

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	4918, 4918 NAIC Compa (Current) (Prior)	any Code86	371 Employer's ID Number 31-05	22223			
Organized under the Laws of Country of Domicile			State of Domicile or Port of En	tryNJ			
			Is HMO Federally Qualified?	NO.			
			Commenced Business				
·							
Main Administrative Office			Jersey City, NJ, US 07302				
			201-432-2133				
	, , , .		(Telephone)				
Mail Address	30 Montgomery Street		Jersey City, NJ, US 07302				
Primary Location of Books and	g ,		• •				
Records	30 Montgomery Street						
	Jersey City, NJ, US 07302		201-432-2133				
			(Telephone)				
Internet Website Address	www.cloverhealth.com						
Statutory Statement Contact	Peter Kuiners		201-432-2133				
Statutory Statement Contact			(Telephone)				
	registeredagent@cloverhea	lth com	(rerephone)				
	(E-Mail)	1011.00111	(Fax)				
	(L-IVIAII)		(I ax)				
		OFFICERS					
Jamie Reynoso, CEO, Medicare A			Peter Kuipers#, Chief Financial Office				
Wendy Richey, Chief Medicare Co	ompliance Officer		Rachel Fish, Chief People Officer				
		OTHER					
Ray Cogen, Chief Medical Officer			Karen Soares, General Counsel and S	Secretary			
	5.55						
		CTORS OR TRUS					
Robert Torricelli			Vivek Garipalli				
Edward Berde			Justin Doheny				
lan Duncan			Mark Fendrick#				
State of							
County of							
county or							
on the reporting period stated ab any liens or claims thereon, exce contained, annexed or referred to entity as of the reporting period s accordance with the NAIC Annual law may differ; or, (2) that state in to the best of their information, kincludes the related corresponding	ove, all of the herein described opt as herein stated, and that this is a full and true statement of stated above, and of its income al Statement Instructions and Actules or regulations require differ anowledge and belief, respectiveng electronic filing with the NAIO	assets were the s statement, tog all the assets ar and deductions counting Practi rences in reporticly. Furthermore, c, when required	they are the described officers of said absolute property of the said reporting ether with related exhibits, schedules and liabilities and of the condition and therefrom for the period ended, and hoces and Procedures manual except to ng not related to accounting practices the scope of this attestation by the depth of the period except for formed by various regulators in lieu of or in	g entity, free and clear from and explanations therein affairs of the said reporting ave been completed in the extent that: (1) state and procedures, according escribed officers also natting differences due to			
X	<u>x</u>		<u>x</u>				
Jamie Reynoso CEO, Medicare Advantage	Peter Kuipers Chief Financial	Officer					
Subscribed and sworn to before	me	a. I	s this an original filing? Yes				
this	day of		f no:				
	- aay oi	1. State the amendment number:					
, 20	25		2. Date filed:				
		3	3. Number of pages attached:	_			
V							

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	
0199999 - Pharmaceutical Rebate Receivables	12,996,036	11,973,466	13,201,750	10,250,026	10,250,026	
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	
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

		Health Care Receivables Accrued as of December 31 of Health Care Receivables Collected or Offset During the Year Health Care Receivables Accrued as of December 31 of Current Year				5	6
		Health Care Receivables Colle	ected or Offset During the Year	Currer	nt Year		
		1	2	3	4		
							Estimated Health Care
		On Amounts Accrued Prior to	On Amounts Accrued During		On Amounts Accrued During	Health Care Receivables from	
	Type of Health Care Receivable	January 1 of Current Year	the Year	December 31 of Prior Year	the Year	Prior Years (Cols. 1 + 3)	December 31 of Prior Year
1.	Pharmaceutical rebate receivables	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		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

Aging Analysis of Shpara Statille									
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	
	Expense paid on behalf of Company	15,824,160	15,824,160	
	Expense paid on behalf of Company	2,532		
0199999 - Individually listed payable		15,834,840	15,826,692	
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 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	
				Book Value Less			
Description	Cost	Improvements	Accumulated Depreciation	Encumbrances	Assets Not Admitted	Net Admitted Assets	
Administrative furniture and equipment							
Medical furniture, equipment and fixtures							
Pharmaceuticals and surgical supplies							
4. Durable medical equipment			· · · · · ·				
5. Other property and equipment							
6. Total							



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2024

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:													!	
	1. Prior Year	43							43					!	
	2. First Quarter														
	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.		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 \$



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	y Code	e: 86371
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		1		ive (Hospital & dical)	4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)	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)						
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 \$



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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2024

		1	Comprehension Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Income	Care	Other Health	
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	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 \$



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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Madiana			Employees	Tial - 3/3/111	Title VIV		Dischiller.	1 T		Other New
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	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 Investors Administra														
12.	Line lab Directions Michael (L)														
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.														
							1	1	<u>l</u>	1	l.	1	1		1

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2024

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	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														
<u> </u>					L	L						1			1

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	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														
	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 \$

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2024

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
				_	Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	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 \$

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							1
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														1
	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 \$



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	y Code	e: 86371
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		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	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														
				1		1	1	ı		1	1	1	1		

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



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

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

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							1
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term	6.1	Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														1
	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 \$



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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Income		Other Health	
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct														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 \$



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

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



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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	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.														
10.	7 and and mounted for 1 to violoti of Ficultii out c oct vioco														1

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
	T. 184	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	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 \$



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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Diochility	Long Torm		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	
	Total Members at end of:						-								
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions.														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	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.														
							l	1	l .	L.	l .	1	1		

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Lama Tauma		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Health
	Total Members at end of:						-								
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Investment Adminstons														
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.														
									l .	L	L	1	L		

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2024

		1	Comprehension Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:													!	
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:													1	
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Innations Admissions														
12.	Health Dramiuma Writton (h)														
13.	` '	8,922													8,922
14.	Decrease (Occupation Decrease Maintenance)														
15.	Health Premiums Earned														
16.	Property/Casualty Premiums Earned														
17.	Amount Paid for Provision of Health Care Services														
18.	Amount Incurred for Provision of Health Care Services.														

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

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

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	1			Employees							
			_		Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	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 \$



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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	.			Employees	T::1 >0.00	T:1 VIV		D: 1:35			0.1 11
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	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 \$

30.NE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2024

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Madiaana			Employees	Tiala VV	Title VIV		Dischility	I am m Tanna		Oth or Non
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	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 \$



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

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



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

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
			_	-	Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	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						
								1				ı	1		

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

30.NM

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2024

		1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Madiaana			Employees	Title VV/III	Title VIV		Disability	Lama Tauma		Other New
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	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.															
<u> </u>		J.	L					<u>l</u>				1	<u>l</u>		L

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2024

		1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							1
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term	6.1 1.1 1.1	Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														1
	1. Prior Year														1
	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														
<u></u>															

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

		1	Comprehension Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	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														
					1		l.	l l		1	1	l	I.	<u> </u>	

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2024

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2024

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	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:	Total	marriadar	огоир	Саррістісті	violen enny	Dental only	Benefite Flam	Wicaloute	Micaldala	Orealt / tarr	moonic	oure	other riedith	Health
	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 \$



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

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



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

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
	Total Members at end of:			2.226	Соррания										
	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 \$



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

		1		ve (Hospital & lical)	4	5	6	/ Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
	Total Members at end of:					,	, ,								
	1. Prior Year	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 \$



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

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
			_		Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	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 \$



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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	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 \$



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

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term	6.1 1.1 1.1	Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Inpatient Admissions														
12.	Health Premiums Written (b)														
13.	Life Premiums Direct	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 \$

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2024

		1	Comprehension Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Lang Tarms		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	
	Total Members at end of:					_	-								
	1. Prior Year														
	2. First Quarter														
	3. Second Quarter														
	4. Third Quarter														
	5. Current Year														
	6. Current Year Member Months														
	Total Member Ambulatory Encounters for Year:														
	7. Physician														
	8. Non-Physician														
	9. Total														
10.	Hospital Patient Days Incurred														
11.	Number of Innations Admissions														
12.	Line lab Directions a Maritan (L.)														
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.														
						L	L	l	l .	1	L	l	1	l	

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2024

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Madiaana			Employees	Tiala VV	Tial a VIV		Disability	I am a Tauma		Other New
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	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														
18.	Amount Incurred for Provision of Health Care Services														<u> </u>

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



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024

		1	Comprehensiv Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							1
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term	6.1 1.1 1.1	Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total Members at end of:														1
	1. Prior Year														1
	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 \$



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

		1	Comprehensi Med		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3				Employees							
					Medicare			Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	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 \$

30.GT

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ (LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

			1	Comprehension Med		4	5	6	7 Federal	8	9	10	11	12	13	14
				2	3	Medicare			Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
			Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
	Total	Members at end of:														
	1.	Prior Year	77,562							77,562						
	2.	First Quarter								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.	Hosp	pital Patient Days Incurred	79,274							79,274						
11.	Num	ber of Inpatient Admissions	11,767							11,767						
12.	Heal	th Premiums Written (b)	. 1,281,636,110							. 1,281,636,110						
13.	Life F	Premiums Direct	398,631													398,631
14.	Prop	erty/Casualty Premiums Written														
15.	Heal	th Premiums Earned	. 1,281,636,110							. 1,281,636,110						
16.	Prop	erty/Casualty Premiums Earned														
17.	Amo	unt Paid for Provision of Health Care Services	930,323,712							930,323,712						
18.	Amo	unt 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 Business Assumed	Premiums	Unearned Premiums		Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - To	tal (Sum of 079	99999 and 109	9999)									

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				Domiciliary		Unpaid
Code	ID Number	Effective Date	Name of Company	Jurisdiction	Paid Losses	Losses
Life and Annu	ity, Non-Affilia	tes, U.S. Non-A	Affiliates			
69418	59-2403689	10/01/2012	Southern Financial Life Ins. Co.	LA		115,000
0899999 - Lif	e and Annuity,	Non-Affiliates, I	U.S. Non-Affiliates.			115,000
1099999 - Lif	e and Annuity,	Total Non-Affili	ates			115,000
1199999 - To	tal Life and An	nuity				115,000
Accident and I	Health, Non-Af	filiates, U.S. N	on-Affiliates			
11835	04-1590940	01/01/2024	PartnerRe America Insurance Company	DE	450,000	
1999999 - Ac	cident and Hea	lth, Non-Affiliat	ies, U.S. Non-Affiliates		450,000	
2199999 - Ac	cident and Hea	ılth, Non-Affiliat	tes, Total Non-Affiliates		450,000	
2299999 - To	tal Accident an	d Health			450,000	
2399999 - To	tal U.S. (Sum o	f 0399999, 089	99999, 1499999 and 1999999)		450,000	115,000
9999999 - To	tal (Sum of 119	99999 and 229	9999)		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	2	3	4	5	6	7	8	9	10			13	14
									D	Outstanding	Surplus Relief		
									Reserve Credit		10		E I.
									Taken Other	11	12		Funds
NAIC					Type of	Type of		Unearned	than for			Modified	Withheld
Company		Effective		Domiciliary	Reinsurance	Business		Premiums	Unearned			Coinsurance	Under
Code	ID Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
General Ad	count, Authoria	zed, Non-Affi	liates, U.S. Non-Affiliates										
11835	04-1590940	01/01/2024	PartnerRe America Insurance Company	DE	SSL/I	MR	1,875,638						
0899999 -	General Accou	nt, Authorized	d, Non-Affiliates, U.S. Non-Affiliates				1,875,638						
1099999 -	General Accou	nt, Authorized	d, Total Authorized Non-Affiliates				1,875,638						
1199999 -	Total General	Account Auth	orized				1,875,638						
4599999 -	Total General	Account Auth	orized, Unauthorized, Reciprocal Jurisdiction and Certified		1,875,638								
9199999 –	Total U.S						1,875,638						
9999999 -	Total (Sum of	4599999 and	l 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					
	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
	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 (0)					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	17. Multiple Beneficiary Trust					
	18. Funds deposited by and withheld from (F)					
	19. Letters of credit (L)					
	20. Trust agreements (T)					
	21. Other (0)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsura	1	1	
		1	2	3
				Restated
		As Reported	Restatement	(gross of
		(net of ceded)	Adjustments	ceded)
ASS	ETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	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			
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
LIAE	BILITIES, 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)			
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			
19.	Accrued medical incentive pool		XXX	XXX
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	450,000	XXX	XXX
22.	Other ceded reinsurance recoverables			
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			
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

		1	Alloce	ited By States And 1		siness 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						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9. 10.	District of ColumbiaFlorida	DC						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	lowa	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		ION				
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. 37.	Ohio	OH OK						
38.	Oklahoma Oregon	OR						
39.	Pennsylvania	PA						
39. 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							
48.	Washington	WA						
49.	West Virginia							
50.	Wisconsin							
51.	Wyoming	WY						
52.	American Samoa							
53.	Guam							
54.	Puerto Rico							
55.	U.S. Virgin Islands							
56.	Northern Mariana Islands							
57.	Canada							
58.	Aggregate Other Alien							
59.	Totals							

4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if					Board,	If Control is		Is an SCA	
		NAIC				Publicly Traded			Relationship		Management,	Ownership,		Filing	
Group		Company		Federal		(U.S. or	Names of Parent, Subsidiaries or	Domiciliary	to Reporting	Directly Controlled by (Name of	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies) /	Required?	
Code	Group Name	Code	ID Number	RSSD	CIK	International)	Affiliates	Location	Entity	Entity/Person)	Influence, Other)	Percentage	Person(s)	(Yes/No)	*
										Entities Affiliated with Vivek	Ownership &				
			98-1515192		. 0001801170.	NASDAQ	Clover Health Investments, Corp	DE	UIP	Garipalli	Voting Power	68.100	Vivek Garipalli	NO	
	Clover Health														
4918	Group	86371	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.		
			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						j .						, ,		
4918	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			, , , , , , , , , , , , , , , , , , ,					
			82-0735027				New Jersey, LLC (MSPNJ, LLC)	NJ	NIA	Clover HMO of New Jersey, Inc	Ownership	100.000	Clover Health Investments, Corp.	NO	
			46-1977204				Juxly, LLC	MO	NIA	Counterpart Health, Inc.	Ownership	100.000	Clover Health Investments, Corp.		
			86-1193984				Clover Health Partners. LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.		
			92-3877957				Clover Health Partners MSSP A LLC		NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
							Clover Health Partners MSSP			o.c. cditti oorp	o		Total St. Floatin in Council to, Corp.		
			92-3897114	l	1		Enhanced LLC	DE	NIA	Clover Health Corp	Ownership	100.000	. Clover Health Investments, Corp.	NO	
			93-2578708				Counterpart Health, Inc.	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.		
			99-2988079				Clover Care Services of NJ, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			2 9 2 9 0 0 0 7 9				Clover Homecare Management			olover rieditii oorp.	O WHEISHIP	100.000	Joiover riediti investinents, corp.		
			99-2673924				Services, LLC	NJ	NIA	Clover Health, LLC	Ownership	100 000	. Clover Health Investments, Corp.	NO	

Asterisk	Explanation

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

1	2 3	4	5	6	7	8	9	10	11	12	13
				Purchases,							
				Sales or	Income/						
				Exchanges of	(Disbursements)				Any Other		Reinsurance
				Loans,	Incurred in				Material		Recoverable/
				Securities,	Connection with		Income/		Activity Not in		(Payable) on
				Real Estate,		Management	(Disbursements)		the Ordinary		Losses and/or
NAIC				Mortgage	Undertakings for	Agreements			Course of the		Reserve Credit
Company		Shareholder	Capital	Loans or Other	the Benefit of any	and Service	Reinsurance		Insurer's		Taken/
Code	ID Number Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Contracts	Agreements	*	Business	Totals	(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	Granted Disclaimer of Control / Affiliation of Column 2 Over			Ownership Percentage	
		Column 2 of			· ·	(Column 5 of	
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	Column 6)	(Yes/No)
Clover Insurance Company	Clover Health Holdings	100.000 %	NO	Clover Health Investments, Corp	Clover Health Group	100.000 %	NO
Clover HMO New Jersey, Inc	Clover Health Holdings	100.000 %	NO	Clover Health Investments, Corp	Clover Health Group	100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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

		Response
	March Filing	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	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?	
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 <u>if your company is engaged in the type of business covered by the supplement.</u>

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?	
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. 10. 11. 12. - - -13. 14. . | 1880 | 1881 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1 15. 16. 17. - | 1880 | 1881 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1886 | 1 18. 19. 20. - | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1

8 6 3 7 1 2 0 2 4 2 1 1 0 0 0 0 0

21.

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
				Credit (Group and	
Valuation Standard	Total (a)	Industrial	Ordinary	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		
1958 CSO ALB 4.5% NL			1,004		
1958 CSO ALB 4.5% CRVM			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		
ANNUITIES (excluding supplementary contracts w	rith life contingencies):				
83a 5.50% CARVM DEF 94, 96-97	806,535	XXX	60,468	XXX	746,067
83a 5.75% CARVM DEF 93		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		
0599997 - Totals (Gross)			2,773		
0599998 - Reinsurance ceded	2,773		2,773		
DISABILITY-DISABLED LIVES:	<u> </u>		•	<u> </u>	
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:	·		,	L L	
Substandard Reserve	494		494		
0799997 - Totals (Gross)			494		
0799998 – Reinsurance ceded			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 1.2	Has the reporting entity ever issued both participating and non-participating contracts?	NO
1.2	ii not, state willon kind is issued.	
2.1 2.2	Does the reporting entity at present issue both participating and non-participating contracts? If not, state which kind is issued: .	NO
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:	Α
4.1 4.2	Amount of insurance: 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?	
6.1 6.2	If so, state the amount or reserve on such contracts on the basis actually held:	\$
0.2	and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: Attach statement of methods employed in their valuation	\$
7.	Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?	
7.1 7.2	If yes, state the total dollar amount of assets covered by these contracts or agreements: 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?	
8.1 8.2	If yes, state the total dollar amount of account value covered by these contracts or agreements: State the amount of reserves established for this business:	
8.3	Identify where the reserves are reported in the blank:	Y
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:	
92	State the amount of reserves established for this husiness:	¢

9.3 Identify where the reserves are reported in the blank:

Supp205.3

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

				_		_	
		1	2	3	4	5	6
						Dividend	1
			Guaranteed Interest		Supplemental	Accumulations or	Premium and Other
		Total	Contracts	Annuities Certain	Contracts	Refunds	Deposit Funds
1. Bala	nce at the beginning of the year before reinsurance					39	
2. Depo	osits received during the year						
3. Inve	stment earnings credited to the account						
	er net change in reserves						
5. Fees	s and other charges assessed						
	ender charges						
7. Net :	surrender or withdrawal payments						
8. Othe	er net transfers to or (from) Separate Accounts						
9. Bala	nce at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) (a)	39				39	
	surance balance at the beginning of the year.					(39)	
	change in reinsurance assumed						
	change in reinsurance ceded						
	surance balance at the end of the year (Lines 10+11-12)					(39)	
	balance at the end of current year after reinsurance (Lines 9+13)					,	

(a) FHLB funding agreements:

	Turiding agreements.
1.	Reported as GICs (captured in column 2)\$
2.	Reported as Annuities Certain (captured in community)
3.	Reported as Annuities Certain (captured in course 3)
4.	Reported as Dividend Accumulations or Refunds Lapton dincolon 15
5.	Reported as Premium or Other Deposit Funds (captured in column 6)\$
6.	Total reported as Deposit-Type Contracts (captured in column 1): (Sum of Lines 1 through 5)\$\$

Supp205.4

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

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

NONE

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SCHEDULE S - PART 3 - SECTION 1
Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Cr	edit Taken	11	Outstanding S	Surplus Relief	14	15
NAIC					Type of	Type of	Amount in	9	10		12	13	Modified	Funds Withheld
Company		Effective		Domiciliary	Reinsurance	Business F	orce at End of						Coinsurance	Under
Code	ID Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
General A	ccount, Autho	rized, Non-A	Affiliates, U.S. Non-Affiliates											
60445	74-1915841	05/01/1999	Sagicor Life Insurance Co	AZ	CO/i		33,004	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 Acc	ount, Authoriz	zed, Non-Affiliates, U.S. Non-Affiliates				32,051,030	5,992,701	5,996,392	398,631				
1099999 -	- General Acc	ount, Authoriz	zed, Total Authorized Non-Affiliates				32,051,030	5,992,701	5,996,392	398,631				
1199999 -	- Total Genera	I Account Au	ıthorized				32,051,030	5,992,701	5,996,392	398,631				
4599999 -	- Total Genera	I Account Au	ıthorized, Unauthorized, Reciprocal Jurisdiction	on and Certifi	ed		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 o	of 4599999 a	nd 9099999)				32,051,030	5,992,701	5,996,392	398,631				

Supp206.AL

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918 1 2 Dividends to Policyholders/Refunds to Members Claims and Benefits Claims and Benefits													
			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 through 11)	
Individual		Considerations	Other considerations	Берозіі	Renewal Freimains	i enou	Other	Total (001. 3141310)	Delicito	Watured Endowments	Contracts	All Other Benefits	tillough 11)	
	Industrial													
	Whole	606												
	Term													
	Indexed													
	Universal													
	Universal with secondary guarantees													
	Variable													
	Variable universal													
	Credit													
	Other													
11.	Total Individual Life	606												
Group Life		000												
	Whole					1								
	Term													
	Universal													
	Variable													
	Variable universal													
	Credit													
	Other													
	Total Group Life													
	Annuities													
	Fixed													
	Indexed													
22.	Variable with guarantees													
	Variable without guarantees													
24.	Life contingent payout													
	Other													
	Total Individual Annuities													
Group An														
	Fixed													
	Indexed													
	Variable with guarantees													
	Variable without guarantees													
31.	Life contingent payout													
	Other													
	Total Group Annuities													
	and Health													
34.	Comprehensive individual ^(d)								XXX	XXX	XXX			
35.	Comprehensive group ^(d)								XXX	XXX	XXX			
	Medicare Supplement ^(d)								XXX	XXX	XXX			
37.	Vision only ^(d)								XXX	XXX	XXX			
	Dental only ^(d)								XXX	XXX	XXX			
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX			
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX			
	Title XIX Medicaid ^(d)								XXX	XXX	XXX			
			1						XXX	XXX	XXX			
42.	Credit A&H													
42. 43.	Disability income ^(d)								XXX	XXX	XXX			
42. 43. 44.	Disability income ^(d) Long-term care ^(d)								XXX	XXX	XXX			
42. 43. 44. 45.	Disability income ^(d) Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX			
42. 43. 44. 45. 46.	Disability income ^(d) Long-term care ^(d)	606 (c)							XXX	XXX	XXX			

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2024

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

					Direct Death Benef		wments Incurred a					Policy	Exhibit				
		13			Direct Beatin Bener		uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
			Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		Incurred During	14	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of	2.	Number of	25	Number of	25
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual	Life																
	ndustrial																
	Vhole																
	ermadexed																
	Iniversal																
	Iniversal with secondary guarantees																
	ariable																
	ariable universal																
	redit																
	ther																
	otal Individual Life																
Group Life	e																
	Vhole																
	erm Iniversal																
	ariable																
	ariable universal																
	redit																(a)
18. O	Other																
19. T	otal Group Life																
Individual	Annuities																
	ixed																
	ndexed						· ·····		· · · · · · · · · · · · · · · · · · ·								
	ariable with guarantees																
23. V 24. L	ife contingent payout							10									
	Other																
	otal Individual Annuities								 								
Group Ann																	
	ixed																
28. Ir	ndexed																
29. V	ariable with guarantees																
30. V	ariable without guarantees																
31. L	ife contingent payout																
)ther																
33. T	otal Group Annuities																
	and Health Comprehensive individual ^(d)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
	comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Nedicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. V	ision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX						
	ederal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
	itle XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	itle XIX Medicaid ^(d) redit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	realt A&H Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ong-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. T	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	otal																
4/.	ULGI																

⁽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

Supp206.AZ

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

		1	1						1		NAIC Con		
		1	2	3	Dividends to	Policyholders/Refunds 5	to Members 6	7	8	9	Claims and Benefits Paid	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	All Other Benefits	Total (Sum Columns through 11)
Individua		Considerations	Other Considerations	Беробіс	Renewal Freinanio	1 chod	Other	10141 (001. 0141010)	Delicito	Watered Endownents	Contracto	All Other Benefits	tillough 11)
1.	Industrial												
2.	Whole												
3.	Term												
4.	Indexed												
5.	Universal	4,742											
6. 7.	Universal with secondary guarantees Variable												
8.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life												
Group Li													
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16. 17.	Variable universal												
17. 18.	CreditOther												
18. 19.	Total Group Life												
	al Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23. 24.	Variable without guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group A													
27. 28.	Fixed												
28. 29.	IndexedVariable with guarantees												
30.	Variable with guarantees												
31.	Life contingent payout												
32.	Other												
33.	Total Group Annuities												
Accident	t and Health												1
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38. 39.	Dental only ^(d) Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
39. 40.	Title XVIII Medicare ^(d)	(a)							XXX	XXX	XXX		
40. 41.	Title XIX Medicaid ^(d)	(e)				•			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												

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024

	1			Direct Death Bene				is (C					Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	r 31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																25,000
3. Term 4. Indexed																
4. Indexed																195,746
6. Universal with secondary guarantees																193,740
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																220,746
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit																(a)
18. Other																(α)
19. Total Group Life																+
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
Variable with guarantees Variable without guarantees Life contingent payout Other														***************************************		
26. Total Individual Annuities																
Group Annuities 27. Fixed																
27. Fixed																
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) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1		
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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) 45. Other health ^(d)	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																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

Supp206.CA

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code. 4918											ipany Code. 863	
		1	2			Policyholders/Refunds					Claims and Benefits Paid		
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individua													
1.	Industrial	2,631											
3	Term	Z,031											
4.	Indexed												
5.	Universal	18,620							110,000				110,000
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal Credit												
9. 10.	Other												
11.	Total Individual Life	21,250							110,000				110,000
Group Lif		,											,,,,
12. 13.	Whole												
	Term												
14. 15.	Universal Variable												
16.	Variable universal												
17.	Credit												
18.	Other												
19.	Total Group Life												
	l Annuities												
20.	Fixed												
21. 22.	IndexedVariable with guarantees												
23.	Variable with guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group An 27.	nuities Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32. 33.	Other												
	Total Group Annuitiesand Health												
34.	Comprehensive individual ^(d)]]	xxx	xxx	XXX		
	Comprehensive individual								XXX	XXX	XXX		
35. 36. 37.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XXIII Medicare— Title XIX Medicaid ^(d)	(e)							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	04.055 ()							XXX	XXX	XXX		
47.	Total	21,250 (c)							110,000				

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2024

			Direct Death Ben	efits, Matured Endo			ts					Policy	Exhibit		
	13				uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals Paid	Reduction b	y Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
Line of Business	Incurred During Current Year	14 15 Number of Pols/Certs Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 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														9	152,009
3. Term															
5. Universal	110,000		000					110,000				(3)	(177,549)	35	1,981,855
6. Universal with secondary guarantees															
7. Variable															
8. Variable universal															
9. Credit															
11. Total Individual Life	110,000		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)
19. Total Group Life															
20. Fixed															
21. Indexed															
22. Variable with guarantees															
23. Variable without guarantees															
24. Life contingent payout															
26. Total Individual Annuities															
Group Annuities															
27. Fixed															
29. Variable with guarantees															
30. Variable without guarantees															
31. Life contingent payout															
32. Other															
33. Total Group Annuities															
Accident and Health	VVV	l you	VVVV	VVVV	WWW.	VVV	VVV	VVV	VVVV						
34. Comprehensive individual ^(d)	XXX	XXX XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	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	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	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	110,000	110	000					110,000				(3)	(177,549)	44	2,133,864
		110										(3)			2,100,004

⁽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 \$

Supp206.CO

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

		1	2		Dividends to	Policyholders/Refunds t	o Members				Claims and Benefits Paid	i	
			_	3	4	5 Applied to Provide	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	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 through 11)
Individua													
1.	Industrial												
2.	Whole		8								2,869		
3. 4.	Term Indexed												
+. 5.	Universal		······································						42,025				42,0
5. 5.	Universal with secondary guarantees	10,000	,						72,020				
7.	Variable												
В.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life	12,306)						42,025		2,869		44,8
Group Li 12.	Whole												
12. 13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other												
19.	Total Group Life												
	al Annuities												
20. 21.	Fixed												
22.	Variable with guarantees												
23. 24.	Variable without guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group A													
27.	Fixed												
28. 29.	IndexedVariable with guarantees												
29. 30.	Variable with guarantees												
31.	Life contingent payout												
32.	Other												
33.	Total Group Annuities												
	t and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
35. 36. 37.	Medicare Supplement ^(d) Vision only ^(d)								XXX	XXX	XXX		
37. 38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare(d)	(e	2)						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. 46.	Other health ^(d)								XXX	XXX	XXX		
	IOLAI ACCIDENT AND HEALTH								ıXXX	1XXX	.iXXX		

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2024

					irect Death Benef		wments Incurred a							Policy	Exhibit		1
		13	l		meet Death Dener		uring Current Year		<u> </u>		22	Issued Du	ıring Year			In Force December	31 Current Year (b)
		10	Totals	Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21		2.0		20	20		20
	Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individ	ual Life																
1.	Industrial													(1)	(5,000)		42,492
3	Term													(1)	(3,000)	4	42,492
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																	
12. 13.	Whole Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
Individ	ual Annuities																
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24. 25.	Life contingent payoutOther																
26.																	
	Total Individual Annuities																
27.	Annuities Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31. 32.	Life contingent payout																
	Other																
33.	Total Group Annuities																
	nt and Health																
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d) Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39.	Federal Employees Health Benefits Plan ^(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. 45.	Long-term care ^(d) 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 \$

Supp206.CT

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC COI	npany Code: 86	371
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
		Premiums and		3	4	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or	6	7	8	9	10	11	12
	Line of Business	Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	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 through 11)
Individual I		oonorder directo	o their contender at one	Бороон	Trending Trending	1 01104	01.101	10141 (001.0111010)	Benefits	matarea Endomnente	Contracto	7 III O CITICI DOTTOTICO	till dagir (1)
	Industrial												
2.	Whole	1,060											
	Term												
	Indexed												
	Universal.	5,250							50,00	00			50,0
7.	Universal with secondary guarantees												
	Variable universal												
	Credit												
	Other Total Individual Life	6,311							50,00	00			50,0
Group Life									JU,UU				50,0
	Whole												
	Term												
14.	Universal												
	Variable												
	Variable universal												
	Credit												
	Other												
Individual													
	Fixed												
	Indexed												
22.	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other												
	Total Individual Annuities												
Group Ann 27.	uities Fixed										11,396		11,3
	Indexed												11,3
	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
	Other												
	Total Group Annuities										11,396		11,3
Accident a						1		1	ww	VVV	V007		
	Comprehensive individual ^(d)								XXX	XXX	XXX		
	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		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX XXX	XXX		
	Other health ^(d)								XXX	XXX	XXX		
	Total Accident and Health								XXX	XXX	XXX		
	Total	6,311 (c)							50,00		11,396		61,3
	I Ottal								1	,	11,390		تران درون درون درون درون درون درون درون درو

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2024

				Γ	Direct Death Benef		wments Incurred a			01111110				Policy	Exhibit		
		13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
			Totals	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
	Line of Business	Incurred During Current Year	14	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual		ourrent reur	1 0107 00110	Amount	1 010/ 00110	Airiount	1 0107 00110	Airiodite	1 010/ 00110	Amount	ourrent reur	1 010/ 00/10	Amount	1 0107 00110	Amount	1 010/ 00/10	Amount
	dustrial																
	/hole																26,902
	erm																
	idexed																
	niversal	(71,429)		50,000						50,000							631,089
	niversal with secondary guarantees																
	ariable														***************************************		
	ariable universalredit																
	ther																
		(71,429)		F0 000						F0.000						10	657,991
	otal Individual Life	(/1,429)		50,000						50,000						12	657,991
Group Life 12. W	! /hole																
	erm																
	niversal																
	ariable																
	ariable universal																
	redit																(a)
18. O	ther																
19. To	otal Group Life																
Individual	Annuities																
	xed																
	idexed																
22. V	ariable with guarantees																
23. V	ariable without guarantees																
24. Li 25. O	ife contingent payoutther														***************************************		
	otal Individual Annuities																
Group Ann																	
	ixed idexed																
	ariable with guarantees																
30. V	ariable with guarantees																
	ife contingent payout																
32. O	ther																
	otal Group Annuities																
Accident a																	
	omprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. C	omprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ledicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. V	ision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. F	ederal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	itle XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	itle XIX Medicaid ^(d) redit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	redit A&Hisability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ong-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ther health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
		1															400
47. To	otal	(71,429)		50,000						50,000							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 \$

Supp206.DE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC COI	npany Code: 86	571
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individua													
1. 2. 3.	Industrial Whole Term	710											
4. 5. 6.	Indexed Universal Universal with secondary guarantees Variable			-									
7. 8. 9. 10.	Variable universal Credit Chefr Chef												
10.	Total Individual Life	1,286											
Group Lif 12.	Whole	1,200											
13. 14. 15.	Term Universal Variable												
16. 17. 18.	Variable universal Credit Other												
19.	Total Group Life												
	I Annuities					• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				
20. 21.	Fixed Indexed												
22. 23. 24.	Variable with guarantees Variable without guarantees Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group A n 27. 28.	ruities Fixed												
29. 30. 31.	Variable with guarantees Variable without guarantees Life contingent payout												
32. 33.	Other												
34. 35.	and Health Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d)								XXX	XXX	XXX		
38. 39. 40.	Dental only ^(d)	(e)							XXX XXX XXX	XXX XXX	XXX XXX		
41. 42. 43.	Title XIX Medicaid ^(d) Credit A&H Disability income ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX		
44. 45.	Long-term care ^(d)								XXX	XXX	XXX		
46. 47.	Total Accident and Health	1,286 (c)							XXX	XXX	XXX		

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2024

	1			Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	r 31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year	1	23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole															.,	20,000
3. Term																
4. Indexed															1	25,000
6. Universal with secondary guarantees																25,000
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																45,000
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit																(a)
18. Other																(4)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
Variable with guarantees Variable without guarantees Life contingent payout Other																
26. Total Individual Annuities																
Group Annuities 27. Fixed																
27. Fixed																
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) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(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		1	1			
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
						ΑΛΛ										
47. Total																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 \$

Supp206.DC

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

8 6 3 7 1 2 0 2 4 2 0 6 0 9 1 0 0

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC COI	npany Code: 86	371
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
				3	4	5 Applied to Provide Paid-Up Additions or Shorten the	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns through 11)
Individual													
2. 3.	Industrial Whole Term												
5. 6.	Indexed Universal Universal with secondary guarantees	536											
8. 9.	Variable Variable universal Credit Other												
	Total Individual Life	536											
Group Life		536											
13. 14.	Viriole Universal Variable												
16. 17.	Variable universal												
	Other Total Group Life												
	Annuities												
20.	Fixed Indexed												
22. 23.	Variable with guarantees												
25.	Life contingent payout Other Total Individual Annuities												
	nuities Fixed Indexed												
29. 30.	Variable with guarantees												
32. 33.	Life contingent payout Other Total Group Annuities												
34.	and Health Comprehensive individual ^(d)								XXX	XXX	XXX		
36. 37.	Comprehensive group ^(d) Medicare Supplement ^(d) Vision only ^(d)								XXX XXX	XXX XXX	XXX XXX XXX		
39.	Dental only ^(d)	(e)							XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
41. 42.	Title XIX Medicaid ^(d) Credit A&H Disability income ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
44. 45.	Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX		
46. 47.	Total Accident and Health	536 (c)							XXX	XXX	XXX		

Supp206.DC.1

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

		1			Direct Do-+- D- 1		OKANCL			, o i i i i i i i		1		D-!	- Evhihit		
		13	1		Direct Death Bener		wments Incurred a uring Current Year		IS .		22	Januard D	uring Voor		to In Force (Net)	In Force December	31, Current Year (b)
		13	Totala	s Paid	Dodustion by	Compromise		Rejected	Total Cattlad Du	ring Current Year		23	uring Year 24	25	26	27	28
			14	15	16	17	18	•	20	21	_	23	24	25	20	27	28
	Line of Business	Incurred During	Number of		Number of		Number of	19	Number of		Unpaid December 31,	Number of	A	Number of	4	Number of	Amount
Individu		Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Alliount
	Industrial																
	Whole																
	Term																
	Indexed																
	Universal																65,000
	Universal with secondary guarantees																
	Variable																
	Credit																
	Other																
11.	Total Individual Life															2	65,000
Group Li	fe																00,000
12.	Whole																
	Term																
	Universal																
	Variable																
	Variable universal																(2)
	Other																(a)
	Total Group Life																
Individu	al Annuities																
	Fixed																
	Indexed																
22.	Variable with guarantees																
	Variable without guarantees																
	Life contingent payout																
	Total Individual Annuities																
Group A 27.	nnuities Fixed																
	Indexed																
	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
	Other																
	Total Group Annuities																
	t and Health		100	1004	1004		,,,,,,		, no.		100						
	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Total															2	65,000
47.	ıvıaı															Z	

⁽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 \$

Supp206.FL

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										INAIC COI	npany Code: 86	371
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
				3	4	5 Applied to Provide Paid-Up Additions or Shorten the	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns through 11)
Individual													
2. 3.	Industrial Whole Term	323											
5. 6.	Indexed	6,621											
8. 9.	Variable Variable universal Credit												
	Other												
	Total Individual Life	6,943											
13.	e Whole												
14. 15.	Universal. Variable Variable universal												
17. 18.	Credit												
	Total Group Life												
	Annuities Fixed					1						1	
21. 22.	Indexed												
23. 24.	Variable without guarantees Life contingent payout Other												
	Total Individual Annuities												
Group An 27.	nuities Fixed												
29.	Indexed												
31. 32.	Life contingent payout												
	Total Group Annuities												
34.	and Health Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d)								XXX	XXXXXX	XXX		
39.	Dental only ^(d) Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	(e)							XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
41. 42.	Title XIX Medicaid ^(d) Credit A&H Disability income ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
44. 45.	Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX		
	Total Accident and Health	6,943 (c)							XXX	XXX	XXX		

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2024

	1			Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																
Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
Group Life																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout							V									
25. Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
30. Variable with 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						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
								ΑΛΑ								
47. Total																

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

Supp206.GA

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)



NAIC Group Code: 4918

_	NAIC Group Code: 4918		T	_					_			npany Code: 86	
		1	2			Policyholders/Refunds					Claims and Benefits Pai		1
				3	4	5 Applied to Provide Paid-Up Additions or Shorten the	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns through 11)
Individua													
1.	Industrial Whole Term												
4. 5.	Indexed Universal	1,264											
6. 7.	Universal with secondary guarantees Variable	,,											
8. 9.	Variable universal Credit												
10.	Other Tabel Individual Life	0.705											
11. Group Lif	Total Individual Life	2,795											
12. 13.	Whole												
14. 15.	Universal												
16. 17.	Variable universal Credit												
18. 19.	Other												
Individua	I Annuities												
20. 21.	Fixed												
22. 23. 24.	Variable with guarantees Variable without guarantees												
24. 25. 26.	Life contingent payout												
Group An													
27. 28.	Fixed Indexed												
29. 30.	Variable with guarantees												
31. 32.	Life contingent payout. Other.												
33.	Total Group Annuitiesand Health												
34. 35.	Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d) Vision only ^(d)								XXX	XXX	XXX		
38. 39.	Dental only ^(d)								XXX	XXX	XXX		
40. 41.	Title XVIII Medicare ^(d) Title XIX Medicaid ^(d)	(e)							XXX	XXX	XXX		
42. 43. 44.	Credit A&H Disability income ^(d) Long-term care ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
44. 45. 46.	Other health ^(d)								XXX	XXX	XXX		
47.	Total	2,795 (c)											

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

		1			Direct Death B		OKANCL			01111110				D-II-	, Evhibit		
		13	1		Direct Death Bener		wments Incurred a uring Current Year		IS .		22	Januari D	uring Voor		to In Force (Net)	In Force December	31, Current Year (b)
		13	Totals	s Paid	Dodustion by	Compromise		Rejected	Total Cattlad Du	ring Current Year		23	uring Year 24	25	26	27	28
			14					•	20	21		23	24	25	20	27	28
		Incurred During	Number of	15	16 Number of	17	18 Number of	19	Number of		Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individu	al Lite Industrial																
2.	Whole															2	20,000
3.	Term																20,000
4.	Indexed																
5.	Universal																25,000
6. 7.	Universal with secondary guarantees																
	Variable																
8. 9.	Variable universal																
9. 10.	Other																
																	45.000
11. Group L	Total Individual Life																45,000
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
	al Annuities																
20.	Fixed Indexed																
21. 22.	Variable with guarantees																
23.	Variable with guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group A																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30. 31.	Variable without guarantees																
31.	Life contingent payoutOther																
33.	Total Group Annuities																
	it and Health																
34.	Comprehensive individual ^(d)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX	xxx						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. 39.	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. 41.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total	Ì			İ	İ		İ			1					2	45,000
47.	I U la I																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

Supp206.HI

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2024

DACE)(b)



LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

			•		8: 11	5 1: 1 11 (5 1 :					01: 15 6: -:		
		1	2		Dividends to	Policyholders/Refunds		7	8	9	Claims and Benefits Paid	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Benefits	9 Matured Endowments	Surrender Values and Withdrawals for Life	11 All Other Benefits	Total (Sum Columns through 11)
Individua	al Life							, ,					
1.	Industrial												
2.	Whole	2,594											
3.	Term												
4.	Indexed												
5.	Universal	34,240							48,943				48,9
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life												48,94
Group Li			1			1							1
12. 13.	Whole												
	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18. 19.	Other												
	al Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23. 24.	Variable without guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group A													
27.	Fixed												
28.	Indexed												
29. 30.	Variable with guarantees												
აU. ე1	Variable without guarantees												
31. 32.	Life contingent payoutOther												
32. 33.	Other Total Group Annuities												
	t and Health		1			1			VVV	VVV	VVV		1
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
35. 36. 37.	Comprehensive group ^(d)								XXX	XXX	XXX		
ას. 27	Medicare Supplement ^(d)								XXX	XXX	XXX		
37. 38.	Dental only ^(d)								XXX	XXX	XXX		
38. 39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
39. 40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
40. 41.	Title XVIII Medicare	(e)							XXX	XXX	XXX		
41. 42.	Credit A&H								XXX	XXX	XXX		
42. 43.	Disability income ^(d)								XXX	XXX	XXX		
43. 44.	Long-term care ^(d)								XXX	XXX	XXX		
44. 45.	Other health ^(d)								XXX	XXX	XXX		
	Other health								XXX	XXX	XXX		
16													
46. 47.	Total									XXX			

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2024

		1		P	irect Death Ronof		wments Incurred a	•			,	1		Police	/ Exhibit		
		13			meet Death Bener		uring Current Year		.5		22	Deusel	uring Year		to In Force (Net)	In Force December 3	31 Current Vear (h
		15	Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21		20	2-7	20	20	2,	20
	Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Li		ourrent rear	1 010/ 00110	Amount	1 010/ 00110	Aniount	1 010/ 00110	Aniount	1 010/ 00110	Amount	ourrent reur	1 010/ 00110	Amount	1 010/ 00/10	Amount	1 010/ 00110	Amount
	ustrial																
2. Who	ole																118,000
Teri	m																
	exed																
	versal	48,943		48,943						48,943				(1)(48,943)	51	3,862,333
	versal with secondary guarantees																
7.	iableiable universal																
9. Cre																	
10. Oth																	
	al Individual Life	48,943		48,943						48,943				(1)(48,943)	54	3,980,333
Group Life	ai ilidividuai Lite	40,743		40,943						40,743					(40,943)		
12. Who	ole																
13. Teri																	
14. Univ	versal																
	iable																
	iable universal																
17. Cre																	(a
18. Oth																	
	al Group Life																
Individual Ar																	
20. Fixe																	
	exediable with guarantees																
	iable without guarantees																
	contingent payout																
25. Oth																	
26. Tota	al Individual Annuities																
Group Annui																	
27. Fixe																	
28. Inde	exed																
	iable with guarantees																
	iable without guarantees																
	e contingent payout																
32. Oth																	
33. Tota	al Group Annuities																
Accident and	d Health	VVV	VAVA	VVV	VVVV	VVV	VVVV	VVV	VVVV	VVV	,,,,,,						
	mprehensive individual ^{d)} mprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
36 Me	dicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ion only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Den	ntal only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Fed	leral Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX						
	e XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	e XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	dit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ability income ^(d) g-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ng-term care ner health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	al Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Tota	al	48,943		48,943						48,943)(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 \$

Supp206.ID

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC COI	npany Code: 863	77 1
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	i	
	No. of Darkey	Premiums and Annuities Considerations	Other Considerations	3 Paid in Cash or Left on	4 Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity Benefits	9	Surrender Values and Withdrawals for Life Contracts	11	12 Total (Sum Columns through 11)
ndivid	Line of Business ual Life	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
1. 2. 3. 4.	Industrial Whole Term Indexed												
5. 6. 7. 8. 9.	Universal Universal with secondary guarantees Variable Variable universal Credit	2,616											
10.	Other												
11. Group I	Total Individual Life	2,616											
12. 13. 14. 15.	Whole												
15. 16. 17. 18. 19.	Variable universal Credit Other												
	Total Group Lifeual Annuities												
20. 21. 22. 23. 24. 25.	Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout. Other Total Individual Annuities												
Group	Annuities												
27. 28. 29. 30. 31. 32.	Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other Total Group Annuities												
	nt and Health												
34. 35. 36. 37. 38.	Comprehensive individual ^(d)								XXX XXX XXX XXX	XXX XXX XXX XXX	XXX XXX XXX XXX		
39. 40. 41. 42. 43.	Federal Employees Health Benefits Plan ^(d)	(e)							XXX XXX XXX XXX	XXX XXX XXX XXX	XXX XXX XXX XXX		
44. 45. 46.	Long-term care ^(d) Other health ^(d) Total Accident and Health								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
47.	Total	2,616 (c)											

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2024

				Direct Death Bene		wments Incurred a				•			Policy	/ Exhibit		
	13				Claims Settled D	uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	31, Current Year (b
		Total	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
Term Indexed																
5. Universal															Δ	216,125
Universal with secondary guarantees															т.	
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																216,125
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
17. Credit																(2
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																
Variable with guarantees 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	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						
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						
																044.10
47. Total																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 \$

Supp206.IL

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

. 95,420 (c)

NAIC Company Code: 86371

. 4,730

. 71,241

. 66,511

	NAIC Group Code: 4918										mpany Code: 8637	•
		1	2		Dividends to	Policyholders/Refunds	to Members			Claims and Benefits Pa	aid	
				3	4	5	6	7	8 9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits Matured Endown	Surrender Values and Withdrawals for Life ents Contracts	d All Other Benefits	Total (Sum Columr through 11)
Individual Li												9/
	idustrial											
	/hole	66,100							11,511			11,
	erm								11,011			
	dexed											
	niversal	29,320							55,000	4,730	1	59,
	niversal with secondary guarantees								00,000		,	
	ariable											
	ariable universal											
	redit											
	ther											
	otal Individual Life	95,420							66,511	4,730	1	71,
	otal iliulvidual Life	93,420							00,511	4,/30	J	/ I _j .
Group Life	d1 -											
	/hole											
	erm											
	niversal											
	ariable											
	ariable universal											
	redit											
	ther											
	otal Group Life											
ndividual Ar												
	xed											
	dexed											
	ariable with guarantees											
3. Va	ariable without guarantees											
	fe contingent payout											
	ther											
6. To	otal Individual Annuities											
roup Annui	ities											
27. Fi	xed											
.8. In	dexed											
29. Va	ariable with guarantees											
30. Va	ariable without guarantees											
	fe contingent payout											
	ther											
33. To	otal Group Annuities											
Accident and	d Health											
4. Co	omprehensive individual ^(d)								xxx	XXX		
	omprehensive group ^(d)								xxx	XXX		
6. M	ledicare Supplement ^(d)								xxx	XXX		
7. Vi	ision only ^(d)								xxx	XXX		
3. De	ental only ^(d)								xxx	XXX		
). Fe	ederal Employees Health Benefits Plan ^(d)								xxx	XXX		
). Ti	itle XVIII Medicare ^(d)	(e)							xxx	XXX		
	itle XIX Medicaid ^(d)								xxx	XXX		
	redit A&H								xxx	XXX		
	isability income ^(d)								xxx	XXX		
	ong-term care ^(d)								xxx	XXX		
	ther health ^(d)								XXX	XXX		
	otal Accident and Health								XXX XXX	XXX		
	-4-1	05 400 (-)										

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

				Direct Death Benef		wments Incurred a		ts					Policy	Exhibit		
	13					uring Current Year	•			22	Issued D	uring Year			In Force December 3	31, Current Year (b
		Total	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21							
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	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				(2)	(170,000)	40	3,028,758
6. Universal with secondary guarantees													(3)	(170,000)	40	
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																
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																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
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	XXXXXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX						
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	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
43. Disability income 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						
		ΛΛΛ												· · · · · · · · · · · · · · · · · · ·		
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 \$

Supp206.IN

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Paid	<u> </u>	
		·	_	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 through 11)
Individual													
1.	Industrial												
2.	Whole												18,0
	Term												
l.	Indexed												
	Universal	4,738											
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	CreditOther												
10. 11.											10,000		10.0
	Total Individual Life	6,610									18,003	***************************************	18,0
Group Lif													
	Whole												
	Term												
	Universal Variable												
	Variable universal												
o. 7.	Credit											***************************************	
7. 8.	Other												
9.	Total Group Life	***************************************										***************************************	
	I Annuities												
	Fixed												
	IndexedVariable with guarantees												
	Variable with guarantees											***************************************	
	Life contingent payout											***************************************	
	Other											***************************************	
.s. !6.	Total Individual Annuities												
roup An													
27.	Fixed												
	Indexed											***************************************	
	Variable with guarantees												
	Variable with guarantees												
	Life contingent payout												
	Other												
	Total Group Annuities												
	and Health												
4.	Comprehensive individual ^(d)								XXX	xxx	XXX		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e).						XXX	XXX	XXX		
	Title XIX Medicaid ^(d)		,						XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
3.	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
5.	Other health ^(d)								XXX	XXX	XXX		
6.	Total Accident and Health								XXX	XXX	XXX		
1 7.	Total										18,003		18,0

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

				Direct Death Benef				s AGE) (G		,	ı		Policy	Exhibit		
	13			Direct Death Benef	Claims Settled Du					22	Issued D	uring Year			In Force December 3	31. Current Year (b)
		Tota	ls Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
line of Dunions	Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business Individual Life	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
1. Industrial																
2. Whole																10,000
3. Term																
4. Indexed																
5. Universal													(2)	(74,986)	8	489,000
6. Universal with secondary guarantees																
7. Variable																
9. Credit																
10. Other																
11. Total Individual Life													(2)	(74,986)	0	499,000
Group Life													(Z)	(74,900)		499,000
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit 18. Other																(a
19. Total Group Life																
Individual Annuities 20. Fixed																
20. Fixed																
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																
Variable without guarantees																
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						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan ^(d) 40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title 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	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						-
47. Total													(2)	(74,986)	0	499,000
T/. 10(a)													(Z)	(74,900)	9	479,000

⁽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 \$

Supp206.IA

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC COI	npany Code: 86	371	
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individua													
1. 2. 3.	Industrial Whole Term	3,348							25,00	00			25,00
4. 5. 6.	Indexed Universal Universal with secondary guarantees	8,180							55,00	00	9,253		
7. 8. 9.	Variable												
10. 11.	Other Total Individual Life	11,528							80,00	00	9,253		89,25
Group Li 12.	fe Whole												
13. 14.	Term												
15. 16. 17.	Variable Variable universal Credit												
18. 19.	Other Total Group Life												
20.	al Annuities Fixed												
21. 22. 23.	Indexed Variable with guarantees Variable without guarantees												
23. 24. 25.	Life contingent payout												
26.	Total Individual Annuities												
Group Ar 27.	Fixed												
28. 29. 30.	Indexed Variable with guarantees Variable without guarantees												
31. 32.	Life contingent payout												
33.	Total Group Annuities												
34. 35.	cand Health Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d) Vision only ^(d)								XXX	XXXXXX	XXX		
38. 39. 40.	Dental only ^(d)	(e)							XXX XXX XXX	XXX XXX	XXX XXX XXX		
41. 42. 43.	Title XIX Medicaid ^(d) Credit A&H Disability income ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
44. 45.	Long-term care ^(d) Other health ^(d)								XXX	XXX	XXX		
46. 47.	Total Accident and Health	11,528 (c)							XXX	XXX	XXX		89,25

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2024

				Direct Death Benef			and Annuity Benefit		70111110		l		Policy	Exhibit		
	13					uring Current Year				22	Issued D	uring Year			In Force December 3	1, Current Year (b)
	1	Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
Line of Business	Incurred During Current Year	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	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial	25,000		05.000						25,000				(2)	(50,000)		49,227
2. Whole	25,000		25,000										(3)	(50,000)		49,227
4. Indexed																
5. Universal	55,000		55,000						55,000				(2)	(80,000)		610,009
6. Universal with secondary guarantees																
7. Variable																
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																
17. Credit																(a)
18. Other																(u)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
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						
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						
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 \$

Supp206.KS

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Company Code: 86371

	NAIC Group Code: 4918										NAIC COI	npany Code: 86	571
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
		Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
	Line of Business	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
Individua	l Life			,				,					
1.	Industrial												
2.	Whole	617											
3.	Term												
4.	Indexed Universal	7,140									7,233		7,2
5. 6	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life	7,757									7,233		
Group Lif													
12. 13.	Whole												
14.	Term												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other												
19.	Total Group Life												
	I Annuities												
20.	Fixed												
21. 22.	IndexedVariable with guarantees												
23.	Variable with guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group An	nuities												
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees.												
30. 31.	Variable without guarantees Life contingent payout												
32.	Other												
33.	Total Group Annuities												
	and Health												
34.	Comprehensive individual ^(d)								XXX	xxx	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)								XXX	XXX	XXX		
38. 39.	Dental only(d)								XXX	XXX	XXX		
39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(e)							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 (c)									7,233		

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2024

					Direct Death Bene									Policy	Exhibit		
		13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
			Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year	1	23	24	25	26	27	28
		Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individ	lual Life																i l
1.	Industrial															F	26,152
3.	Term															J	20,132
4.	Indexed																
5.	Universal													(2)	(135,000)	12	529,653
6.	Universal with secondary guarantees																
7.	Variable																
8. 9.	Variable universal Credit																
9. 10.	Other																
														(0)	(405.000)	17	555,805
11.	Total Individual Life													(Z)	(135,000)	1/	555,805
Group 12.	Whole																i
13.	Term																1
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
	lual Annuities																i
20. 21.	Fixed Indexed																
22	Variable with guarantees																
22. 23.	Variable without guarantees																
24. 25.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
	Annuities																
27.	Fixed																
28.	Indexed																
29. 30.	Variable with guarantees Variable without guarantees																
31.	Life contingent payout																1
32.	Other																
33.	Total Group Annuities																
	ent and Health																
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. 39.	Dental only ^(d) Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						1
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													(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 \$

Supp206.KY

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC COII	npany Code: 863)/ [
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Paid	i	
	Use of Parkers	Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	Total (Sum Columns
Individu	Line of Business ual Life	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
Individu 1. 2. 3. 4.	lal Life Industrial Whole Term Indexed	1,188											
5. 6. 7. 8.	Universal Universal with secondary guarantees Variable Variable universal	2,100											
9. 10. 11. Group L		3,287											
12. 13. 14. 15.	Whole Term Universal Variable												
16. 17. 18. 19.	Variable universal Credit Other Total Group Life Jal Annuities												
20. 21. 22. 23. 24.	Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout												
25. 26. Group <i>A</i> 27.	Other Total Individual Annuities Annuities Fixed												
28. 29. 30. 31. 32.	Indexed. Variable with guarantees Variable without guarantees Life contingent payout Other												
33.	Total Group Annuities												
34. 35. 36. 37.	nt and Health Comprehensive individual ^(d) Comprehensive group ^(d) Medicare Supplement ^(d) Vision only ^(d)								XXX XXX XXX	XXX XXX XXX XXX	XXX XXX XXX		
38. 39. 40. 41. 42.	Dental only ^(d) . Federal Employees Health Benefits Plan ^(d) . Title XVIII Medicare ^(d) . Title XIX Medicaid ^(d) . Credit A&H	(e))						XXX XXX XXX XXX	XXX XXX XXX XXX	XXX XXX XXX XXX XXX		
42. 43. 44. 45. 46.	Disability income ^(d) Long-term care ^(d) Other health ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
46. 47.	Total Accident and Health	3,287 (c))						XXX	XXX	XXX		

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

	1			Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year	1	23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole															4	38,014
3. Term																
4. Indexed															5	168,000
6. Universal with secondary guarantees																100,000
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																206,014
Group Life																
12. Whole																
13. Term																
14. Universal																
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																
Variable with guarantees Variable without guarantees Life contingent payout Other																
26. Total Individual Annuities																
Group Annuities 27. Fixed																
27. Fixed																
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) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(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		1				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
						ΑΛΛ										
47. Total																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 \$

Supp206.LA

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC COI	npany Code: 86	371	
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
				3	4	5 Applied to Provide Paid-Up Additions or Shorten the	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns through 11)
Individua													
1. 2. 3.	Industrial Whole Term												
4. 5. 6.	Indexed Universal Universal with secondary guarantees	2,411											
7. 8. 9.	Variable												
10.	Other	0.444											
11.	Total Individual Life	2,411											
Group Lif 12. 13.	e Whole Term												
14. 15. 16.	Universal												
17. 18. 19.	Credit Other. Total Group Life												
	Annuities												
20.	Fixed												
21. 22.	Indexed												
23. 24. 25.	Variable without guarantees Life contingent payout Other												
26.	Total Individual Annuities												
Group An 27.	nuities Fixed												
28. 29. 30.	Indexed												
31. 32.	Life contingent payout												
33.	Total Group Annuities												
34. 35.	Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d)								XXX	XXXXXX	XXX		
38. 39. 40.	Dental only ^(d)	(e)							XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
41. 42. 43.	Title XIX Medicaid ^(d) Credit A&H Disability income ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX		
44. 45.	Long-term care ^(d)								XXX	XXX	XXX		
46. 47.	Total Accident and Health	2,411 (c)							XXX	XXX	XXX		

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024

					Direct Death Benef					01111110		1		Policy	Exhibit		
		13					uring Current Year				22	Issued D	uring Year			In Force December	31, Current Year (b)
			Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		Incurred During	14	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual	Life																
	dustrial																
	/hole																
	erm																
	dexed														44		175 (07
	niversal niversal with secondary guarantees														44	ა	175,697
	ariable																
	ariable universal																
	redit																
	ther																
	otal Individual Life														44	3	175,697
Group Life																	170,097
12. W	/hole																
	erm																
	niversal																
	ariable																
	ariable universal																
	redit																(a)
	ther																
19. To	otal Group Life																
Individual	Annuities																
	xed																
	dexed																
22. Va	ariable with guarantees																
23. Va	ariable without guarantees																
24. Li 25. O	ife contingent payout																
	ther																
	otal Individual Annuities																
Group Ann																	
	xed																
	dexed																
30. Va	ariable with guarantees																
31. Li	ariable without guaranteesife contingent payout																
32. 0	ther																
l l	otal Group Annuities																
Accident a																	
	omprehensive individual ^(d)	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
35. C	omprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ledicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vi	ision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. De	ental only ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Fe	ederal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Ti	itle XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX						
41. Ti	itle XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	redit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	isability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ong-term care ^(d) ther health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. To	otal														44		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 \$

Supp206.MD

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

	1	2			Policyholders/Refunds					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 through 11)
	14,364							50,000				50,0
	14 264							E0.000				
	14,304							50,000				
												1
Fixed												
Indexed												
Variable with guarantees												
Variable without guarantees												
Life contingent payout												
Other												
Total Group Annuities												
and Health												
Comprehensive individual ^(d)								XXX	XXX	XXX		
Comprehensive group ^(d)								XXX	XXX	XXX		
								XXX				
								XXX	XXX			
	(e)											
Total Accident and Health	14,364 (c)							XXX 50,000	XXX	XXX		50,0
	Life Industrial Whole Term Indexed Universal Universal Universal with secondary guarantees Variable Variable universal Credit Other Total Individual Life Whole Term Universal Variable universal Credit Other Total Group Life Annuities Fixed Indexed Variable with guarantees Variable without guarantees Life contingent payout Other Total Individual Annuities Duities Fixed Indexed Variable with guarantees Variable with guarantees Life contingent payout Other Total Individual Annuities Duities Fixed Indexed Variable with guarantees Variable with guarantees Life contingent payout Other Total Individual Annuities Duities Fixed Indexed Variable with guarantees Variable with guarantees Life contingent payout Other Total Group Annuities Total Group Annuities Duities Fixed Indexed Variable with guarantees Variable with guarantees Life contingent payout Other Total Group Annuities	Line of Business Considerations Life Industrial Whole Term Indexed Universal Universal Universal with secondary guarantees Variable Variable universal Credit Other Total Individual Life Whole Term Universal Whole Term Universal Whole Term Universal Variable Variable Variable Variable Variable Universal Variable Variable Variable Variable Variable universal Credit Other Total Group Life Annuities Fixed Indexed Variable with guarantees Life contingent payout Other Total Individual Annuities Variable with guarantees Life contingent payout Other Total Group Life Other Total Group Life Annuities Fixed Indexed Variable with guarantees Life contingent payout Other Total Individual Annuities Variable with guarantees Variable with guarantees Unifer contingent payout Other Total Group Annuities Total Group Annuities Annuities Total Group Annuities Defended on the Machael Total Group Only Medicare Supplement (a) Vision only Medicare Supplement (b) Vision only Federal Employees Health Benefits Plan (a) Federal Employees Health Benefits Plan (b) Federal Employees Health Benefits Plan (c) Title XIX Medicare (c) Credit A&H Disability income (c) Credit A&H Disability income (c) Credit A&H Disability income (c) Other health Other health Comprehence (c) Credit A&H Disability income (c) Other health	Line of Business Considerations Other Considerations Whole Term Indexed	Line of Business Considerations Other Considerations Deposit Industrial Whole Item Industrial Universal 14,564 Universal Whole Variable universal Credit Other Total Induvidual Life Variable universal Variable universal Credit Other Total Induvidual Life Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable universal Variable without guarantees Life contingent payout Other Total Individual Annutiles Life contingent payout Other Total Individual Annutiles Life contingent payout Other Total Group Annutites Fixed Indexed Variable without guarantees Life contingent payout Other Total Group Annutiles Universal Variable without guarantees Life contingent payout Other Other Individual Annutiles Universal Variable without guarantees Life contingent payout Other Other Individual Annutiles Universal Variable without guarantees Life contingent payout Other Other Individual Annutiles Universal Variable without guarantees Life contingent payout Other Other Individual Annutiles Universal Variable without guarantees Life contingent payout Other Individual Annutiles Universal Variable without guarantees Life contingent payout Other Individual Annutiles Universal Variable without guarantees Life contingent payout Other Bothin Comprehensive group Medicare Supplemental Variable without guarantees Life contingent payout Dividual Comprehensive group Medicare Supplemental Variable without guarantees Life contingent payout Dividual Comprehensive group Medicare Supplemental Variable without guarantees Life contingent payout Dividual Comprehensive group Medicare Supplemental Variable without guarantees Life contingent payout Dividual Comprehensive group Medicare Supplemental Variable with guarantees Life Contingent payout Dividual Comprehensive group Medicare Supplemental V	Line of Business Considerations Other Considerations Deposit Renewal Premiums Industrial Whole	Line of Business Considerations Other Considerations Deposit Renewal Premiums Period Industrial Whole	Line of Business Considerations Other Considerations Deposit Renewal Premiums Period Other Industrial Whole	Line of Business	Line of Business	Third Dissipation Coordination Interface Condension Congress Congre	Live of binames of the consideration of the conside	

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024

					irect Death Bene		vments Incurred a		ts					Policy	Exhibit		
		13					uring Current Year	•			22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		·	Totals	Paid Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
Line of Business	s	Incurred During Current Year	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	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		50,000		50,000						50,000				(2)	(49,624)	33	1,331,119
6. Universal with secondary guarant	tees	00,000												(2)	(45,024)		1,001,117
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																	(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																	
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						
 Dental only^(d)	. 51 (4)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefit Title XVIII Medicare^(d) 	ts Plan®	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 \$

Supp206.MA

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC COI	npany Code: 86	371	
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individua													
1. 2. 3.	Industrial Whole Term												
4. 5. 6.	Indexed Universal Universal with secondary guarantees	8,922											
7. 8. 9.	Variable												
10.	Other												
11.	Total Individual Life	8,922											
Group Li 11. 12. 13.	Whole												
14. 15. 16.	Universal. Variable Variable universal												
17. 18. 19.	Credit Other. Total Group Life												
	Annuities												
20. 21.	Fixed Indexed												
22. 23. 24.	Variable with guarantees Variable without guarantees Life contingent payout												
25. 26. Group Ar	Other Total Individual Annuities												
27. 28.	Fixed Indexed												
29. 30. 31.	Variable with guarantees Variable without guarantees Life contingent payout												
32. 33. Accident	Other												
34. 35.	Comprehensive individual ^(d)								XXX	XXXXXX	XXXXXX		
36. 37. 38.	Medicare Supplement ^(d) Vision only ^(d) Dental only ^(d)								XXX XXX XXX	XXX	XXX XXX XXX		
39. 40. 41.	Federal Employees Health Benefits Plan ^(d)	(e)							XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
42. 43. 44.	Credit A&H Disability income ^(d) Long-term care ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
45. 46.	Other health ^(d)								XXX	XXX	XXX		
47.	Total	8,922 (c)											

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2024

		1			Direct Death Benef					01111110		1		Policy	Exhibit		
		13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
			Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		Incurred During	14	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual																	
	ndustrial																
	/hole																
	erm																
	ndexed Iniversal															0	793,225
	niversal with secondary guarantees																770,220
	ariable																
	ariable universal																
	redit																
10. O	ther																
	otal Individual Life																793,225
Group Life																	
12. V	/hole																
	erm																
	niversal																
	'ariable 'ariable universal																
	redit.																(a)
	ther																(a)
	otal Group Life																
Individual	Annuities																
	ixed																
	ndexed																
22. V	ariable with guarantees																
23. V	ariable without guarantees																
24. L	ife contingent payout																
	ther																
	otal Individual Annuities																
Group Ann																	
	ixed																
28. Ir	ndexed																
29. V 30. V	ariable with guarantees																
30. v	ariable without guaranteesife contingent payout																
32. 0	ther																
	otal Group Annuities																
Accident																	
	comprehensive individual ^(d)	XXX	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx						
35. C	omprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. N	ledicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX						
37. V	'ision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX						
39. F	ederal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	itle XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	itle XIX Medicaid ^(d) redit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. C	isability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ong-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX]				
	ther health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. T	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	otal															^	793,225
4/.	Ulai																/93,225

⁽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 Annutities 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 \$

Supp206.MI

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

NAIC Group Code: 4918										NAIC Con	npany Code: 863	/1
	1	2		Dividends to	o Policyholders/Refunds	to Members				Claims and Benefits Paid	d	
	Premiums and		3	4	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or	6	7	8	9	10 Surrender Values and	11	12
Line of Business	Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Withdrawals for Life	All Other Benefits	Total (Sum Column through 11)
dividual Life			·				, i					
Industrial												
Whole												
Term												
Indexed												
Universal												
Universal with secondary guarantees												
Variable												
Variable universal												
Credit												
Other												
Total Individual Life.												1
oup Life . Whole												
Term												
Universal Variable												
Variable												
Variable universal												
Credit												
Other												
Total Group Life												
ividual Annuities												
Fixed												
Indexed												
Variable with guarantees												
Variable without guarantees												
Variable without guarantees Life contingent payout					ON							
Other												
Total Individual Annuities												1
oup Annuities												
Fixed Indexed												
. Variable with guarantees												
Variable without guarantees												
Life contingent payout												
. Other												
. Total Group Annuities												
cident and Health												1
Comprehensive individual(d)								XXX	XXX	XXX		
. Comprehensive group ^(d)								XXX	XXX	XXX		
Medicare Supplement ^(d)								XXX	XXX	XXX		
Vision only ^(d)								XXX	XXX	XXX		
Dental only ^(d)								XXX	XXX	XXX		
Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
Title XVIII Medicare ^(d)		(e)						XXX	XXX	XXX		
Title XXIII Medicale		(5)						XXX	XXX	XXX		
								XXX	XXX	XXX		
Credit A&H									XXX	XXX		
Disability income ^(d)								XXX				
. Long-term care ^(d)								XXX	XXX	XXX		
o. Other health ^(d)								XXX	XXX	XXX		
5. Total Accident and Health								XXX	XXX	XXX		
7. Total		(c)										

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

				Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																
Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
Group Life																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout							V									
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) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
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						
		AAA		AAA	2,4,4		AAA	, , , , , , , , , , , , , , , , , , ,								
47. Total																

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

Supp206.MS

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC Con	npany Code: 86	3/1
	1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Paid	d	
	Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
Jt t J.	Line of Business Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
idividu	ual Life											
•	Industrial											
	Whole											
	Term											
	Indexed Universal											
	Universal with secondary guarantees.											
	Variable Variable											
	Variable universal											
	Credit											
0.	Other											
1.	Total Individual Life											
Group L 2.	Whole											
2. 3.	Term											
3. 4.	Universal											
4. 5.	Variable											
5. 6.	Variable universal											
o. 7.												
	Credit											
8. 9.	Other Total Group Life											
	•											
	ual Annuities											
0.	Fixed											
1. 2.	Indexed											
	Variable with guarantees.											
3.	Variable without guarantees				ON	• • • • • • • • • • • • • • • • • • • •						
4. 5.	Life contingent payout											
	Other											
6.	Total Individual Annuities											
	Annuities											
27.	Fixed											
18.	Indexed											
9.	Variable with guarantees											
0.	Variable without guarantees											
1. 2.	Life contingent payout.											
32. 33.	Other											
	Total Group Annuities											
	nt and Health											
34.	Comprehensive individual ^(d)							XXX	XXX	XXX		
35.	Comprehensive group ^(d)							XXX	XXX	XXX		
36.	Medicare Supplement ^(d)							XXX	XXX	XXX		
37.	Vision only(d)							XXX	XXX	XXX		
88. 89.	Dental only(d)							XXX	XXX			
	Federal Employees Health Benefits Plan ^(d)	(4)						XXX	XXX	XXX		
IO. I1.	Title XVIII Medicare ^(d)	(e)						XXX	XXX	XXX		
	Title XIX Medicaid ^(d)							XXX	XXX	XXX		
2.	Credit A&H							XXX	XXX	XXX		
3. 4.	Disability income ^(d)							XXX	XXX			
	Long-term care ^(d)							XXX	XXX	XXX		
15.	Other health ^(d)							XXX	XXX	XXX		
46.	Total Accident and Health							XXX	XXX	XXX		
47.	Total	(c)	1	1	I .	i .	1	1	1	1		1

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

					Direct Death Benef					70111110				Policy	Exhibit		
		13			Direct Beatin Bener		uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
			Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		Incurred During	14	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of	2.	Number of	25	Number of	25
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual	Life																
	ndustrial																
	Vhole																
	ermadexed																
	Iniversal																
	Iniversal with secondary guarantees																
	ariable																
	'ariable universal																
	redit																
	ther																
	otal Individual Life																
Group Life	e																
	Vhole																
	erm Iniversal																
	ariable																
	ariable universal																
	redit																(a)
18. 0	Other																
19. T	otal Group Life																
Individual	Annuities																
	ixed																
	ndexed						· ·····		· · · · · · · · · · · · · · · · · · ·								
	ariable with guarantees							10									
23. V 24. L	ife contingent payout																
	Other																
	otal Individual Annuities								 								
Group Ann																	
	ixed																
28. Ir	ndexed																
29. V	ariable with guarantees																
30. V	ariable without guarantees																
31. L	ife contingent payout																
)ther																
33. T	otal Group Annuities																
	and Health Comprehensive individual ^(d)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Nedicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. V	ision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX						
	ental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX						
	ederal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
	itle XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	itle XIX Medicaid ^(d) redit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	redit A&H Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ong-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. T	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	otal																
4/.	ULGI																

⁽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

Supp206.MO

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918		,									npany Code: 863	
		1	2			Policyholders/Refunds		T			Claims and Benefits Paid		
		Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
	Line of Business	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
ividual Li	ife												
	ndustrial												
	Vhole								10,000				
	ērm												
	ndexed												
	Jniversal	18,931	1						42,225				42,2
	Iniversal with secondary guarantees												
	/ariable												
	/ariable universal												
	Credit												
	Other	40.004							F0.00F				
	otal Individual Life	18,931	I						52,225				
oup Life	What.												
	Vhole												
	erm Iniversal												
	niversal/ariable												
	/ariable universal												
	Predit President												
	Other												
	otal Group Life												
ividual A													
	innutties iixed												
	ndexed												
	/ariable with guarantees												
	/ariable with guarantees												
	ife contingent payout												
	Other												
	otal Individual Annuities												
oup Annui													
	ixed												
	ndexed												
	/ariable with guarantees												
	/ariable without guarantees												
	ife contingent payout												
	Other												
. То	otal Group Annuities												
	nd Health												
	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Comprehensive group(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	ision only ^(d)								XXX	XXX	XXX		
D	Pental only(d)								XXX	XXX	XXX		
Fe	ederal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
T	itle XVIII Medicare ^(d)	(e	e)						XXX	XXX	XXX		
	itle XIX Medicaid ^(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	ong-term care ^(d)								XXX	XXX	XXX		
	Other health ^(d)								XXX	XXX	XXX	·····	
. То	otal Accident and Health								XXX	XXX	XXX		
7. To	otal	18,931 (c	-1	1					52,225				

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024

				irect Death Benef		wments Incurred a		ts					Policy	Exhibit		
	13					uring Current Year	,			22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
	•	Totals Paid		Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14 1	5	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year		ount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole	(14,286)		10,000						10,000							
3. Term																
5. Universal	42,225		42,225						42,225				(1)	(42,225)	26	1,579,371
Universal with secondary guarantees	42,220								42,220				(1)	(42,220)	20	1,072,071
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																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other													************************			
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
30. Variable with guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group ^(d)	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX		(X(X	XXX XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H 43. Disability income ^(d)	XXX		(X (X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX		(X (X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX		(X	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
													/-1	/40.00=1		4 570 071
47. Total			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 \$

Supp206.NE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC COI	npany Code: 86	371	
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
				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 through 11)
Individual		Considerations	Other Considerations	Берозіі	Renewal Freinianis	1 eriou	Other	Total (001. 3141310)	Delients	Waturea Endowments	Contracts	All Other Belletits	tillough 11)
	Industrial												
	Whole	3,157											
	Term												
	Indexed												
	Universal	12,721											
	Variable												
	Variable universal												
	Credit												
	Other												
	Total Individual Life	15,878											
Group Life													
	Whole												
	Term												
	UniversalVariable												
	Variable universal												
	Credit												
	Other												
	Total Group Life												
Individual	Annuities												
	Fixed												
	Indexed												
22.	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Total Individual Annuities												
Group Anr													
	Fixed												
	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
	Other Application												
	Total Group Annuitiesand Health												
	and Health Comprehensive individual ^(d)					1			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		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
	Other health ^(d)								XXX	XXX	XXX		
	Total Accident and Health								XXX	XXX	XXX		
	Total	15,878 (c)											

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2024

					Direct Death Benef					70111110	•			Policy	Exhibit		
		13					uring Current Year				22	Issued D	uring Year			In Force December	31, Current Year (b)
			Totals	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
	Line of Business	Incurred During Current Year	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	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual		Current real	FUIS/ Certs	Amount	FOIS/ Certs	Aniount	FUIS/ CELLS	Airiount	FUIS/CELLS	Amount	Current real	FOIS/ Certs	Amount	Fuis/Certs	Amount	Fuis/Certs	Amount
	ndustrial																1
	/hole															6	66,000
3. T	erm																
	ndexed																
	niversal													(1)	(94,775)	19	847,253
	niversal with secondary guarantees																l · · · · · · · · · · · · · · · · · · ·
	ariable ariable ariable universal	-															
	redit																
	ther																
	otal Individual Life													(1)	(94,775)	25	913,253
Group Life														(1)	(94,775)	20	913,233
12. W	: /hole																ı
	erm																
	niversal																
	ariable																
	ariable universal																
	redit																(a)
	ther																
19. T	otal Group Life																
Individual																	i
	ixed																
	ndexed																
22. V	ariable with guarantees																
23. V	ariable without guarantees																
24. L 25. 0	ife contingent payoutther																
Group Ann	otal Individual Annuities																
	ixed																i
	ndexed																l
29. V	ariable with guarantees																
30. V	ariable without guarantees																
31. L	ife contingent payout																
	ther																
	otal Group Annuities																
Accident a																	1
34. C	omprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX						
35. C	omprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	1edicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. V	ision only ^(d) ental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ederal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. T	itle XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. T	itle XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. C	redit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. D	isability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX						
44. L	ong-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ther health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. T	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. T	otal	J								I				(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 \$

Supp206.NV

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC COI	npany Code: 86	371	
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individua													
1. 2. 3.	Industrial Whole Term												
4. 5. 6.	Indexed Universal Universal with secondary guarantees	1,380											
7. 8. 9.	Variable Variable universal Credit												
10.	Other												
11.	Total Individual Life	1,380											
Group Lit 12.	Whole												
13. 14. 15.	Term Universal Variable												
16. 17.	Variable universal Credit												
18. 19.	Other												
	I Annuities												
20. 21.	Fixed Indexed												
22. 23. 24.	Variable with guarantees Variable without guarantees Life contingent payout.												
25. 26.	Other Total Individual Annuities												
Group Ar 27.													
28. 29.	Indexed Variable with guarantees												
30. 31.	Variable without guarantees Life contingent payout												
32. 33.	Other Total Group Annuities												
34.	and Health Comprehensive individual ^(d)								xxx	xxx	XXX		
35. 36. 37.	Comprehensive group ^(d) Medicare Supplement ^(d) Vision only ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
38. 39.	Dental only ^(d)								XXX	XXXXXX	XXX		
40. 41. 42.	Title XVIII Medicare ^(d) Title XIX Medicaid ^(d) Credit A&H	(e)							XXX XXX XXX	XXX XXX XXX	XXX XXX		
43. 44.	Disability income ^(d) Long-term care ^(d)								XXX	XXXXXX	XXX		
45. 46.	Other health ^(d) Total Accident and Health								XXX	XXX	XXX		
47.	Total	1,380 (c)											

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2024

					Direct Death Bene		wments Incurred a							Policy	Exhibit		
		13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
			Totals	Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individu																	
1.	Industrial																
2.	Whole																
3. 4.	Term																
5.	Indexed Universal															2	118,000
6.	Universal with secondary guarantees																110,000
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life																118,000
Group I																	
12.	Whole																
13. 14.	Term																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
	al Annuities																
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23. 24. 25.	Variable without guarantees																
24.	Life contingent payoutOther																
26.	Total Individual Annuities																
27.	Innuities Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31. 32.	Life contingent payout																
	Other																
33.	Total Group Annuities																
	t and Health																
34.	Comprehensive individual ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. 36. 37.	Comprehensive group ^(d) Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
30.	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						
38. 39.	Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40.	Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. 44.	Disability income ^(d) 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						
						ΑΛΛ		ΑΛΛ									
47.	Total																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 \$

Supp206.NJ

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

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC CON	npany Code: 863	3/1
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
		Premiums and		3	4	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or	6	7	8	9	10 Surrender Values and	11	12
	Line of Business	Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns through 11)
Individua								` ,					
1.	Industrial												
2.	Whole												
3.	Term												
4.	Indexed	1 407											
5. 6.	Universal Universal with secondary guarantees	1,427											
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life	1,427											-
Group Li	fe												
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16. 17.	Variable universal												
17. 18.	CreditOther												
18. 19.	Total Group Life												
	al Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23. 24.	Variable without guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group A													
27.	Fixed												
28. 29.	IndexedVariable with guarantees												
29. 30.	Variable with guarantees. Variable without guarantees												
31.	Life contingent payout												
32.	Other												
33.	Total Group Annuities												
	t and Health												1
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. 40.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40. 41.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. 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)											
		, (1)	1	1		1			1	1			

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

	1			Direct Death Bene		wments Incurred a					1		Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
Group Life																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout							V									
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	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Αλλ				Αλλ	Αλλ	Αλλ	Αλλ	Αλλ							
47. Total																

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

Supp206.NM

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

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC CON	npany Code: 863	3/1
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
		Premiums and Annuities		3 Paid in Cash or Left on	4	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
_	Line of Business	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
idu	al Life			·				ì					
	Industrial												
	Whole												
	Term												
	Indexed												
	Universal	564											
	Universal with secondary guarantees Variable												
	Variable universal												
	Credit												
	Other.	FC4											
	Total Individual Life	564											
roup L													
	Whole Term												
	Universal												
	Variable												
	Variable universal												
	Credit												
	Other												
	Total Group Life												
	al Annuities												
	Fixed												
	IndexedVariable with guarantees												
	Variable with guarantees.												
	Life contingent payout												
i.	Other												
	Total Individual Annuities												-
	nnuities												
7.	Fixed												
3.	Indexed												
9.	Variable with guarantees												
0.	Variable without guarantees												
1.	Life contingent payout												
2. 3.	Other Total Group Annuities												
cciden 1.	t and Health Comprehensive individual ^(d)								xxx	xxx	xxx		
	Comprehensive group ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
	Vision only ^(d)								XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
2.	Credit A&H								XXX	XXX	XXX		
3. 1 .	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
5. 5.	Other health ^(d)								XXX	XXX	XXX		
'. '.	Total Accident and Health	564 (c)											
	iniai	- 564 (c)	i i	1	i	i e	1	i e	i .	i	i		

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

	1			Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																
Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
Group Life																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout							V									
25. Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
30. Variable with 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						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
								ΑΛΑ		ΑΛΑ						
47. Total																

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

Supp206.NC

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

8 6 3 7 1 2 0 2 4 2 0 6 3 4 1 0 0

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918			•				_			npany Code: 86		
1		1	2			Policyholders/Refunds					Claims and Benefits Pai		
		Premiums and		3	4	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or	6	7	8	9	10 Surrender Values and	11	12
1	Line of Business	Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Withdrawals for Life	All Other Benefits	Total (Sum Columns through 11)
Individua								. (22222					1 1 1 1 1 1
1.	Industrial												
2.	Whole												
3.	Term												
4. 5.	Indexed	1,508											
5.	Universal Universal with secondary guarantees	1,508											
7	Variable												
8.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life	1,508											
Group Lif													
12.	Whole												
13. 14.	Term												
14. 15.	Universal												
16.	Variable universal												
17.	Credit												
18.	Other												
19.	Total Group Life												
Individua	Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23. 24.	Variable without guarantees												
24. 25.	Life contingent payout												
26.	Total Individual Annuities												
Group An													
27.	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32. 33.	Other Total Crown Appuition												
	Total Group Annuitiesand Health												
Accident 34.	Comprehensive individual ^(d)					1			xxx	xxx	XXX		
35.	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
36. 37.	Vision only ^(d)								XXX	XXX	XXX		
38.	Dental only ^(d)								XXX	XXX	XXX		
39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
42. 43.	Credit A&H								XXX	XXX	XXX		
43. 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)											
		., (0)											

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

	1			Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																
Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
Group Life																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout							V									
25. Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
30. Variable with 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						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
								ΑΛΑ		ΑΛΑ						
47. Total																

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

Supp206.OH

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)



	NAIC Group Code: 4918											npany Code: 863	371
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
				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)
Individu	al Life												
1.	Industrial												
2.	Whole	6,126							8,053		8,196		
3.	Term	6,572											
4.	Indexed												
5.	Universal												
6.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life	24,750							8,053		8,196		
Group Li													
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18. 19.	Other												
	Total Group Life												
	al Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24. 25.	Life contingent payoutOther												
26.	Total Individual Annuities												
Group A													
27.	Fixed												
28.	Indexed												
29. 30.	Variable with guarantees												
30.	Variable without guaranteesLife contingent payout												
32.	Other												
33.	Total Group Annuities												
	t and Health												
34.	Comprehensive individual ^(d)								xxx	xxx	XXX		
34. 35.	Comprehensive group ^(d)								XXX	XXX	XXX		
35. 36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
36. 37.	Vision only ^(d)								XXX	XXX	XXX		
38	Dental only ^(d)								XXX	XXX	XXX		
38. 39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(م)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(c)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
47.	Total								8,053		8,196		
47.	IUlai	24,/50 (C)							8,003		8,190		

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

_		1		-	irost Dooth B		UKANCL	•		01111110		T		Delien	Evhibit		1
		13	T	L	nrect Death Bener		wments Incurred a uring Current Year	na Annuity Benefit	IS .		22	Jacuad Di	uring Year		Exhibit to In Force (Net)	In Force December	21 Current Veer (b)
		13	Totals	Doid	Doduction by	Compromise		Rejected	Total Cattlad Du	ring Current Year	- 22	23	24	25	26	27	28
			14	15	16	17	18	19	20	21		23	24	25	20	27	20
	Line of Business	Incurred During	Number of Pols/Certs		Number of		Number of Pols/Certs	Amount	Number of		Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individ	ual Life	Current Year	Pois/Certs	Amount	Pols/Certs	Amount	Pois/Certs	AIIIOUIII	Pols/Certs	Amount	Current real	Pois/Certs	Amount	Pois/Certs	AIIIOUIII	Pois/Certs	Allioulit
1.	Industrial																
2.	Whole			8,053						8,053	38,334			(5)	(28,044)	33	
3.	Term																
4.	Indexed																
5.	Universal														716	23	1,228,864
6.	Universal with secondary guarantees Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life			8,053						8,053	38,334			(5)	(27,328)	56	1,571,180
Group	Life	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,						,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(5)	(1,1=1)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12.	Whole																
13.	Term																
14.	Universal																
15. 16.	Variable Variable universal																
17.	Credit																(a)
18.	Other																(4)
19.	Total Group Life																
	ual Annuities																
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23. 24.	Variable without guarantees Life contingent payout																
25.	Other																
26.	Total Individual Annuities				***************************************								***************************************				
	Annuities																
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31. 32.	Life contingent payoutOther																
33.											***************************************						
	Total Group Annuitiesnt and Health																
34.	Comprehensive individual ^(d)	xxx	XXX	XXX	XXX	xxx	xxx	xxx	xxx	XXX	xxx						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. 37.	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. 39.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41.	Title XVIII Medicale	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			8,053		l				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 \$

Supp206.OK

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC COI	npany Code: 86	371
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individua													
1. 2. 3.	Industrial Whole Term												
4. 5. 6.	Indexed Universal Universal with secondary guarantees	2,768											
7. 8. 9.	Variable Variable universal Credit												
10.	Other												
11.	Total Individual Life	2,768											
Group Lif 12. 13.	e Whole Term												
14. 15. 16.	Universal. Variable Variable universal												
17. 18. 19.	Credit Other Total Group Life												
	Annuities												
20. 21.	Fixed Indexed												
22. 23. 24.	Variable with guarantees Variable without guarantees Life contingent payout												
25. 26. Group A n	Other												
27. 28.	Fixed Indexed												
29. 30. 31.	Variable with guarantees Variable without guarantees Life contingent payout												
32. 33. Accident	Other										-		
34. 35.	Comprehensive individual ^(d) Comprehensive group ^(d) Medicare Supplement ^(d)								XXX XXX XXX	XXXXXXXXX	XXX XXX XXX		
36. 37. 38.	Vision only ^(d)								XXX	XXX	XXX		
39. 40. 41.	Federal Employees Health Benefits Plan ^(d)	(e)							XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
42. 43. 44.	Credit A&H Disability income ^(d) Long-term care ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
45. 46.	Other health ^(d)								XXX	XXX	XXX		
47.	Total	2,768 (c)											

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2024

				Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year	1	23	24	25	26	27	28
	Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
4. Indexed																
5. Universal																120,086
Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
11. Total Individual Life																120,086
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit 18. Other																(a)
19. Total Group Life																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without 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																
33. Total Group Annuities																
Accident and Health	VVVV	xxx	VVV	NAM.	VVV	VVV	VVV	WWW.	xxx	VVVV						
Comprehensive individual ^(d)	XXXXXX	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						
39. Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d) 41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total															3	120,086
rotal					1	1			1		1					120,000

⁽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 \$

Supp206.OR

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2024

8 6 3 7 1 2 0 2 4 2 0 6 3 8 1 0 0

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC Con	npany Code: 86	3/1
		1	2			Policyholders/Refunds					Claims and Benefits Pai		
				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 through 11)
Individua		Considerations	Other considerations	Берозіі	Renewal i reilliallis	i enou	Other	Total (Col. 3141310)	Delients	Watarea Endowments	Contracts	All Other beliefits	tillough 11)
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 Lif	e												
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
16.	Variable universal												
17. 18.	CreditOther												
18. 19.	Total Group Life												<u></u>
	Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group An													
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. 36.	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												

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2024

				Direct Death Bene		wments Incurred a							Policy	/ Exhibit		
	13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year	1	23	24	25	26	27	28
	Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																72,000
3. Term																
4. Indexed	-														0	669,180
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																741,180
Group Life																
12. Whole																
13. Term																
14. Universal																
16. Variable universal																
17. Credit																(a)
18. Other																(α)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
Variable with guarantees Variable without guarantees Life contingent payout Other																
26. Total Individual Annuities																
Group Annuities 27. Fixed																
27. Fixed																
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) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(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		1	1			
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
						ΑΛΛ										
47. Total																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 \$

Supp206.PA

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

... 31,393 (c)

NAIC Company Code: 86371

. 9,039

. 9,039

	NAIC Group Code: 4918											npany Code: 86	
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
				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 Colum through 11)
Individual													
1	Industrial												
2	Whole	3,782									2,782		2
	Term	-,,,									7		
	Indexed												
	Universal	27,612											
	Universal with secondary guarantees										,,		
	Variable												
	Variable universal												
	Credit												
	Other												
11.	Total Individual Life	31,393									9,039		9,
Group Life											5,005		
	Whole												
	Term												
	Universal												
	Variable												
	Variable universal												
	Credit												
	Other												
	Total Group Life												
	Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
23.	Variable without guarantees												
	Life contingent payout												
	Other												
26.	Total Individual Annuities												
Group An	nuities												
	Fixed												
28.	Indexed												
29.	Variable with guarantees												
30.	Variable without guarantees												
31.	Life contingent payout												
32.	Other												
33.	Total Group Annuities												
	and Health												1
	Comprehensive individual ^(d)								XXX	xxx	xxx		
	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
	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		
	Title XIX Medicaid ^(d)	(e)							XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
	Other health ^(d)								XXX	XXX	XXX		
	Total Accident and Health								XXX	XXX	XXX		
1 0.	TOTAL ACCIDENT AND FICALLII	01 000 (-)							Αλλ				

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

					Direct Death Benef					701111110				Policy	Exhibit		
		13					uring Current Year				22	Issued D	uring Year			In Force December	31, Current Year (b)
			Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
	Line of Business	Incurred During Current Year	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	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual		Current real	FUIS/ CELLS	Alliount	Fois/Certs	Amount	FUIS/CEITS	Airiount	Fois/Certs	Amount	Current real	Fois/Certs	Amount	Fuis/Certs	Amount	FUIS/CELLS	Airiount
	idustrial																
	/hole													(1)	(5,000)	12	97,363
3. Te	erm																
	dexed																
	niversal													(3)	(89,934)	50	2,247,699
	niversal with secondary guarantees																
	ariable																
	ariable universalredit																
	ther																
														(4)	(0.1.00.1)	40	
	otal Individual Life													(4)	(94,934)	62	2,345,062
Group Life 12. W	! /hole																
	erm																
	niversal																
	ariable																
	ariable universal																
	redit																(a)
18. O	ther																
19. To	otal Group Life																
Individual																	
	ixed																
	idexed																
22. Va	ariable with guarantees																
23. Va	ariable without guarantees																
24. Li	fe contingent payout																
	ther																
26. To	otal Individual Annuities																
Group Ann	uities																
27. Fi	ixed																
	idexed																
29. Va	ariable with guarantees																
30. Va	ariable without guarantees																
31. Li 32. O	ife contingent payoutther																
	otal Group Annuities																
Accident a 34. Co		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx						
34. Co	omprehensive individual ^(d) omprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36 M	ledicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. De	ental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ederal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Ti	itle XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Ti	itle XIX Medicaid ^(d)	XXX		XXX	XXX	XXX	XXX	XXX			XXX						
	redit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	isability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Lo	ong-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ther health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. To	otal													(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

Supp206.RI

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

	NAIC Group Code: 4918										NAIC CON	npany Code: 86	3/1
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
		Premiums and		3	4	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or	6	7	8	9	10 Surrender Values and	11	12
	Line of Business	Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns through 11)
Individua													
1.	Industrial												
2.	Whole	586											
3.	Term												
4.	Indexed Universal	3,207											
5. 6	Universal with secondary guarantees	3,207 ·											
7.	Variable												
8.	Variable universal												
9.	Credit												
10.	Other												
11.	Total Individual Life	3,793											
Group Lif													
12. 13.	Whole												
14.	Universal												
15.	Variable												
16.	Variable universal												
17.	Credit												
18.	Other												
19.	Total Group Life												
	Annuities												
20.	Fixed										110		11
21. 22.	IndexedVariable with guarantees												
23.	Variable without guarantees												
24.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities										110		11
Group An	nuities												
27.	Fixed										22,580		22,58
28.	Indexed												
29. 30.	Variable with guarantees												
31.	Life contingent payout												
32.	Other												
33.	Total Group Annuities										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. 38.	Vision only ^(d) Dental only ^(d)								XXX	XXX	XXX		
38.	Federal Employees Health Benefits Plan ^(d)						• • • • • • • • • • • • • • • • • • • •		XXX	XXX	XXX		
40.	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41.	Title XIX Medicaid ^(d)	(0)							XXX	XXX	XXX		
42.	Credit A&H								XXX	XXX	XXX		
43.	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health	0.700 ()							XXX	XXX	XXX		
47.	Total	3,793 (c)									22,690		22,6

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

				Direct Death Bene		wments Incurred a							Policy	/ Exhibit		
	13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year	1	23	24	25	26	27	28
	Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																10,000
3. Term																
4. Indexed																535,550
6. Universal with secondary guarantees																333,030
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 15.																
16. Variable universal																
17. Credit																(a)
18. Other																(α)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
Variable with guarantees Variable without guarantees Life contingent payout Other																
26. Total Individual Annuities																
Group Annuities 27. Fixed																
27. Fixed																
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) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
 Federal Employees Health Benefits Plan^(d) 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(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		1				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
						ΑΛΛ										
47. Total																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 \$

Supp206.SC

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

8 6 3 7 1 2 0 2 4 2 0

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC Con	npany Code: 86	3/1
	1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Paid	d	
	Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
Jt t J.	Line of Business Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
idividu	ual Life											
•	Industrial											
	Whole											
	Term											
	Indexed Universal											
	Universal with secondary guarantees.											
	Variable Variable											
	Variable universal											
	Credit											
0.	Other											
1.	Total Individual Life											
Group L 2.	Whole											
2. 3.	Term											
3. 4.	Universal											
4. 5.	Variable											
5. 6.	Variable universal											
o. 7.												
	Credit											
8. 9.	Other Total Group Life											
	•											
	ual Annuities											
0.	Fixed											
1. 2.	Indexed											
	Variable with guarantees.											
3.	Variable without guarantees				ON	• • • • • • • • • • • • • • • • • • • •						
4. 5.	Life contingent payout											
	Other											
6.	Total Individual Annuities											
	Annuities											
27.	Fixed											
18.	Indexed											
9.	Variable with guarantees											
0.	Variable without guarantees											
1. 2.	Life contingent payout.											
32. 33.	Other											
	Total Group Annuities											
	nt and Health											
34.	Comprehensive individual ^(d)							XXX	XXX	XXX		
35.	Comprehensive group ^(d)							XXX	XXX	XXX		
36.	Medicare Supplement ^(d)							XXX	XXX	XXX		
37.	Vision only(d)							XXX	XXX	XXX		
88. 89.	Dental only(d)							XXX	XXX			
	Federal Employees Health Benefits Plan ^(d)	(4)						XXX	XXX	XXX		
IO. I1.	Title XVIII Medicare ^(d)	(e)						XXX	XXX	XXX		
	Title XIX Medicaid ^(d)							XXX	XXX	XXX		
2.	Credit A&H							XXX	XXX	XXX		
3. 4.	Disability income ^(d)							XXX	XXX			
	Long-term care ^(d)							XXX	XXX	XXX		
15.	Other health ^(d)							XXX	XXX	XXX		
46.	Total Accident and Health							XXX	XXX	XXX		
47.	Total	(c)	1	1	I .	i .	1	1	1	1		1

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

	1			Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
5. Universal																
Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
Group Life																
12. Whole																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout							V									
25. Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
30. Variable with 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						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
								ΑΛΑ								
47. Total																

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

Supp206.TN

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024

8 6 3 7 1 2 0 2 4 2 0 6 4 3 1 0 0

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

		1	1 0		Divide - 4- 4-	Deliauhaldara/Def:d-	to Manchaus		I		Olaima and Danafé - Dali	1	
		T	2	3	Dividends to 4	Policyholders/Refunds 5	to Members 6	7	8	9	Claims and Benefits Paid 10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit		Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	0 Other	, Total (Col. 3+4+5+6)	Benefits	y Matured Endowments	Surrender Values and Withdrawals for Life Contracts	II All Other Benefits	Total (Sum Columns through 11)
Individua		Considerations	Other considerations	Берозіт	Renewal Freinfalls	1 eriod	Other	Total (COI. 3141310)	Deficito	Watarea Endowments	Contracts	All Other Belletits	tillough 11)
1.	Industrial												
2.	Whole												
3.	Term												
4.	Indexed												
5.	Universal	168											
б.	Universal with secondary guarantees												
7.	Variable												
8.	Variable universal												
9.	Credit												
	Other												
11.	Total Individual Life	168											
Group Lif													
12.	Whole												
13. 14.	Term Universal												
	Variable												
15. 16.	Variable universal												
10. 17.	Credit												
18.	Other												
19.	Total Group Life												
	Il Annuities												
20.	Fixed												
21.	Indexed												
22.	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other												
26.	Total Individual Annuities												
Group An													
27.	Fixed												
28.	Indexed												
	Variable with guarantees												
	Variable without guarantees												
31.	Life contingent payout												
	Other												
33.	Total Group Annuities												
	and Health												
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Comprehensive group ^(d)								XXX	XXX	XXX		
36.	Medicare Supplement ^(d)								XXX	XXX	XXX		
37. 38.	Vision only ^(d) Dental only ^(d)								XXX	XXX	XXX		
38. 39.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e))						XXX	XXX	XXX		
	Title XXIII Medicare	(e)	9						XXX	XXX	XXX		
41. 42.	Credit A&H								XXX	XXX	XXX		
42. 43.	Disability income ^(d)							• • • • • • • • • • • • • • • • • • • •	XXX	XXX	XXX		
	Long-term care ^(d)								XXX	XXX	XXX		
45.	Other health ^(d)								XXX	XXX	XXX		
46.	Total Accident and Health								XXX	XXX	XXX		
		168 (c)											

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024

	1			Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year				22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	/ Compromise	Amount	Rejected	Total Settled Du	ring Current Year	1	23	24	25	26	27	28
	Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed															1	50,000
6. Universal with secondary guarantees																00,000
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																50,000
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																
Variable with guarantees Variable without guarantees																
24. Life contingent payout																
Variable with guarantees Variable without guarantees Life contingent payout Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
33. Total Group Annuities																
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) 37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
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						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total															1	50,000
																,-50

⁽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

Supp206.TX

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC COI	npany Code: 86	071
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individual													
2. 3.	Industrial Whole Term	4,877											
5. 6.	Indexed Universal Universal with secondary guarantees	11,799											
8. 9.	Variable												
	Other												
	Total Individual Life	16,675											
13.	Whole												
15.	Universal Variable Variable universal												
17. 18.	Credit Other Total Group Life												
	Annuities												
20. 21.	Fixed Indexed Variable with guarantees												
23. 24.	Variable without guarantees												
	Other												
Group And 27.	Total Individual Annuities nuities Fixed												
29.	Indexed												
31. 32.	Life contingent payout Other Total Group Annuities												
	and Health												
34. 35.	Comprehensive individual ^(d)								XXX	xxxxxx	XXX		
36. 37. 38.	Medicare Supplement ^(d) Vision only ^(d) Dental only ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d) Title XIX Medicaid ^(d)	(e)							XXX XXX XXX	XXX XXX	XXX XXX XXX		
42. 43.	Credit A&H								XXX	XXX	XXX		
	Long-term care ^(d) Other health ^(d) Total Accident and Health								XXX XXX	XXX XXX XXX	XXX XXX		
47.	Total	16,675 (c)											

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024

The content of the	27 28 Number of
Total Paid Reduction by Compromise Amount Rejected Total Settled During Current Year Line of Business Incurred During Current Year Pols/Certs Amount Number of Pols/Certs Amount Pols/Certs Amo	27 28 Number of Pols/Certs Amount 13 143,96:
14	Number of Pols/Certs Amount 13 143,96
Line of Business	nt Pols/Certs Amount 13
Industrial	
2. Whole	
3. Term	
Indexed Inde	
5. Universal 6. Universal with secondary guarantees 7. Variable 8. Variable universal 9. Credit 9. Cre	16 798,87
7. Variable 8. Variable universal 9. Credit 9.	
8. Variable universal 9. Credit	
Q Credit Credit Credit Credit Credit	
Total Individual Life	
Group Life 12. Whole 13. Term 14. Universal 15. Variable 16. Variable universal 17. Credit 18. Other 19. Total Group Life 19. Total Group Life 19. Individual Annuities 19. Individual Ann	
12. Whole	
13. Term	
14. Universal	
16. Variable universal	
17. Credit	
18. Other 19. Total Group Life Individual Annuities	
19. Total Group Life Individual Annuities	(;
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 X	
2-4	
36. Medicare Supplement ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
37. Vision only ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
38. Dental only ^{d)} XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
39. Federal Employees Health Benefits Plan ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
40. Title XVIII Medicare ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
141 THE ATM WELLCHU	
43. Disability income ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
44. Long-term care ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
45. Other health ^(d) XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
46. Total Accident and Health XXX XXX XXX XXX XXX XXX XXX XXX XXX X	
47. Total	

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

Supp206.UT

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC Con	npany Code: 863	3/1
		1	2			o Policyholders/Refunds	to Members				Claims and Benefits Pai		
		Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
	Line of Business	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
ndividu	al Life												
	Industrial												
<u>′.</u> 3.	WholeTerm												
	Indexed												
	Universal	60	in										
	Universal with secondary guarantees												
	Variable												
	Variable universal												
).).	Credit												
0.	Other												
11.	Total Individual Life	60	in										
Group L													
12.	Whole												
13.	Term												
14.	Universal												
15.	Variable												
6.	Variable universal												
7.	Credit												
18.	Other												
19.	Total Group Life												
ndividu	al Annuities												
20.	Fixed												
1.	Indexed												
2.	Variable with guarantees												
3.	Variable without guarantees												
4.	Life contingent payout												
25.	Other												
26.	Total Individual Annuities												
Group A	nnuities												
27.	Fixed												
28.	Indexed												
9.	Variable with guarantees												
0.	Variable without guarantees												
1.	Life contingent payout												
32.	Other												
3.	Total Group Annuities												
	t and Health												
4.	Comprehensive individual ^(d)								XXX	XXX	XXX		
5.	Comprehensive group ^(d)								XXX	XXX	XXX		
6.	Medicare Supplement ^(d)								XXX	XXX	XXX		
7.	Vision only ^(d)								XXX	XXX	XXX		
8.	Dental only ^(d)								XXX	XXX	XXX		
9.	Federal Employees Health Benefits Plan ^(d)		(-)						XXX	XXX	XXX		
0.	Title XVIII Medicare ^(d)		(e)						XXX	XXX	XXX		
1.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
2.	Credit A&H								XXX	XXX	XXX		
3.	Disability income ^(d)								XXX	XXX	XXX		
4.	Long-term care ^(d)								XXX	XXX	XXX		
l5.	Other health ^(d)								XXX	XXX	XXX		
46. 47.	Total Accident and Health								XXX	XXX	XXX		
47	Total	600 (c)I	.1								l	.1

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024

		1			Direct Do-th D-			. (SIAIL		01111110		1		D-P	, Evhibit		1
		13	1		Direct Death Benet		uring Current Year		IS .		22	Januard D	uring Voor		to In Force (Net)	In Force December	31, Current Year (b)
		13	Totals	s Paid	Dodustion by	Compromise		Rejected	Total Cattlad Du	ring Current Year	- 22	23	uring Year 24	25	26	27	28
			14	15	16	17	18	•	20	21		23	24	25	20	27	20
Lin	e of Business	Incurred During Current Year			Number of		Number of Pols/Certs	19 Amount	Number of Pols/Certs		Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life	e or business	Current Year	Pois/Certs	Amount	Pols/Certs	Amount	Pois/Certs	AIIIOUIII	Pois/Certs	Amount	Current real	Pois/Certs	Amount	Pois/Certs	Amount	Pois/Certs	Alliount
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	25,000
Universal with secon Variable	dary guarantees																
Variable universal Credit																	
9. Credit																	
11. Total Individual Life																	25,000
Group Life 12. Whole																	
12. Whole																	
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 guaran																	
23. Variable without gua																	
24. Life contingent payor 25. Other	ит																
26. Total Individual Annu	ities																
Group Annuities																	
27. Fixed																	
29. Variable with guaran	tees																
30. Variable without gua																	
31. Life contingent payor																	
32. Other																	
33. Total Group Annuitie	s																
Accident and Health																	
Comprehensive indiv		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
Comprehensive grou		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplemen 37. Vision only ^(d)	nt ^(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)	lealth Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4				
41. Title XIX Medicaid ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and H	ealth	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 \$

Supp206.VA

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918											npany Code: 863	
		1	2			Policyholders/Refunds					Claims and Benefits Pai		
				3	4	5 Applied to Provide Paid-Up Additions or Shorten the	6	7	8	9	10	11	12
	Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns through 11)
Individua													
1. 2.	Industrial Whole Term												
4. 5.	Indexed Universal	11,612							25,000		4,064		29,064
6. 7.	Universal with secondary guarantees. Variable										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8. 9.	Variable universal Credit												
10.	Other	44.640							07.000				00.00
11. Group Lit	Total Individual Life	11,612							25,000		4,064		29,064
12. 13.	Whole Term												
14. 15.	Universal												
16. 17.	Variable universal Credit												
18. 19.	Other Total Group Life												
	Il Annuities												
20.	Fixed												
21. 22.	IndexedVariable with guarantees.												
23.	Variable with guarantees Variable without guarantees												
24. 25.	Life contingent payout												
26.	Total Individual Annuities												
Group Ar 27.	Fixed												
28. 29.	Variable with guarantees.												
30. 31. 32.	Variable without guarantees Life contingent payout. Other												-
33.	Total Group Annuities												
34.	and Health Comprehensive individual ^(d)								xxx	XXX	XXX		
35. 36. 37.	Comprehensive group ^(d) Medicare Supplement ^(d)								XXX	XXX	XXX		
38.	Vision only ^(d)								XXX	XXX	XXX		
39. 40. 41.	Federal Employees Health Benefits Plan ^(d)	(e)							XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		-
42. 43.	Credit A&H								XXX	XXX	XXX		
44. 45.	Long-term care ^(d)								XXX	XXX	XXX		
46. 47.	Total Accident and Health	11,612 (c)							XXX 25,000	XXX	XXX 4,064		29,06
T /.	10141	11,012 (6)							23,000		4,004		

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2024

			D	irect Death Benef		wments Incurred a							Policy	Exhibit		
	13					uring Current Year	•			22	Issued Di	ıring Year			In Force December	31, Current Year (b)
	·	Totals Paid		Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
Line of Business	Incurred During Current Year		15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 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																10,000
3. Term																
5. Universal	25,000		25,000						25,000				(2)	(48,500)	16	719,455
6. Universal with secondary guarantees	20,000		20,000						20,000				(2)	(40,000)	10	715,400
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)
19. Total Group Life																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
26. Total Individual Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual ^(d)	xxx	XXX	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total	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 \$

Supp206.WA

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918									NAIC COI	npany Code: 86	571	
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
				3	4	5 Applied to Provide Paid-Up Additions or	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	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 through 11)
Individua													
1. 2. 3.	Industrial	1,159											
4. 5. 6.	Indexed Universal Universal with secondary guarantees	2,676											
7. 8. 9.	Variable Variable universal Credit												
10.	Other												
11.	Total Individual Life	3,834											
Group Lif 12. 13.	e Whole Term												
14. 15. 16.	Universal. Variable Variable universal												
17. 18. 19.	Credit. Other Total Group Life												
	Annuities												
20. 21.	Fixed Indexed												
22. 23. 24.	Variable with guarantees Variable without guarantees Life contingent payout												
25. 26.	Other												
Group An 27. 28.	nuities Fixed												
29. 30. 31.	Variable with guarantees												
32. 33.	Life contingent payout												
34. 35.	and Health Comprehensive individual ^(d) Comprehensive group ^(d)								XXX	XXX	XXX		
36. 37. 38.	Medicare Supplement ^(d) Vision only ^(d) Dental only ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
39. 40.	Federal Employees Health Benefits Plan ^(d)	(e)							XXX	XXX	XXX		
41. 42. 43.	Title XIX Medicaid ^(d) Credit A&H Disability income ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
44. 45. 46.	Long-term care ^(d) Other health ^(d) Total Accident and Health								XXX XXX XXX	XXXXXXXXX	XXX XXX XXX		
46.	Total Accident and Health.									XXX			

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2024

		1			Direct Death Benef		wments Insurred a				,	I		Doliny	Exhibit		
		13	1		Direct Death Bellet		uring Current Year		5		22	Issued Di	uring Year		to In Force (Net)	In Force December	31 Current Vear (h)
		13	Totals	Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year	22	23	24	25	26	27	28
			14	15	16	17	18	19	20	21		25	24	25	20	27	20
	Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individua																	
	Industrial																
	Whole Term																
	Indexed																
	Universal															4	374,000
	Universal with secondary guarantees																
	Variable																
	Variable universal Credit																
	Other																
II.	Total Individual Life															1	
Group Li																4	374,000
	Whole																
13.	Term																
	Universal																
	Variable																
	Variable universal Credit																(a)
	Other																(a)
II.	Total Group Life																
	l Annuities																
	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24. 25.	Life contingent payout																
	Total Individual Annuities																
Group A																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31. 32.	Life contingent payout																
	Total Group Annuities																
	and Health																
	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						
	Medicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. 39.	Dental only ^(d) Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	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						
	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Long-term care ^(d) Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	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 \$

Supp206.WV

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

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918											npany Code: 863	
		1	2			Policyholders/Refunds	to Members				Claims and Benefits Pai		
		Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
	Line of Business	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
ndividua													
	Industrial												
<u>′.</u> 3.	Whole Term												
	Indexed												
•	Universal	24	۵										
	Universal with secondary guarantees	24	0										
•	Variable												
	Variable universal												
	Credit												
0.	Other												
1.	Total Individual Life	24	6										
roup Lif		Z41	0										
2.	Whole												
3.	Term												
4.	Universal												
5.	Variable												
6.	Variable universal												
7.	Credit												
8.	Other												
9.	Total Group Life												
	Il Annuities												
0.	Fixed												
1.	Indexed												
2.	Variable with guarantees												
3.	Variable without guarantees												
4.	Life contingent payout												
5.	Other												
6.	Total Individual Annuities												
	nuities												
7.	Fixed												
8.	Indexed												
9.	Variable with guarantees												
0.	Variable without guarantees												
1.	Life contingent payout												
2.	Other												
3.	Total Group Annuities												
ccident	and Health												
4.	Comprehensive individual ^(d)								XXX	XXX	XXX		
5.	Comprehensive group ^(d)								XXX	XXX	XXX		
6.	Medicare Supplement ^(d)								XXX	XXX	XXX		
7.	Vision only ^(d)								XXX	XXX	XXX		
3.	Dental only ^(d)								XXX	XXX	XXX		
9.	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
) .	Title XVIII Medicare ^(d)	(e)						XXX	XXX	XXX		
1.	Title XIX Medicaid ^(d)								XXX	XXX	XXX		
2.	Credit A&H								XXX	XXX	XXX		
3.	Disability income ^(d)								XXX	XXX	XXX		
4.	Long-term care ^(d)								XXX	XXX	XXX		
5.	Other health ^(d)								XXX	XXX	XXX		
16.	Total Accident and Health								XXX	XXX	XXX		
17.													

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

				Direct Death Bene				ts					Policy	/ Exhibit		
	13					uring Current Year				22	Issued D	uring Year	Other Changes	to In Force (Net)	In Force December	r 31, Current Year (b)
		Total	ls Paid	Reduction by	y Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
Line of Business	Incurred During Current Year	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	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																
B. Term																
l. Indexed																
. Universal . Universal with secondary guarantees																
. Variable																
. Variable universal																
). Credit																
0. Other																
Total Individual Life																
Group Life																
2. Whole																
13. Term																
14. Universal																
15. Variable																
6. Variable universal																
7. Credit																
18. Other																
19. Total Group Life																
ndividual Annuities																
20. Fixed																
2. Variable with guarantees																
23. Variable with guarantees23.																
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	XXX						
36. Medicare Supplement ^(d) 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						
9. Federal Employees Health Benefits Plan ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
0. Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
1. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
12. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX						
14. Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

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

Supp206.WI

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC Cor	npany Code: 86	3/1
		1	2			Policyholders/Refunds					Claims and Benefits Pai		
				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 through 11)
Individual		Considerations	Other considerations	Берозіі	Renewal Freinianis	i enou	Other	Total (Col. 3141310)	Delients	Watured Endowments	Contracts	All Other Benefits	tillough 11)
	Industrial												
	Whole	2,400											
3.	Term												
4.	Indexed												
	Universal	5,090											
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
	Other												
	Total Individual Life	7,490											
Group Life) Whole							1					
	Whole												
	Universal.												
	Variable												
	Variable universal												
	Credit												
	Other												
	Total Group Life												
Individual													
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
24.	Life contingent payout												
	Other												
	Total Individual Annuities												
Group Ann	nuities												
	Fixed												
	Indexed												
29.	Variable with guarantees												
	Variable without guarantees												
31.	Life contingent payout												
	Other Total Group Annuities												
	•												
	and Health							1	xxx	xxx	XXX		
34.	Comprehensive individual ^(d)								XXX	XXX	XXX		
	Medicare Supplement ^(d)								XXX	XXX	XXX		
37.	Vision only ^(d)					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•	XXX	XXX	XXX		
	Dental only ^(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan ^(d)								XXX	XXX	XXX		
	Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
	Title XIX Medicaid ^(d)	(0)							XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income ^(d)								XXX	XXX	XXX		
44.	Long-term care ^(d)								XXX	XXX	XXX		
	Other health ^(d)								XXX	XXX	XXX		
	Total Accident and Health								XXX	XXX	XXX		
	Total	7,490 (c)											
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1			-1	1	

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024

		ı			Direct Death Benef				s AGE) (G		,	ı		Policy	Exhibit		
		13	1	<u>'</u>	Direct Death Benef	Claims Settled Du					22	Issued D	uring Year		to In Force (Net)	In Force December	31. Current Year (b)
			Total	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
	Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individu																	
1.	Industrial																
3.	Whole																
4.	Indexed																
5.	Universal															12	432,855
6.	Universal with secondary guaranteesVariable																
8	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life															12	432,855
Group L	ife																
12.	Whole																
13. 14.	Term Universal																
15.	Variable																
16.	Variable universal																
17.	Credit																(a)
18.	Other																
19.	Total Group Life																
	al Annuities																
20.	Fixed																
21. 22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group A	nnuities																
27. 28.	Fixed Indexed																
29.	Variable with guarantees					***************************************											
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
34.	t and Health Comprehensive individual ^(d)	xxx	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx						
35.	Comprehensive group ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36.	Medicare Supplement ^(d)	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX						
37.	Vision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38.	Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			••			
41.	Title XVIII Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43.	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44.	Long-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45.	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47.	Total																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 \$

Supp206.WY

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 4918

NAIC Group Code: 4918									NAIC COI	npany Code: 863	<i>)</i> / 1	
	1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai		
	Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns
Line of Business	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
idual Life												
Industrial												
Whole												
Term												
Indexed	720											
Universal Universal with secondary guarantees												
Variable												
Variable universal												
Credit												
Other												
Total Individual Life	720											
oup Life												
. Whole												
. Term												
. Universal												
. Variable												
. Variable universal												
t. Other												
dividual Annuities	•											
l. Fixed												
. Indexed												
. Variable with guarantees												
3. Variable without guarantees I. Life contingent payout												
. Life contingent payout												
. Other												
. Total Individual Annuities												
oup Annuities												
7. Fixed												
Indexed												
). Variable with guarantees). Variable without guarantees												
Life contingent payout												
2. Other												
3. Total Group Annuities												-
ccident and Health												1
4. Comprehensive individual ^(d)								XXX	XXX	XXX		
5. Comprehensive group ^(d)								XXX	XXX	XXX		
. Medicare Supplement ^(d)								XXX	XXX	XXX		
. Vision only ^(d)								XXX	XXX	XXX		
Dental only(d)								XXX	XXX	XXX		
D. Federal Employees Health Benefits Plan ^(d) D. Title XVIII Medicare ^(d)								XXX	XXX	XXX		
	(e)							XXX	XXX	XXX		
I. Title XIX Medicaid ^(d) 2. Credit A&H								XXX	XXX	XXX		
L. Disability income ^(d)								XXX	XXX	XXX		
4. Long-term care ^(d)								XXX	XXX	XXX		
5. Other health ^(d)								XXX	XXX	XXX		
6. Total Accident and Health								XXX	XXX	XXX		
7. Total	720 (c)											+

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2024

				Direct Death Bene		wments Incurred a							Policy	Exhibit		
	13					uring Current Year		-		22	Issued D	uring Year		to In Force (Net)	In Force December	31, Current Year (b)
		Totals	s Paid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed	-															
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	-															
16. Variable universal																
17. Credit																(a)
18. Other																(4)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees								\								
23. Variable without guarantees						· ····		·								
24. Life contingent payout							V V J	····								
26. Total Individual Annuities																
Group Annuities 27. Fixed																
27. Fixed																
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) 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						
38. Dental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1			
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

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

Supp206.GT

GRAND TOTAL DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code: 4918

	NAIC Group Code: 4918										NAIC Con	npany Code: 863	71
		1	2		Dividends to	Policyholders/Refunds	to Members				Claims and Benefits Pai	d	
		Premiums and Annuities		3 Paid in Cash or Left on	4 Applied to Pay	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying	6	7	8 Death and Annuity	9	10 Surrender Values and Withdrawals for Life	11	12 Total (Sum Columns 8
	Line of Business	Considerations	Other Considerations	Deposit	Renewal Premiums	Period	Other	Total (Col. 3+4+5+6)	Benefits	Matured Endowments	Contracts	All Other Benefits	through 11)
Individua	Industrial												
2. 3.	Whole								54,564		31,850		
4. 5.	Indexed Universal	282,437							478,193		31,537		
6. 7.	Universal with secondary guarantees Variable												
8. 9. 10.	Variable universal												
11.	Total Individual Life								532,757		63,387		596,144
Group Li 12.	Whole												
13. 14. 15.	Term Universal Variable												
16. 17.	Variable Variable universal Credit												
18. 19.	Other												
	al Annuities												
20. 21.	Fixed Indexed												
22. 23. 24.	Variable with guarantees Variable without guarantees Life contingent payout												
25. 26.	Other										110		
Group Ai 27.	Fixed												
28. 29. 30.	Indexed Variable with guarantees Variable without guarantees												
31. 32.	Life contingent payout												
33.	Total Group Annuities												
	t and Health												1
34. 35.	Comprehensive individual ^(d)								XXX	XXX	XXX		
36. 37.	Medicare Supplement ^(d) Vision only ^(d) Dental only ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
38. 39. 40.	Federal Employees Health Benefits Plan ^(d) Title XVIII Medicare ^(d)	(e)							XXX	XXX	XXX		
41. 42.	Title XIX Medicaid ^(d) Credit A&H	(4)							XXX	XXX	XXX		
43. 44. 45.	Disability income ^(d) Long-term care ^(d) Other health ^(d)								XXX XXX XXX	XXX XXX XXX	XXX XXX XXX		
45. 46. 47.	Total Accident and Health	398,631 (c)							XXX XXX 532,757	XXX	XXX XXX XXX 97,473		630,230
4/.	IUldi								532,/5/				630,23

GRAND TOTAL DURING THE YEAR 2024

				1	Direct Death Benef					01111110	,			Policy	Exhibit		
		13		-			uring Current Year				22	Issued D	uring Year	Other Changes t		In Force December	31, Current Year (b)
			Totals	s Paid	Reduction by	Compromise		Rejected	Total Settled Du	ring Current Year		23	24	25	26	27	28
		Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of		Number of	
	Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual																	
	ndustrial	120,993		54,564						54,564	115,000			(10)	(156,299)	208	6,959,099
	Vhole erm	120,993								34,304	115,000			(12)	(150,299)	208	0,959,099
	ndexed											***************************************					
	Iniversal	356,764		478,193						478,193				(24)	(1,093,507)	433	25,091,931
	Iniversal with secondary guarantees																
	'ariable																
	'ariable universal																
	redit																
	ther																
	otal Individual Life	477,757		532,757						532,757	115,000			(36)	(1,249,806)	641	32,051,030
Group Lif	9																
	Vhole																
	erm																
	Iniversal 'ariable																
	ariable universal																
	redit																(a)
)ther																(-)
	otal Group Life																
Individual																	
	ïxed																
21. I	ndexed																
22. \	ariable with guarantees																
23. \	ariable without guarantees																
	ife contingent payout																
	ther																
	otal Individual Annuities																
Group An																	
	ïxed																
	ndexed 'ariable with guarantees																
	'ariable with guarantees'																
	ife contingent payout																
)ther																
33. 1	otal Group Annuities																
	and Health																
	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						
	Nedicare Supplement ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. \	'ision only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Pental only ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ederal Employees Health Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	itle XVIII Medicare ^(d) itle XIX Medicaid ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Disability income ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	ong-term care ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	Other health ^(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. 1	otal Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
	otal	477,757		532,757						532,757	115,000			(36)	(1,249,806)	C 41	22.051.020
4/.	Ulai	4//,/5/		532,/5/						1 532,/5/	1 115,000			[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