXX	XXX	XXX	
45. Other health <sup>(d)</sup>									XXX	XXX	XXX	
46. Total Accident and Health									XXX	XXX	XXX	
47. Total	14,228 (c)								66,572			66,572

Supp206.1A

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

Supp206.1A.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2023

**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.KS





**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.KY



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	2,591											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	2,591											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	2,591 (c)											

Supp206.LA







**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term	103											
4. Indexed												
5. Universal	15,262							25,000				25,000
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	15,364							25,000				25,000
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	15,364 (c)							25,000				25,000

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole													(1)	(100,000)		
3. Term																
4. Indexed																
5. Universal	25,000	25,000							25,000				(1)	(24,494)	35	1,380,743
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life	25,000	25,000							25,000				(2)	(124,494)	35	1,380,743
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total	25,000	25,000							25,000				(2)	(124,494)	35	1,380,743

Supp206.MD.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	9,622									20,825		20,825
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	9,622									20,825		20,825
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	9,622 (c)									20,825		20,825

Supp206 MA



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	200								81,798			81,798
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	200								81,798			81,798
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>									XXX	XXX	XXX	
35. Comprehensive group <sup>(d)</sup>									XXX	XXX	XXX	
36. Medicare Supplement <sup>(d)</sup>									XXX	XXX	XXX	
37. Vision only <sup>(d)</sup>									XXX	XXX	XXX	
38. Dental only <sup>(d)</sup>									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan <sup>(d)</sup>									XXX	XXX	XXX	
40. Title XVIII Medicare <sup>(d)</sup>		(e)							XXX	XXX	XXX	
41. Title XIX Medicaid <sup>(d)</sup>									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income <sup>(d)</sup>									XXX	XXX	XXX	
44. Long-term care <sup>(d)</sup>									XXX	XXX	XXX	
45. Other health <sup>(d)</sup>									XXX	XXX	XXX	
46. Total Accident and Health									XXX	XXX	XXX	
47. Total	200 (c)								81,798			81,798

Supp206.MI

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

Supp206.MI.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Supp206 MS

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

**NONE**



**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

NONE

(a)

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,392 and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,449,445  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

Supp206.MO.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	3,157											
3. Term	310											
4. Indexed												
5. Universal	14,059											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	17,525											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	17,525 (c)											

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
<b>Individual Life</b>																	
1. Industrial																	
2. Whole													(2)	(250,000)	6	66,000	
3. Term																	
4. Indexed																	
5. Universal													(2)	(69,805)	20	942,028	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other <sup>(f)</sup>																	
11. Total Individual Life													(4)	(319,805)	26	1,008,028	
<b>Group Life</b>																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other <sup>(f)</sup>																	
19. Total Group Life																(a)	
<b>Individual Annuities</b>																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other <sup>(f)</sup>																	
26. Total Individual Annuities																	
<b>Group Annuities</b>																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other <sup>(f)</sup>																	
33. Total Group Annuities																	
<b>Accident and Health</b>																	
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47. Total													(4)	(319,805)	26	1,008,028	

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(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2023

**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit								
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)				
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28			
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount			
<b>Individual Life</b>																			
1. Industrial																			
2. Whole														(1)	(200,000)				
3. Term																			
4. Indexed																			
5. Universal																		2	118,000
6. Universal with secondary guarantees																			
7. Variable																			
8. Variable universal																			
9. Credit																			
10. Other <sup>(f)</sup>																			
11. Total Individual Life														(1)	(200,000)			2	118,000
<b>Group Life</b>																			
12. Whole																			
13. Term																			
14. Universal																			
15. Variable																			
16. Variable universal																			
17. Credit																			(a)
18. Other <sup>(f)</sup>																			
19. Total Group Life																			
<b>Individual Annuities</b>																			
20. Fixed																			
21. Indexed																			
22. Variable with guarantees																			
23. Variable without guarantees																			
24. Life contingent payout																			
25. Other <sup>(f)</sup>																			
26. Total Individual Annuities																			
<b>Group Annuities</b>																			
27. Fixed																			
28. Indexed																			
29. Variable with guarantees																			
30. Variable without guarantees																			
31. Life contingent payout																			
32. Other <sup>(f)</sup>																			
33. Total Group Annuities																			
<b>Accident and Health</b>																			
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
47. Total														(1)	(200,000)			2	118,000

Supp206.NV.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	1,427											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	1,427											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	1,427 (c)											

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

NONE

(a)

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 806,508 and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,039,614,200  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	564											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	564											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	564 (c)											

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

NONE

(a)

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	1,508											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	1,508											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	1,508 (c)											

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

NONE

(a)

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

Supp206.NC.1

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	7,924							20,500		9,596		30,096
3. Term	6,597											
4. Indexed												
5. Universal	13,496							93,312		4,106		97,419
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	28,018							113,812		13,703		127,515
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	28,018 (c)							113,812		13,703		127,515

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**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole	20,500	20,500							20,500			(8)	(308,459)	38	370,360	
3. Term																
4. Indexed																
5. Universal	93,312	93,312							93,312			(6)	(311,188)	23	1,228,148	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life	113,812	113,812							113,812			(14)	(619,647)	61	1,598,508	
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	113,812	113,812							113,812			(14)	(619,647)	61	1,598,508	

Supp206.OH.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term	99											
4. Indexed												
5. Universal	2,768											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	2,866											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	2,866 (c)											

Supp206 OK



**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
<b>Individual Life</b>																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																3	120,086
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other <sup>(f)</sup>																	
11. Total Individual Life																3	120,086
<b>Group Life</b>																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other <sup>(f)</sup>																	
19. Total Group Life																	
<b>Individual Annuities</b>																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other <sup>(f)</sup>																	
26. Total Individual Annuities																	
<b>Group Annuities</b>																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other <sup>(f)</sup>																	
33. Total Group Annuities																	
<b>Accident and Health</b>																	
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																3	120,086

Supp20206.OK.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2023

**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	2,656											
3. Term	258											
4. Indexed												
5. Universal	5,425											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	8,339											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	8,339 (c)											

Supp206 OR





**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	3,844											
3. Term	1,177											
4. Indexed												
5. Universal	28,648							25,000		2,216		27,216
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	33,669							25,000		2,216		27,216
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	33,669 (c)							25,000		2,216		27,216

Supp206.PA

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole													(7)	(898,500)	13	102,363
3. Term																
4. Indexed																
5. Universal	25,000	25,000							25,000				(2)	(54,913)	53	2,337,633
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life	25,000	25,000							25,000				(9)	(953,413)	66	2,439,996
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																(a)
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	25,000	25,000							25,000				(9)	(953,413)	66	2,439,996

Supp206.PA.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,147 and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,327,617  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

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



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	586											
3. Term												
4. Indexed												
5. Universal	3,279											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	3,865											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed											4,053	4,053
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities											4,053	4,053
<b>Group Annuities</b>												
27. Fixed											22,489	22,489
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities											22,489	22,489
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	3,865 (c)										26,542	26,542

Supp206.RI

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole															1	10,000
3. Term																
4. Indexed																
5. Universal													1	130,000	6	535,550
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life													1	130,000	7	545,550
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total													1	130,000	7	545,550

Supp206.R1.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

**NONE**

Supp206.SC







**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	816									12,671		12,671
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	816									12,671		12,671
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	816 (c)									12,671		12,671

Supp206.TN

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal															1	50,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life															1	50,000
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total															1	50,000

Supp206.TN.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 247 and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$245,201  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	5,298							31,600		5,489		37,089
3. Term												
4. Indexed												
5. Universal	11,555									3,235		3,235
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	16,853							31,600		8,724		40,324
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	16,853 (c)							31,600		8,724		40,324

Supp206.TX

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole	31,600	31,600							31,600			(2)	(78,300)	13	143,962	
3. Term																
4. Indexed																
5. Universal												(2)	(174,693)	16	798,878	
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life	31,600	31,600							31,600			(4)	(252,993)	29	942,840	
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total	31,600	31,600							31,600			(4)	(252,993)	29	942,840	

Supp2026.TX.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,615 and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,239,964  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term	97											
4. Indexed												
5. Universal	600											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	697											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	697 (c)											

Supp206.UT

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
<b>Individual Life</b>																	
1. Industrial																	
2. Whole													(2)	(235,000)			
3. Term																	
4. Indexed																	
5. Universal																1	25,000
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other <sup>(f)</sup>																	
11. Total Individual Life													(2)	(235,000)		1	25,000
<b>Group Life</b>																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other <sup>(f)</sup>																	
19. Total Group Life																	
<b>Individual Annuities</b>																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other <sup>(f)</sup>																	
26. Total Individual Annuities																	
<b>Group Annuities</b>																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other <sup>(f)</sup>																	
33. Total Group Annuities																	
<b>Accident and Health</b>																	
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
47. Total													(2)	(235,000)		1	25,000

Supp2026.UT.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	12,686									8,079		8,079
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	12,686									8,079		8,079
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	12,686 (c)									8,079		8,079

Supp206.VA





DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2023



**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial .....												
2. Whole .....	1,159											
3. Term .....												
4. Indexed .....												
5. Universal .....	2,676											
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other <sup>(f)</sup> .....												
11. Total Individual Life .....	3,834											
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other <sup>(f)</sup> .....												
19. Total Group Life .....												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other <sup>(f)</sup> .....												
26. Total Individual Annuities .....												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other <sup>(f)</sup> .....												
33. Total Group Annuities .....												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup> .....								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup> .....								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup> .....								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup> .....								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup> .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup> .....								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup> .....		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup> .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup> .....								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup> .....								XXX	XXX	XXX		
45. Other health <sup>(d)</sup> .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	3,834 (c)											

Supp206 WA





**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....	246											
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other <sup>(f)</sup> .....												
11. Total Individual Life .....	246											
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other <sup>(f)</sup> .....												
19. Total Group Life .....												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other <sup>(f)</sup> .....												
26. Total Individual Annuities .....												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other <sup>(f)</sup> .....												
33. Total Group Annuities .....												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup> .....								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup> .....								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup> .....								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup> .....								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup> .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup> .....								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup> .....		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup> .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup> .....								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup> .....								XXX	XXX	XXX		
45. Other health <sup>(d)</sup> .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	246 (c)											

Supp206.WV





**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	2,400											
3. Term	266											
4. Indexed												
5. Universal	5,090											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	7,756											
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>								XXX	XXX	XXX		
35. Comprehensive group <sup>(d)</sup>								XXX	XXX	XXX		
36. Medicare Supplement <sup>(d)</sup>								XXX	XXX	XXX		
37. Vision only <sup>(d)</sup>								XXX	XXX	XXX		
38. Dental only <sup>(d)</sup>								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan <sup>(d)</sup>								XXX	XXX	XXX		
40. Title XVIII Medicare <sup>(d)</sup>		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid <sup>(d)</sup>								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income <sup>(d)</sup>								XXX	XXX	XXX		
44. Long-term care <sup>(d)</sup>								XXX	XXX	XXX		
45. Other health <sup>(d)</sup>								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	7,756 (c)											

Supp206.WI





**LIFE INSURANCE (STATE PAGE) (b)**

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.WY



**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

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

NONE

(a)

Supp206.WY.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

GRAND TOTAL DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE) (b)

NAIC Group Code: 4918

NAIC Company Code: 86371

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial												
2. Whole	115,659								67,100		38,364	105,464
3. Term	26,834											
4. Indexed												
5. Universal	301,408								301,683		76,138	377,821
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other <sup>(f)</sup>												
11. Total Individual Life	443,902								368,783		114,503	483,285
<b>Group Life</b>												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other <sup>(f)</sup>												
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed											4,053	4,053
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other <sup>(f)</sup>												
26. Total Individual Annuities											4,053	4,053
<b>Group Annuities</b>												
27. Fixed											34,453	34,453
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other <sup>(f)</sup>												
33. Total Group Annuities											34,453	34,453
<b>Accident and Health</b>												
34. Comprehensive individual <sup>(d)</sup>									XXX	XXX	XXX	
35. Comprehensive group <sup>(d)</sup>									XXX	XXX	XXX	
36. Medicare Supplement <sup>(d)</sup>									XXX	XXX	XXX	
37. Vision only <sup>(d)</sup>									XXX	XXX	XXX	
38. Dental only <sup>(d)</sup>									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan <sup>(d)</sup>									XXX	XXX	XXX	
40. Title XVIII Medicare <sup>(d)</sup>		(e)							XXX	XXX	XXX	
41. Title XIX Medicaid <sup>(d)</sup>									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income <sup>(d)</sup>									XXX	XXX	XXX	
44. Long-term care <sup>(d)</sup>									XXX	XXX	XXX	
45. Other health <sup>(d)</sup>									XXX	XXX	XXX	
46. Total Accident and Health									XXX	XXX	XXX	
47. Total	443,902 (c)								368,783		153,009	521,791

Supp206.GT

**LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>**

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																
1. Industrial																
2. Whole	100,672	67,100						67,100		48,571			(73)	(8,903,781)	220	7,115,398
3. Term																
4. Indexed																
5. Universal	288,111	301,683						301,683		121,429			(27)	(1,531,145)	457	26,185,438
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other <sup>(f)</sup>																
11. Total Individual Life	388,783	368,783						368,783		170,000			(100)	(10,434,926)	677	33,300,836
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other <sup>(f)</sup>																
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other <sup>(f)</sup>																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other <sup>(f)</sup>																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health <sup>(d)</sup>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	388,783	368,783						368,783		170,000			(100)	(10,434,926)	677	33,300,836

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(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ , current year \$  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \$ 2) covering number of lives: \$ , 3) face amount: \$  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 941,966 and number of persons insured under indemnity only products  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,174,934,692  
 (f) Certain Separate Account products are included in "Other" product categories in the table(s) above:  
 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$  
 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$