

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code4918,.....4918.....NAIC Company Code86371.....Employer's ID Number31-0522223.....

(Current)(Prior)

Organized under the Laws ofNJ.....State of Domicile or Port of EntryNJ.....

Country of DomicileUS.....

Licensed as business type:Life, Accident & Health.....Is HMO Federally Qualified?NO.....

Incorporated/Organized10/25/1947.....Commenced Business02/06/1948.....

Statutory Home Office30 Montgomery Street.....Jersey City, NJ, US 07302.....

Main Administrative Office30 Montgomery Street.....

Jersey City, NJ, US 07302.....201-432-2133.....

(Telephone)

Mail Address30 Montgomery Street.....Jersey City, NJ, US 07302.....

Primary Location of Books and

Records30 Montgomery Street.....

Jersey City, NJ, US 07302.....201-432-2133.....

(Telephone)

Internet Website Addresswww.cloverhealth.com.....

Statutory Statement ContactPeter Kuipers.....201-432-2133.....

(Telephone)

registeredagent@cloverhealth.com.....

(E-Mail)(Fax)

OFFICERS

Jamie Reynoso, CEO, Medicare Advantage.....Peter Kuipers#, Chief Financial Officer.....

Wendy Richey, Chief Medicare Compliance Officer.....Rachel Fish, Chief People Officer.....

OTHER

Ray Cogen, Chief Medical Officer.....Karen Soares, General Counsel and Secretary.....

DIRECTORS OR TRUSTEES

Robert Torricelli.....Vivek Garipalli.....

Edward Berde.....Justin Doheny.....

Ian Duncan.....Mark Fendrick#.....

State of.....

County of.....SS

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

x

Jamie Reynoso

CEO, Medicare Advantage

x

Peter Kuipers

Chief Financial Officer

x

Subscribed and sworn to before me

this.....day of

....., 2025

a. Is this an original filing? Yes

b. If no:

1. State the amendment number:.....

2. Date filed:.....

3. Number of pages attached:.....

x

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....	232,677	929	292,488			526,094
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).....	232,677	929	292,488			526,094

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Caremark.....	12,996,036	11,973,466	13,201,750	10,250,026	10,250,026	38,171,252
0199999 – Pharmaceutical Rebate Receivables.....	12,996,036	11,973,466	13,201,750	10,250,026	10,250,026	38,171,252
0299998 – Aggregate of Amounts Not Individually Listed.....				12,721,594	9,082,943	3,638,651
0299999 – Claim Overpayment Receivables.....				12,721,594	9,082,943	3,638,651
Englewood Hospital.....				2,387,501		2,387,500
0399999 – Loans and Advances to Providers.....				2,387,501		2,387,500
0699998 – Aggregate of Amounts Not Individually Listed.....				19,096	19,096	
0699999 – Other Health Care Receivables.....				19,096	19,096	
0799999 – Gross Health Care Receivables.....	12,996,036	11,973,466	13,201,750	25,378,217	19,352,065	44,197,403

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	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	58,508,634	95,951,136	3,159,102	45,262,175	61,667,736	67,561,615
2. Claim overpayment receivables	19,301,634	1,791,453	9,305,062	3,416,534	28,606,695	15,206,555
3. Loans and advances to providers			890,611	1,496,890	890,611	
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				19,096		
7. Totals (Lines 1 through 6)	77,810,267	97,742,589	13,354,775	50,194,695	91,165,042	82,768,171

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0399999 – Aggregate accounts not individually listed-covered	32,253,270	9,340,005	5,277,753	1,146,145	3,934,487	51,951,659
0499999 – Subtotals	32,253,270	9,340,005	5,277,753	1,146,145	3,934,487	51,951,659
0599999 – Unreported claims and other claim reserves						93,934,817
0799999 – Total claims unpaid						145,886,476
0899999 – Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Clover HMO of New Jersey, Inc.....	62,975					62,975	
Medical Service Professionals of NJ, LLC.....	220,055					220,055	
0199999 – Individually listed receivables.....	283,030					283,030	
0399999 – Total gross amounts receivable.....	283,030					283,030	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Clover Health Investments Corp.....	Expense paid on behalf of Company.....	8,148		8,148
Clover Health, LLC.....	Expense paid on behalf of Company.....	15,824,160	15,824,160	
Clover Health Partners, LLC.....	Expense paid on behalf of Company.....	2,532	2,532	
0199999 – Individually listed payable.....		15,834,840	15,826,692	8,148
0399999 – Total gross payables.....		15,834,840	15,826,692	8,148

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	16,084,827	1.729	3,675	4.643	16,084,827	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	16,084,827	1.729	3,675	4.643	16,084,827	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	906,728,585	97.464	XXX	XXX		906,728,585
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries	7,510,300	0.807	XXX	XXX	7,510,300	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	914,238,885	98.271	XXX	XXX	7,510,300	906,728,585
13. Total (Line 4 plus Line 12)	930,323,712	100.000 %	XXX	XXX	23,595,127	906,728,585

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary’s Total Adjusted Capital	Intermediary’s Authorized Control Level RBC
9999999 – Totals			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment		NONE				
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 2024

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.....	43							43						
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).....	44,682							44,682						
13. Life Premiums Direct.....	606													606
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	44,682							44,682						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	382,822							382,822						
18. Amount Incurred for Provision of Health Care Services.....	397,872							397,872						

(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 ARIZONA DURING THE YEAR 2024

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)	245							245						
13. Life Premiums Direct	5,629													5,629
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	245							245						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	(41,649)							(41,649)						
18. Amount Incurred for Provision of Health Care Services	(43,286)							(43,286)						

(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 CALIFORNIA DURING THE YEAR 2024

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	21,250													21,250
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	12,306													12,306
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 CONNECTICUT DURING THE YEAR 2024

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	6,311													6,311
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 DELAWARE DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	1,286													1,286
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

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 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	536													536
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 FLORIDA DURING THE YEAR 2024

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	6,943													6,943
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 GEORGIA DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	8,339							8,339						
2. First Quarter	6,518							6,518						
3. Second Quarter	6,229							6,229						
4. Third Quarter	6,058							6,058						
5. Current Year	6,046							6,046						
6. Current Year Member Months	75,345							75,345						
Total Member Ambulatory Encounters for Year:														
7. Physician	49,350							49,350						
8. Non-Physician	16,151							16,151						
9. Total	65,501							65,501						
10. Hospital Patient Days Incurred	6,243							6,243						
11. Number of Inpatient Admissions	946							946						
12. Health Premiums Written (b)	85,129,050							85,129,050						
13. Life Premiums Direct	2,795													2,795
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	85,129,050							85,129,050						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	111,062,855							111,062,855						
18. Amount Incurred for Provision of Health Care Services	115,429,231							115,429,231						

(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 HAWAII DURING THE YEAR 2024

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	36,834													36,834
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

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 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	2,616													2,616
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 ILLINOIS DURING THE YEAR 2024

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	95,422													95,422
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	6,610													6,610
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	11,528													11,528
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														

(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 KANSAS DURING THE YEAR 2024

NAIC Company Code: 86371

30 KS

	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	7,757													7,757
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 KENTUCKY DURING THE YEAR 2024

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	3,287													3,287
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 LOUISIANA DURING THE YEAR 2024

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	2,411													2,411
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 MARYLAND DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	14,364													14,364
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

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 2024

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	8,922													8,922
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 MICHIGAN DURING THE YEAR 2024

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. 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														

NONE

(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 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	100							100						
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).....	106,854							106,854						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	106,854							106,854						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	1,089							1,089						
18. Amount Incurred for Provision of Health Care Services.....	1,132							1,132						

(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 MISSOURI DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	18,931													18,931
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 NEBRASKA DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	15,878													15,878
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 NEVADA DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	1,380													1,380
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 NEW JERSEY DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	66,996							66,996						
2. First Quarter	67,673							67,673						
3. Second Quarter	68,765							68,765						
4. Third Quarter	69,853							69,853						
5. Current Year	71,482							71,482						
6. Current Year Member Months	828,254							828,254						
Total Member Ambulatory Encounters for Year:														
7. Physician	343,226							343,226						
8. Non-Physician	132,182							132,182						
9. Total	475,408							475,408						
10. Hospital Patient Days Incurred	71,453							71,453						
11. Number of Inpatient Admissions	10,586							10,586						
12. Health Premiums Written (b)	1,174,672,364							1,174,672,364						
13. Life Premiums Direct	1,427													1,427
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,174,672,364							1,174,672,364						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	802,838,828							802,838,828						
18. Amount Incurred for Provision of Health Care Services	834,401,999							834,401,999						

(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 MEXICO DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	564													564
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

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 2024

NAIC Company Code: 86371

30.NC

	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														

(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 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	24,750													24,750
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

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 2024

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	2,768													2,768
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 OREGON DURING THE YEAR 2024

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	7,481													7,481
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 PENNSYLVANIA DURING THE YEAR 2024

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	758							758						
2. First Quarter	568							568						
3. Second Quarter	548							548						
4. Third Quarter	529							529						
5. Current Year	518							518						
6. Current Year Member Months	6,595							6,595						
Total Member Ambulatory Encounters for Year:														
7. Physician	2,731							2,731						
8. Non-Physician	1,537							1,537						
9. Total	4,268							4,268						
10. Hospital Patient Days Incurred	694							694						
11. Number of Inpatient Admissions	89							89						
12. Health Premiums Written (b)	7,591,382							7,591,382						
13. Life Premiums Direct	31,393													31,393
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	7,591,382							7,591,382						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	6,198,976							6,198,976						
18. Amount Incurred for Provision of Health Care Services	6,442,686							6,442,686						

(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 RHODE ISLAND DURING THE YEAR 2024

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	3,793													3,793
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,094							1,094						
2. First Quarter	1,013							1,013						
3. Second Quarter	981							981						
4. Third Quarter	951							951						
5. Current Year	950							950						
6. Current Year Member Months	11,776							11,776						
Total Member Ambulatory Encounters for Year:														
7. Physician	4,308							4,308						
8. Non-Physician	2,664							2,664						
9. Total	6,972							6,972						
10. Hospital Patient Days Incurred	785							785						
11. Number of Inpatient Admissions	134							134						
12. Health Premiums Written (b)	12,164,808							12,164,808						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	12,164,808							12,164,808						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	8,661,135							8,661,135						
18. Amount Incurred for Provision of Health Care Services	9,001,643							9,001,643						

(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 TENNESSEE DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	23							23						
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).....	11,949							11,949						
13. Life Premiums Direct.....	168													168
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	11,949							11,949						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	(37,124)							(37,124)						
18. Amount Incurred for Provision of Health Care Services.....	(38,583)							(38,583)						

(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 TEXAS DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	209							209						
2. First Quarter.....	155							155						
3. Second Quarter.....	160							160						
4. Third Quarter.....	158							158						
5. Current Year.....	161							161						
6. Current Year Member Months.....	1,922							1,922						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	159							159						
8. Non-Physician.....	103							103						
9. Total.....	262							262						
10. Hospital Patient Days Incurred.....	99							99						
11. Number of Inpatient Admissions.....	12							12						
12. Health Premiums Written (b).....	1,914,776							1,914,776						
13. Life Premiums Direct.....	16,675													16,675
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	1,914,776							1,914,776						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	1,256,780							1,256,780						
18. Amount Incurred for Provision of Health Care Services.....	1,306,190							1,306,190						

(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 UTAH DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	600													600
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 VIRGINIA DURING THE YEAR 2024

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	11,612													11,612
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 2024

NAIC Company Code: 86371

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

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

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 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	246													246
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

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 2024

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	7,490													7,490
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 WYOMING DURING THE YEAR 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct	720													720
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

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

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 2024

NAIC Company Code: 86371

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	77,562							77,562						
2. First Quarter	75,927							75,927						
3. Second Quarter	76,683							76,683						
4. Third Quarter	77,549							77,549						
5. Current Year	79,157							79,157						
6. Current Year Member Months	923,892							923,892						
Total Member Ambulatory Encounters for Year:														
7. Physician	399,774							399,774						
8. Non-Physician	152,637							152,637						
9. Total	552,411							552,411						
10. Hospital Patient Days Incurred	79,274							79,274						
11. Number of Inpatient Admissions	11,767							11,767						
12. Health Premiums Written (b)	1,281,636,110							1,281,636,110						
13. Life Premiums Direct	398,631													398,631
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,281,636,110							1,281,636,110						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	930,323,712							930,323,712						
18. Amount Incurred for Provision of Health Care Services	966,898,882							966,898,882						

(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 \$

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 – Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						
..... 69418 .....	..59-2403689..	...10/01/2012...	Southern Financial Life Ins. Co.....	..... LA .....	.....	..... 115,000
0899999 – Life and Annuity, Non-Affiliates, U.S. Non-Affiliates .....					.....	..... 115,000
1099999 – Life and Annuity, Total Non-Affiliates .....					.....	..... 115,000
1199999 – Total Life and Annuity .....					.....	..... 115,000
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
..... 11835 .....	..04-1590940..	...01/01/2024...	PartnerRe America Insurance Company .....	..... DE .....	..... 450,000	.....
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates .....					..... 450,000	.....
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates .....					..... 450,000	.....
2299999 – Total Accident and Health .....					..... 450,000	.....
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					..... 450,000	..... 115,000
9999999 – Total (Sum of 1199999 and 2299999) .....					..... 450,000	..... 115,000

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		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2024	PartnerRe America Insurance Company	DE	SSL/I	MR	1,875,638						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							1,875,638						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							1,875,638						
1199999 – Total General Account Authorized							1,875,638						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							1,875,638						
9199999 – Total U.S.							1,875,638						
9999999 – Total (Sum of 4599999 and 9099999)							1,875,638						

(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)

		1	2	3	4	5
		2024	2023	2022	2021	2020
A.	OPERATIONS ITEMS					
1.	Premiums.....					
2.	Title XVIII-Medicare.....	1,876	2,598	493	369	474
3.	Title XIX-Medicaid.....					
4.	Commissions and reinsurance expense allowance.....					
5.	Total hospital and medical expenses.....				154	2
B.	BALANCE SHEET ITEMS					
6.	Premiums receivable.....					
7.	Claims payable.....	115	170	150	135	88
8.	Reinsurance recoverable on paid losses.....	450		8	96	5
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.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F).....					
14.	Letters of credit (L).....					
15.	Trust agreements (T).....					
16.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust.....					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	245,774,095		245,774,095
2. Accident and health premiums due and unpaid (Line 15)	41,486,933		41,486,933
3. Amounts recoverable from reinsurers (Line 16.1)	450,000	(450,000)	
4. Net credit for ceded reinsurance	XXX	565,000	565,000
5. All other admitted assets (Balance)	49,674,067		49,674,067
6. Total assets (Line 28)	337,385,096	115,000	337,500,096
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	145,886,476	115,000	146,001,476
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	44,216,261		44,216,261
15. Total liabilities (Line 24)	190,102,737	115,000	190,217,737
16. Total capital and surplus (Line 33)	147,282,359	XXX	147,282,359
17. Total liabilities, capital and surplus (Line 34)	337,385,096	115,000	337,500,096
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	115,000	XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses	450,000	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	565,000	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	565,000	XXX	XXX

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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (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	68.100	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	
			47-2542375				Clover Health Holdings, Inc.	DE	UDP	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
	Clover Health Group	16347	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	Counterpart Health, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			83-1769911				Character Biosciences, Inc.	DE	NIA	Clover Health Investments, Corp.	Ownership	23.920	Clover Health Investments, Corp.	NO	
			47-2402286				Principium Health, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
							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	
			82-0735027				Juxly, LLC	MO	NIA	Counterpart Health, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			46-1977204				Clover Health Partners, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			86-1193984				Clover Health Partners MSSP A LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			92-3877957				Clover Health Partners MSSP Enhanced LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			92-3897114				Counterpart Health, Inc.	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			93-2578708				Clover Care Services of NJ, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			99-2988079				Clover Homecare Management Services, LLC	NJ	NIA	Clover Health, LLC	Ownership	100.000	Clover Health Investments, Corp.	NO	
			99-2673924												

Asterisk	Explanation

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					(192,245,417)				(192,245,417)	
00000	38-3889370	Clover Health LLC					202,026,513				202,026,513	
16347	38-4057194	Clover HMO of NJ					(9,781,096)				(9,781,096)	
9999999 – Control Totals									XXX			

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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












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

SUPPLEMENTAL FILINGS

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

March Filing		
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
April Filing		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	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
August Filing		
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 4 3 6 0 0 0 0 0 0
11.	
12.	 8 6 3 7 1 2 0 2 4 4 2 0 0 0 0 0 0
13.	 8 6 3 7 1 2 0 2 4 3 7 1 0 0 0 0 0
14.	 8 6 3 7 1 2 0 2 4 3 7 0 0 0 0 0 0
15.	 8 6 3 7 1 2 0 2 4 3 6 5 0 0 0 0 0
16.	 8 6 3 7 1 2 0 2 4 2 2 4 0 0 0 0 0
17.	 8 6 3 7 1 2 0 2 4 2 2 5 0 0 0 0 0
18.	 8 6 3 7 1 2 0 2 4 2 2 6 0 0 0 0 0
19.	 8 6 3 7 1 2 0 2 4 6 0 0 0 0 0 0 0
20.	 8 6 3 7 1 2 0 2 4 3 0 6 0 0 0 0 0
21.	 8 6 3 7 1 2 0 2 4 2 1 1 0 0 0 0 0
22.	
23.	
24.	

OVERFLOW PAGE FOR WRITE-INS



LIFE SUPPLEMENTS
For The Year Ended December 31, 2024
(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
LIFE INSURANCE					
1958 CSO ALB 3.0% NL	1,692		1,692		
1958 CSO ALB 3.0% CRVM	2,983		2,983		
1958 CSO ALB 4.0% NL	781		781		
1958 CSO ALB 4.5% NL	1,004		1,004		
1958 CSO ALB 4.5% CRVM	12,917		12,917		
1980 CSO 3.5% CRVM	3,205,754		3,205,754		
1980 CSO 4.5% CRVM	1,931,834		1,931,834		
0199997 – Totals (Gross)	5,156,965		5,156,965		
0199998 – Reinsurance ceded	5,156,965		5,156,965		
ANNUITIES (excluding supplementary contracts with life contingencies):					
83a 5.50% CARVM DEF 94, 96-97	806,535	XXX	60,468	XXX	746,067
83a 5.75% CARVM DEF 93	19,465	XXX		XXX	19,465
0299997 – Totals (Gross)	826,000	XXX	60,468	XXX	765,532
0299998 – Reinsurance ceded	826,000	XXX	60,468	XXX	765,532
ACCIDENTAL DEATH BENEFITS:					
1959 ADB & 1980 CSO 4.50%	3,255		3,255		
0499997 – Totals (Gross)	3,255		3,255		
0499998 – Reinsurance ceded	3,255		3,255		
DISABILITY–ACTIVE LIVES:					
Unearned Premium Reserve	2,773		2,773		
0599997 – Totals (Gross)	2,773		2,773		
0599998 – Reinsurance ceded	2,773		2,773		
DISABILITY–DISABLED LIVES:					
1952 Dis & 1958 CSO 3.50%	3,177		3,177		
0699997 – Totals (Gross)	3,177		3,177		
0699998 – Reinsurance ceded	3,177		3,177		
MISCELLANEOUS RESERVES:					
Substandard Reserve	494		494		
0799997 – Totals (Gross)	494		494		
0799998 – Reinsurance ceded	494		494		
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	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates														
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	CO/i		33,004	19,376	18,941					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	ACO/i			60,468	82,575					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	ACO/g			765,532	766,310					
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		717,332	3,261	3,043	2,417				
82627	06-0839705	09/15/2001	Swiss Re Life & Health America, Inc	CT	ADB/i		149,000	32	31	63				
69418	59-2403689	10/01/2012	Southern Financial Life Insurance Company	LA	CO/i		31,151,694	5,143,993	5,125,453	396,151				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							32,051,030	5,992,701	5,996,392	398,631				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							32,051,030	5,992,701	5,996,392	398,631				
1199999 – Total General Account Authorized							32,051,030	5,992,701	5,996,392	398,631				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							32,051,030	5,992,701	5,996,392	398,631				
9199999 – Total U.S.							32,051,030	5,992,701	5,996,392	398,631				
9999999 – Total (Sum of 4599999 and 9099999)							32,051,030	5,992,701	5,996,392	398,631				



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life																
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other															(a)	
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total																

NONE

(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 \$44,682

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	888											
3. Term												
4. Indexed												
5. Universal	4,742											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	5,629											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	5,629 (c)											

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DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole															3	25,000
3.	Term																
4.	Indexed																
5.	Universal															4	195,746
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other.....																
11.	Total Individual Life.....															7	220,746
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other.....																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other.....																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															7	220,746

(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 \$245



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,631											
3. Term												
4. Indexed												
5. Universal	18,620							110,000				110,000
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	21,250							110,000				110,000
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	21,250 (c)							110,000				110,000

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial															9	152,009
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal	110,000		110,000						110,000				(3)	(177,549)	35	1,981,855
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	110,000		110,000						110,000				(3)	(177,549)	44	2,133,864
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	110,000		110,000						110,000				(3)	(177,549)	44	2,133,864

(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 \$



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,413									2,869		2,869
3. Term												
4. Indexed												
5. Universal	10,893							42,025				42,025
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	12,306							42,025		2,869		44,894
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	12,306 (c)							42,025		2,869		44,894

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DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial													(1)	(5,000)	4	42,492
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal	42,025		42,025						42,025				(2)	(82,731)	13	1,218,131
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	42,025		42,025						42,025				(3)	(87,731)	17	1,260,623
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	42,025		42,025						42,025				(3)	(87,731)	17	1,260,623

(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 \$

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,060											
3. Term												
4. Indexed												
5. Universal	5,250							50,000				50,000
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	6,311							50,000				50,000
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed										11,396		11,396
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities										11,396		11,396
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	6,311 (c)							50,000		11,396		61,396

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DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	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	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial																
2.	Whole														3	26,902	
3.	Term																
4.	Indexed																
5.	Universal	(71,429)	50,000						50,000						9	631,089	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	(71,429)	50,000						50,000						12	657,991	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	(71,429)	50,000						50,000						12	657,991	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial															1	20,000
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal															1	25,000
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life															2	45,000
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															2	45,000

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	536											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	536											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	536 (c)											

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DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
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																
11.	Total Individual Life															2	65,000
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															2	65,000

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	323											
3. Term												
4. Indexed												
5. Universal	6,621											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	6,943											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	6,943 (c)											

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DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

NONE

(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 \$

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,531											
3. Term												
4. Indexed												
5. Universal	1,264											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	2,795											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	2,795 (c)											

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DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole														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																
11.	Total Individual Life														3	45,000	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total														3	45,000	

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 6,046 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 \$85,129,050

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,594											
3. Term												
4. Indexed												
5. Universal	34,240							48,943				48,943
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	36,834							48,943				48,943
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	36,834 (c)							48,943				48,943

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DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial															3	118,000
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal	48,943		48,943						48,943				(1)	(48,943)	51	3,862,333
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	48,943		48,943						48,943				(1)	(48,943)	54	3,980,333
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other																(a)
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	48,943		48,943						48,943				(1)	(48,943)	54	3,980,333

(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 \$



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	2,616											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	2,616											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	2,616 (c)											

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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal															4	216,125
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life															4	216,125
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other																(a)
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total															4	216,125

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	66,100							11,511				11,511
3. Term												
4. Indexed												
5. Universal	29,320							55,000		4,730		59,730
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	95,420							66,511		4,730		71,241
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	95,420 (c)							66,511		4,730		71,241

Supp206.1L

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	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	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial																
2.	Whole	63,892	11,511						11,511	76,667			(2)	(68,255)	96	5,689,662	
3.	Term																
4.	Indexed																
5.	Universal	55,000	55,000						55,000				(3)	(170,000)	40	3,028,758	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	118,892	66,511						66,511	76,667			(5)	(238,255)	136	8,718,420	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other															(a)	
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	118,892	66,511						66,511	76,667			(5)	(238,255)	136	8,718,420	

(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 \$

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,872									18,003		18,003
3. Term												
4. Indexed												
5. Universal	4,738											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	6,610									18,003		18,003
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	6,610 (c)									18,003		18,003

Supp206.IN

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial															1	10,000
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal												(2)	(74,986)	8	489,000	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life												(2)	(74,986)	9	499,000	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total												(2)	(74,986)	9	499,000	

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,348							25,000				25,000
3. Term												
4. Indexed												
5. Universal	8,180							55,000		9,253		64,253
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	11,528							80,000		9,253		89,253
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	11,528 (c)							80,000		9,253		89,253

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial	25,000		25,000						25,000				(3)	(50,000)	6	49,227
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal	55,000		55,000						55,000				(2)	(80,000)	16	610,009
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	80,000		80,000						80,000				(5)	(130,000)	22	659,236
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	80,000		80,000						80,000				(5)	(130,000)	22	659,236

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	617											
3. Term												
4. Indexed												
5. Universal	7,140									7,233		7,233
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	7,757									7,233		7,233
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	7,757 (e)									7,233		7,233

Supp206.KS

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1. Industrial																	
2. Whole																5	26,152
3. Term																	
4. Indexed																	
5. Universal														(2)	(135,000)	12	529,653
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life														(2)	(135,000)	17	555,805
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	(a)
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total														(2)	(135,000)	17	555,805

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,188											
3. Term												
4. Indexed												
5. Universal	2,100											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	3,287											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	3,287 (c)											

Supp206.KY

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole														4	38,014	
3.	Term																
4.	Indexed																
5.	Universal														5	168,000	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life														9	206,014	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total														9	206,014	

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	2,411											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	2,411											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	2,411 (c)											

Supp206.LA

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal														44	3	175,697
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life														44	3	175,697
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other																(a)
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total														44	3	175,697

(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 \$



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	14,364							50,000				50,000
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	14,364							50,000				50,000
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	14,364 (c)							50,000				50,000

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal		50,000		50,000						50,000				(2)	(49,624)	33	1,331,119
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life		50,000		50,000						50,000				(2)	(49,624)	33	1,331,119
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	(a)
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total		50,000		50,000						50,000				(2)	(49,624)	33	1,331,119

(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 \$



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	8,922											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	8,922											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	8,922 (c)											

Supp206.MA

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal															9	793,225
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life															9	793,225
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															9	793,225

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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NONE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

NONE

(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 \$



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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NONE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life																
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other															(a)	
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total																

NONE

(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 \$106,854



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial								10,000				10,000
2. Whole												
3. Term												
4. Indexed												
5. Universal	18,931							42,225				42,225
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	18,931							52,225				52,225
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	18,931 (c)							52,225				52,225

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DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial	(14,286)	10,000						10,000								
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal	42,225	42,225						42,225				(1)	(42,225)	26	1,579,371	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	27,939	52,225						52,225				(1)	(42,225)	26	1,579,371	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	27,939	52,225						52,225				(1)	(42,225)	26	1,579,371	

(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 \$



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,157											
3. Term												
4. Indexed												
5. Universal	12,721											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	15,878											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	15,878 (c)											

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DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	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	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial														6	66,000	
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal												(1)	(94,775)	19	847,253	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life												(1)	(94,775)	25	913,253	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total												(1)	(94,775)	25	913,253	

(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 \$

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.NV

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life																
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other															(a)	
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total																

NONE

(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 71,482 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 \$1,174,672,365

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.NM

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

NONE

(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 \$



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.NC

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life																
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total																

NONE

(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 \$



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	6,126							8,053		8,196		16,249
3. Term	6,572											
4. Indexed												
5. Universal	12,052											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	24,750							8,053		8,196		16,249
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	24,750 (c)							8,053		8,196		16,249

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial	46,387		8,053						8,053	38,334			(5)	(28,044)	33	342,316
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	46,387		8,053						8,053	38,334			(5)	(27,328)	56	1,571,180
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	46,387		8,053						8,053	38,334			(5)	(27,328)	56	1,571,180

(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 \$



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
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																
11.	Total Individual Life															3	120,086
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															3	120,086

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,656											
3. Term												
4. Indexed												
5. Universal	4,825											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	7,481											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	7,481 (c)											

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DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole															5	72,000
3.	Term																
4.	Indexed																
5.	Universal															8	669,180
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life															13	741,180
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															13	741,180

(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 \$

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,782									2,782		2,782
3. Term												
4. Indexed												
5. Universal	27,612									6,257		6,257
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	31,393									9,039		9,039
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	31,393 (c)									9,039		9,039

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DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	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	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial												(1)	(5,000)	12	97,363	
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal												(3)	(89,934)	50	2,247,699	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life												(4)	(94,934)	62	2,345,062	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total												(4)	(94,934)	62	2,345,062	

(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 518 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 \$7,591,382

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	586											
3. Term												
4. Indexed												
5. Universal	3,207											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	3,793											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed										110		110
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities										110		110
Group Annuities												
27. Fixed										22,580		22,580
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities										22,580		22,580
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	3,793 (c)									22,690		22,690

Supp206.RI

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole															1	10,000
3.	Term																
4.	Indexed																
5.	Universal															6	535,550
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other.....																
11.	Total Individual Life.....															7	545,550
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other.....																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other.....																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															7	545,550

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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NONE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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

NONE

(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 950 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 \$12,164,808



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal 168												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	168											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	168 (c)											

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
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																
11.	Total Individual Life															1	50,000
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																
18.	Other																(a)
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total															1	50,000

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$11,949

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	4,877											
3. Term												
4. Indexed												
5. Universal	11,799											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	16,675											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	16,675 (c)											

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1. Industrial																	
2. Whole																13	143,962
3. Term																	
4. Indexed																	
5. Universal																16	798,878
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																29	942,840
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	(a)
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																29	942,840

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 161 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 \$1,914,776



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

Supp206.UT

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																1	25,000
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																1	25,000
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	(a)
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																1	25,000

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal	11,612							25,000		4,064		29,064
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	11,612							25,000		4,064		29,064
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	11,612 (e)							25,000		4,064		29,064

Supp206.VA

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial															1	10,000
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal	25,000		25,000						25,000				(2)	(48,500)	16	719,455
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other.....																
11.	Total Individual Life.....	25,000		25,000						25,000				(2)	(48,500)	17	729,455
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other.....																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other.....																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	25,000		25,000						25,000				(2)	(48,500)	17	729,455

(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 \$



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal															4	374,000
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life															4	374,000
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															4	374,000

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 4918

NAIC Company Code: 86371

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

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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

NONE

(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 \$



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,400											
3. Term												
4. Indexed												
5. Universal	5,090											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	7,490											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	7,490 (c)											

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DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal															12	432,855
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life															12	432,855
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total															12	432,855

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

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

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

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 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 \$



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

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

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DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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

NONE

(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 \$



GRAND TOTAL DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	109,622							54,564		31,850		86,414
3. Term	6,572											
4. Indexed												
5. Universal	282,437							478,193		31,537		509,730
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	398,631							532,757		63,387		596,144
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed										110		110
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities										110		110
Group Annuities												
27. Fixed										33,976		33,976
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities										33,976		33,976
Accident and Health												
34. Comprehensive individual ^(d)								XXX	XXX	XXX		
35. Comprehensive group ^(d)								XXX	XXX	XXX		
36. Medicare Supplement ^(d)								XXX	XXX	XXX		
37. Vision only ^(d)								XXX	XXX	XXX		
38. Dental only ^(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income ^(d)								XXX	XXX	XXX		
44. Long-term care ^(d)								XXX	XXX	XXX		
45. Other health ^(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	398,631 (c)							532,757		97,473		630,230

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GRAND TOTAL DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial	120,993		54,564					54,564	115,000			(12)	(156,299)	208	6,959,099	
2.	Whole																
3.	Term																
4.	Indexed																
5.	Universal	356,764		478,193					478,193				(24)	(1,093,507)	433	25,091,931	
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	477,757		532,757					532,757	115,000			(36)	(1,249,806)	641	32,051,030	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	477,757		532,757					532,757	115,000			(36)	(1,249,806)	641	32,051,030	

(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 79,157 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 \$1,281,636,110

OVERFLOW PAGE FOR WRITE-INS