

LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020 OF THE CONDITION AND AFFAIRS OF THE

AMICA LIFE INSURANCE COMPANY

NAIC G			ode <u>72222</u> Employer's	ID Number	05-0340166
Organized under the Laws of	, ,	(Prior) Island	_, State of Domicile or Port of E	Entry	RI
Country of Domicile		United State	es of America		
Licensed as business type:	Li	fe, Accident and Health [X	Fraternal Benefit Societies []	
Incorporated/Organized	06/13/1968		Commenced Business		05/06/1970
Statutory Home Office	100 Amica (Street and N		_, (City o	Lincoln, RI, US or Town, State, C	02865-1156 ountry and Zip Code)
Main Administrative Office			nica Way		
1	incoln, RI, US 02865-1156	•	nd Number)	800-652	1-6422
	own, State, Country and Zip	Code)		(Area Code) (Tele	
Mail Address	P.O. Box 6008		,	Providence, RI, U	JS 02940-6008
	(Street and Number or P	.O. Box)			ountry and Zip Code)
Primary Location of Books and F	Records		mica Way		
	incoln, RI, US 02865-1156	(Street a	nd Number)	800-652	0.6422
	own, State, Country and Zip	Code)		(Area Code) (Tele	
Internet Website Address		www a	mica.com		
			11104.5011		
Statutory Statement Contact	David J	oseph Macedo (Name)			52-6422-24014 (Telephone Number)
	dmacedo@amica.com	()	_,	401-334	-2270
	(E-mail Address)			(FAX Nu	ımber)
		OFF	ICERS Senior Vice President,		
Chairman, President and	Dahad Author	DiMi-	Chief Financial Officer and		Laurana Dankara Lanina
Chief Executive Officer Senior Assistant Vice	Robert Anthor	y Dilviuccio	_ I reasurer _		James Parker Loring
President and Secretary	Suzanne Ell	en Casey	_ Actuary _		Woodrow Michael Crouch
		ОТ	HER		
Susan Fie Chung #, Senio			e, Vice President & Chief Life ctuary	Jennifer Ann M	orrison, Vice President & General Counsel
		Edmund Shallcross III, Se	nior Vice President & General	001111110111111111	<u> </u>
Andrew Thomas Mud	ra, vice President	IVI	anager		
Jeffrey Pai	ıl Aiken		OR TRUSTEES nice Avery		Debra Ann Canales
Patricia Walsh	Chadwick	Robert Ant	hony DiMuccio		Barry George Hittner
Michael Day Debra Mai			eith Machtley ulian Reaves	-	Peter Michael Marino Diane Desmarais Souza
	 ,				
State of	Rhode Island	SS:			
County of	Providence				
all of the herein described assestatement, together with related condition and affairs of the said in accordance with the NAIC Ar rules or regulations require difference respectively. Furthermore, the	its were the absolute proper exhibits, schedules and exploreporting entity as of the reporting statement Instructions ferences in reporting not re- scope of this attestation by the	y of the said reporting enti anations therein contained, orting period stated above, a and Accounting Practices a elated to accounting practi the described officers also in	ty, free and clear from any lier annexed or referred to, is a full and of its income and deductior ind Procedures manual except ces and procedures, accordin cludes the related correspond	ns or claims there I and true statemens therefrom for the to the extent that ing to the best of ling electronic filin	d that on the reporting period stated above, eon, except as herein stated, and that this int of all the assets and liabilities and of the ne period ended, and have been completed it (1) state law may differ; or, (2) that state their information, knowledge and belief, g with the NAIC, when required, that is an y various regulators in lieu of or in addition
Robert Anthony Dil Chairman, President and Chief			Ellen Casey President and Secretary	Senior \	James Parker Loring /ice President, Chief Financial Officer and Treasurer
Subscribed and sworn to before day of _		ary, 2021	a. Is this an original filli b. If no, 1. State the amendr 2. Date filed	ment number	
Ann Marie Octeau Notary Public June 8, 2022			3. Number of pages	ы ацаспед	



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2020

	O Code 0028 LIFE INSURANCE					
DIRECT DREMITIMS	1	Crodit Life (Group	3	4	5	
	Ordinary		Group	Industrial	Total	
		,	Group		196,52	
					13,50	
					10,00	
					210.02	
DIRECT DIVIDENDS TO	,					
POLICYHOLDERS/REFUNDS TO MEMBERS						
surance:						
, , , , , , , , , , , , , , , , , , , ,						
Applied to provide paid-up annuities						
Other						
Totals (Sum of Lines 7.1 to 7.3)						
Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	350,033				350,03	
Matured endowments						
Annuity benefits	43,349				43,34	
					1,99	
	395,375				395,37	
				+		
				<u> </u>		
Summary of Line 13 from overflow page				†		
Totals (Lines 1301 thru 1303 plus 1398) (Line 13						
	Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS surance: 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 Totals (Sum of Lines 6.1 to 6.4) ies: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals DETAILS OF WRITE-INS Summary of Line 13 from overflow page	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Life insurance	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Life insurance Annuity considerations 196,528 Annuity considerations 13,500 Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Surance: 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 Totals (Sum of Lines 6.1 to 6.4) ies: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Annuity benefits Annuity benefits and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health 1,993 Totals Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Life insurance 196, 528 Annuity considerations 13,500 Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS SURANCE: Paid in cash or left on deposit Applied to provide paid-up additions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) Diseise: Paid in cash or left on deposit Applied to provide paid-up anditions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) Diseise: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Annuity benefits Annuity benefits Annuity benefits Annuity benefits Angregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health 1, 993 Totals (Clines 1301 thru 1303 plus 1398) (Line 13	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Ordinary AND ANNUITY CONSIDERATIONS Driving and Individual) Life insurance 196,528 Annuity considerations 13,500 Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Surance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to pay renewal premiums Applied to provide paid-up anditions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) Ies: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Annuity benefits, except accident and health 1, 993 Totals DETAILS OF WRITE-INS Credit Life (Group and Individual) Group Industrial (A) 500 XXX XXX XXX XXX XXX XXX XXX	

		Ordinary	_	Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6 6	7	8	9	10
BENEFITS AND	'	2	No. of	7		O	,	O		10
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	1	250,033							1	250,033
17. Incurred during current year	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full	2	350,033							2	350,033
18.2 By payment on										
compromised claims	,									
18.3 Totals paid	2	350,033							2	350,033
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	350,033							2	350,033
19. Unpaid Dec. 31, current year (16+17-18.6)										
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior	000	74 400 000							000	74 400 000
year	229			(a)					229	74,198,000
21. Issued during year	21								21	7,550,000
22. Other changes to in force (Net)	(13)	(4,588,000)							(13)	(4,588,000)
23. In force December 31 of current year	237	77,160,000		(a)					237	77,160,000

ACCIDENT AND HEALTH INSURANCE

	•	ACCIDEIN AIND	IILALIII II100I	17-11-10-L		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2020

2. 3. 4.	Group Code 0028	LI	FE INSURANCE		NAIC Cor	npany Code 72222
2. 3. 4.	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
2. 3. 4.		42,036	,	Огоар		40.00
3. 4.		12,000				
4.	_ : :					
	a.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Totals (Sum of Lines 1 to 4)	42,036				42,03
	DIRECT DIVIDENDS TO	,				,
Life ins	POLICYHOLDERS/REFUNDS TO MEMBERS urance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuiti						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
_	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	[
	Annuity benefits					
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
	Totals DETAILS OF WRITE-INS					
1301.					-	
130∠. 1303						
1303.	Summary of Line 13 from overflow page				+	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
	Ordinary	Credit Life	(al) Group		ndustrial	Total

	С	Ordinary		Credit Life and Individual)		Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. &	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	No. of Pols. &	8	9 No. of Pols. &	10
16. Unpaid December 31, prior	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year	48	19 233 500		(a)					48	19,233,5
21. Issued during year	4	2.250.000		(ω)					4	2,250,0
22. Other changes to in force (Net)										600,0
23. In force December 31 of current year	52	22.083.500		(a)					52	22.083.5

 current year
 52
 22,083,500
 (a)
 52

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

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2020

IAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.		1,202,755		*		1,275,08	
2.	_ :	33,705				33,70	
3.							
4.						4 000 70	
5.	Totals (Sum of Lines 1 to 4)	1,236,460		72,326		1,308,78	
Life ir	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS assurance:						
6.1	Paid in cash or left on deposit						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
	Other						
Annui							
7.1							
	Applied to provide paid-up annuities						
7.3	Other						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					102,06	
10.	Matured endowments						
	Annuity benefits					130 , 10	
12.		281,936				281,93	
	•						
15.	Totals	514,110				514,11	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
	Summary of Line 13 from overflow page						

	-	Ordinary	_	Credit Life		Craun	1	ndustrial		Total
DIDECT DEATH				and Individual)		Group				
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS	No. of		Ind.Pols.		No. of		No. of		No. of	
INCURRED	Pols. & Certifs.	A 4	& Gr. Certifs.	A 4	Certifs.	A	Pols. &	A 4	Pols. &	A 4
_	Certiis.	Amount	Ceruis.	Amount	Certiis.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior	4	2 545							4	2 545
year		∠,343							1	2,545
17. Incurred during current year	2	125,000							2	125,000
Settled during current year:										
18.1 By payment in full	2	102,066							2	102,066
18.2 By payment on										
compromised claims										
18.3 Totals paid	2	102,066							2	102,066
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	102,066							2	102,066
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	25,479							1	25,479
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
vear	1,252	467,303,829		(a)		8,925,700			1,252	476,229,529
21. Issued during year	98	46,934,000							98	46,934,000
22. Other changes to in force									(40)	(10 170 101)
(Net)	(49)	(17,516,964)				1,337,500			(49)	(16, 179, 464)
23. In force December 31 of	4 004	100 700 005				10 000 000			4 004	500 004 005
current year	1,301	496,720,865		(a)		10,263,200			1,301	506,984,065

(8	a) Includes Individual Credit Life In	nsurance pri	ior year \$, current	year \$	 				
	Includes Group Credit Life Insu	rance Loans	s less than or ed	qual to 60 mon	iths at issue, prio	r year \$, CL	ırrent year \$	 	
	Loans greater than 60 months	at issue BU	T NOT GREATE	ER THAN 120	MONTHS, prior	year \$, CL	ırrent year \$	 	

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2020

NAIC	Group Code 0028		FE INSURANC	<u> </u>	NAIC Compa	any Code 72222
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	109,611				109,611
2.	Annuity considerations	7,000				7,000
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	116,611				116,611
	DIRECT DIVIDENDS TO					
	POLICYHOLDERS/REFUNDS TO MEMBERS					
Life ir	nsurance:					
	Paid in cash or left on deposit					
6.3	Applied to provide paid-up additions or shorten the					
l	endowment or premium-paying period					
6.4	Other					
Annu						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other					
	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
	and benefits paid					
	•					
15.	Totals					
	DETAILS OF WRITE-INS					
1301						
1302						
1303	·					
1398	Summary of Line 13 from overflow page					
1399	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
	above)					
		Credit Life				

		Ordinary	_	Credit Life and Individual)		Group	li li	ndustrial		Total
DIRECT DEATH	1	2 2	3	4	5	6 6	7	8	9	10
BENEFITS AND	•	_	No. of	·		ŭ		· ·		.0
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS INCURRED	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on										
compromised claims	,									
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior	110	48 336 805		(a)					110	48,336,895
year21. Issued during year	7	6 903 000		(a)					7	6,903,000
22 Other changes to in force									(0)	
(Net)	(9)	(2,521,988)							(9)	(2,527,988)
current year	117	52,711,907		(a)					117	52,711,907

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

ACCIDENT AND HEALTH INSURANCE

•	TOOIDEITI / IIID		U 11 10 E		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fee					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2020

NAIC Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
Life insurance		and individual)	156.448	iliuusiliai	6.076.44	
Annuity considerations	, ,		······· , p···		540.74	
Deposit-type contract funds						
Other considerations						
5. Totals (Sum of Lines 1 to 4)	6.460.746		156.448		6,617,19	
DIRECT DIVIDENDS TO	0,100,110		100,110		0,011,10	
POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:	3					
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits			25,000		2,592,51	
10. Matured endowments						
11. Annuity benefits					294,01	
Surrender values and withdrawals for life contracts					593,88	
Aggregate write-ins for miscellaneous direct claims and benefits paid						
All other benefits, except accident and health					35,04	
15. Totals	3,490,469		25,000		3,515,46	
DETAILS OF WRITE-INS						
1301						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						
		· · · · · · · · · · · · · · · · · · ·				

		S 12	_	Credit Life		0		1 4:1		T
		Ordinary		and Individual)		Group	_	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior	0	400 044				05 000			40	400 044
year	9	408,814			1	25,000			10	433,814
17. Incurred during current year	19	2,576,000							19	2,576,000
Settled during current year:										
18.1 By payment in full	22	2,567,519			1	25,000			23	2,592,519
18.2 By payment on						·				
compromised claims	,									
compromised claims		2.567.519			1	25.000			23	2.592.519
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	2,567,519			1	25,000			23	2,592,519
19. Unpaid Dec. 31, current										
year (16+17-18.6)	6	417,295							6	417,295
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	5,438	3,233,275,280		(a)		19,307,200			5,438	3,252,582,480
21. Issued during year	370	268,258,346							070	268,258,346
22. Other changes to in force	(206)	(150 001 604)				(270, 400)			(206)	(150, 100, 004)
(Net)	(306)	(152,901,634)				(2/8,400)			(306)	(153, 180, 034)
23. In force December 31 of	5,502	3,348,631,992		(a)		19,028,800			5,502	3,367,660,792
current year	5,302	0,040,001,332		(a)		19,020,000			3,302	5,507,000,792

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.		2,124,490		44 000		2,169,298	
2.		25.976		•		25.976	
3.	_ :						
4.							
5.	Totals (Sum of Lines 1 to 4)	2.150.466		44.808		2,195,274	
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS surance:						
-							
	Applied to pay renewal premiums						
6.4	Other						
6.5	T . 1 (0 (1) 0 4 (0 4)						
Annuit	ies:						
7.1	Paid in cash or left on deposit						
7.2							
7.3							
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	764,232				764,232	
		183,201				183,20	
		71,319				71,319	
15.	Totals	1,018,752				1,018,752	
1301.	DETAILS OF WRITE-INS						
1303.							
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	·	-	No. of	•	ľ	· ·	·	ŭ		
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	1	500,000							1	500,000
17. Incurred during current year	3	264,232							3	264,232
Settled during current year:										,
18.1 By payment in full	4	764.232							4	764.232
18.2 By payment on										
compromised claims	Δ	764 232							4	764,232
18.4 Reduction by compromise	t									
18.5 Amount rejected										
18.6 Total settlements	Λ	76/ 222							_	764.232
19. Unpaid Dec. 31, current		104,232							4	104,232
year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior										
year	2,356	1,057,624,280		(a)		5,529,700				
21. Issued during year	222	106, 170, 222							222	106, 170, 222
22. Other changes to in force (Net)						381,700				(50,626,324
23. In force December 31 of current year	2.423	1.112.786.478		(a)		5.911.400			2.423	1.118.697.87

 current year
 2,423
 1,112,786,478
 (a)
 5,911,400
 2,423
 1,1

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

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2020

	Group Code 0028	LI	FE INSURANCE			ny Code 72222
147410	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		8,356,647		268,932		8,625,579
2.	Annuity considerations					2,111,146
3.			XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	10,467,793		268,932		10,736,725
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
	surance:					
	Applied to pay renewal premiums					
6.3	endowment or premium-paying period					
6.5	Other					
Annu	,					
7.1						
7.1	Paid in cash or left on deposit					
7.3						
7.4	Other Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
0.	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7/12 201		266.500		1 000 901
10.	Matured endowments			, -		
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims					
14.	All other benefits, except accident and health	18,886				18,886
15.	Totals	2,304,425		266,500		2,570,925
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	· ·	_	No. of	'		· ·		Ü		10
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	4	136,503			1	25,000			5	161,503
year	17	2,036,589			7	241,500			24	2,278,089
Settled during current year:										
18.1 By payment in full	16	743.391			8	266.500			24	1,009,891
18.2 By payment on compromised claims										
18.3 Totals paid	16	743,391			8	266,500			24	1,009,891
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	743.391			8	266.500				1,009,891
19. Unpaid Dec. 31, current										
year (16+17-18.6)	5	1,429,701							5	1,429,701
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9 172	3 753 320 365		(a)		34,687,100			9 172	3,788,007,465
21. Issued during year	527	209 689 005		(a)		97,007,100			527	209,689,095
22 Other changes to in force										
(Net)	(556)	(169,231,066)				(1,579,300)			(556)	(170,810,366)
23. In force December 31 of current year	9.143	3.793.778.394		(a)		33.107.800			9.143	3.826.886.194

current year	0,110	0,100,110,001	(a)		00, 107,000			0,110	0,0
(a) Includes Individual Credit Life I	nsurance p	rior year \$, CL	rrent year \$					
Includes Group Credit Life Insu	rance Loar	ns less than or equal	to 60 months at issue	e, prior year \$, CI	urrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATER	THAN 120 MONTHS,	prior year \$, CI	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.		245,190	and individual)	4 005		246,28
2.		600				60
3.	_ :					
4.						
5.	Totals (Sum of Lines 1 to 4)	245,790		1.095		246,88
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance: Paid in cash or left on deposit	,				,
6.1	A 1: 1:					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1						
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,000				15,00
10.						
	Annuity benefits					28,11
12.		3,835				3,83
	and benefits paid					
	All other benefits, except accident and health					
15.	Totals	46,947				46,94
	DETAILS OF WRITE-INS					
1301						
1302						
1303						
	. Summary of Line 13 from overflow page					

	-	\!!	_	Credit Life		0				T-4-1
DIRECT DEATH	1	Ordinary 2	(Group	and Individual)	5	Group 6	7 T	ndustrial 8	9	Total 10
BENEFITS AND	'	2	No. of	4	3	U	,	0	9	10
MATURED ENDOWMENTS	No. of Pols. &		Ind.Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	15,000							1	15,000
Settled during current year:										
18.1 By payment in full	1	15,000							1	15,000
18.2 By payment on compromised claims	,									
18.3 Totals paid	1	15,000							1	15,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	15,000							1	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior					1 Olloics					
year	264	96,268,550		(a)		135 , 100			264	96,403,650
21. Issued during year	28	10,205,000							28	10,205,000
22. Other changes to in force (Net)						25,000			(9)	(3,453,000)
23. In force December 31 of current year	283	102,995,550		(a)		160,100			283	103,155,650

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

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	IFE INSURANCE		NAIC Compa	ny Code 72222
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		313,864				313,864
2.	Annuity considerations					
3.			XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	313,864				313,864
	DIRECT DIVIDENDS TO					
	POLICYHOLDERS/REFUNDS TO MEMBERS					
	nsurance:					
6.1						
6.3	. It has a second the					
	endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.						
12.	Surrender values and withdrawals for life contracts	1,860				1,860
13.						
١						
15.	Totals	1,860				1,860
	DETAILS OF WRITE-INS					
	·					
1302						
1303	·					
1398	. Summary of Line 13 from overflow page					
1399	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
	above)					
		Credit Life	1			

	С	Ordinary		redit Life and Individual)		Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1 No. of Pols. &	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7 No. of Pols. &	8	9 No. of Pols. &	10
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	000	450 050 000							000	450.050.0
year	233	152,656,892		(a)					233	152,656,8
21. Issued during year	19	13,510,000	ļ						19	13,510,0
22. Other changes to in force (Net)	(8)	(3,064,133)				55,000			(8)	(3,009,1
23. In force December 31 of current year	244	163.102.759		(a)		55.000			244	163.157.7

 current year
 244
 163,102,759
 (a)
 55,000
 244
 1

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

ACCIDENT AND HEALTH INSURANCE

	•	ACCIDEIN AIND	IILALIII II100I	17-11-10-L		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF Florida 0028

DURING THE YEAR 2020

	Group Code 0028	11	FE INSURANCE		NAIC Company Code 72222		
VAIC	Group Code 0020	1 1	2	4	5		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	3 Group	Industrial	Total	
1.		5,395,488	and marvidual)	040.070		5,635,760	
2.	Annuity considerations					451.828	
3.	_ :				XXX	,	
4.							
5.	Totals (Sum of Lines 1 to 4)	5.847.316		240.272		6.087.588	
l ife in	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:	-, ,-		,		, ,-	
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	— ··-·						
6.5	Totals (Sum of Lines 6.1 to 6.4)						
Annui							
7.1							
7.2	Applied to provide paid-up annuities						
7.3	Other						
7.4							
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	2,048,093		361,700		2,409,793	
10.	Matured endowments						
11.	Annuity benefits	1 , 114 , 109					
12.		1,088,087				1,088,087	
		13,427	·····				
15.	Totals	4,263,716		361,700		4,625,416	
	DETAILS OF WRITE-INS						
1301.							
1302.	·						
1303.							
	. Summary of Line 13 from overflow page				·		
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND		_	No. of	·		· ·	·	ŭ		
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	4	349 , 169			1	95,500			5	444,669
17. Incurred during current year	31	1,879,327			7	583,300			38	2,462,62
Settled during current year:										
18.1 By payment in full	29	2.048.093			7	361.700			36	2,409,793
18.2 By payment on compromised claims						·				, , ,
18.3 Totals paid	29	2,048,093			7	361,700			36	2,409,793
18.4 Reduction by compromise										
18.5 Amount rejected	_									
18.6 Total settlements	29	2 048 093			7					2,409,793
19. Unpaid Dec. 31, current										
year (16+17-18.6)	6	180,403			1	317, 100			7	497,503
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5 066	1 066 7/0 066		(a)		20 677 000			5,966	1,896,425,966
21. Issued during year	220	104 406 600		(a)		29,077,000			300	104 406 600
00 011 1 1 1									320	104,406,680
22. Other changes to in force (Net)	(173)	(29, 110, 432)				(328,600)			(173)	(29,439,032
23. In force December 31 of current year	6.113	1.942.045.214		(a)		29.348.400			6.113	1.971.393.614

current year 6,113 1,942,045,214 (a)

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

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2020

	Group Code 0028	LI	FE INSURANCE	NAIC Company Code 7222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.		4,302,781		83,722		4,386,503
2.	Annuity considerations	70,886				70,886
3.	Deposit-type contract funds		XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	4,373,667		83,722		4,457,389
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS assurance:					
6.1						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
	A 11 14 11 11 11					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9. 10.	Death benefits	956,891				1,067,591
11.	F	101.373				101.373
12.		39.462				39.462
13.	Aggregate write-ins for miscellaneous direct claims					
14.	All other benefits, except accident and health	14 , 184				14 , 184
15.	Totals	1,111,910		110,700		1,222,610
	DETAILS OF WRITE-INS	, ,		, i		· · ·
1301.	· · · · · · · · · · · · · · · · · · ·					
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	-		No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	2	65 , 397			1	60,700			3	126,097
17. Incurred during current year	9	1, 132,000			3	290,900			12	1,422,90
Settled during current year:										
18.1 By payment in full	7	956.891			2	110.700			9	1.067.59
18.2 By payment on compromised claims										
18.3 Totals paid	7	956,891			2	110,700			9	1,067,59
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	956 891			2	110,700				1,067,59 ⁻
19. Unpaid Dec. 31. current										
year (16+17-18.6)	4	240,506			2	240,900			6	481,406
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1 721	1 021 65/ 710		(a)		10 222 100			1 791	1 0/1 006 010
year21. Issued during year	4,704	1,001,004,710		(a)		10,33∠,100				1,841,986,818
_ · · · · · · · · · · · · · · · · · · ·		∠30,980,240							611	236,986,246
22. Other changes to in force (Net)	(257)	(80,831,252)				342,600			(257)	(80,488,65
23. In force December 31 of current year	5.088	1.987.809.712		(a)		10.674.700			5.088	1.998.484.41

 current year
 5,088
 1,987,809,712
 (a)
 10,674,700
 5,088
 1,9

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

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF Hawaii

Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

DURING THE YEAR 2020

IAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.	Life insurance	37,615		1,296		38,91	
2.	Annuity considerations						
3.			XXX		XXX		
4.	Other considerations						
5.	Totals (Sum of Lines 1 to 4)	37,615		1,296		38,91	
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance: Paid in cash or left on deposit						
6.2	Applied to pay renewal premiums						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
۱nnu							
	Paid in cash or left on deposit						
	Applied to provide paid-up annuities						
7.3	Other						
8.	Grand Totals (Lines 6.5 plus 7.4)						
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits						
10.							
		248				24	
12.							
15.		248				24	
1302.	•						
1303. 1309	0 (1) 40 (
	. Summary of Line 13 from overflow page						

	_			Credit Life						
	C	Ordinary	(Group	and Individual)		Group	l)	ndustrial	Total	
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on										
compromised claims										
18.3 Totals paid	,									
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current										
year (16+17-18.6)										
,					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	46	18,046,370		(a)		160,000			46	18,206,370
21. Issued during year										
22 Other changes to in force										
(Net)	(1)	(1,489,000)				(5,000)			(1)	(1,494,00
23. In force December 31 of										
current year	45	16,557,370		(a)		155,000			45	16,712,37

_	ourrorn your		,	(α)			,			
(8	a) Includes Individual Credit Life I	nsurance p	rior year \$, current y	ear\$				
	Includes Group Credit Life Insu	ırance Loar	ns less than or equ	al to 60 month	is at issue, prior	year \$, CI	urrent year \$	
	Loans greater than 60 months	at issue BL	IT NOT GREATER	R THAN 120 M	IONTHS, prior y	/ear \$, CI	urrent year \$	

	A	ACCIDENT AND	HEALTH INSU	RANCE		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					



DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2020

NAIC Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	197,514		10,095		207,609
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	197,514		10,095		207,609
DIRECT DIVIDENDS TO					
POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
11. Annuity benefits	7 , 115				7 , 115
Aggregate write-ins for miscellaneous direct claims and benefits paid					
15. Totals	7,115				7,115
DETAILS OF WRITE-INS					
1301					
1303					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
	Credit Life				

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWNERTS	No. of Pols. &	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7 No. of Pols. &	8	9 No. of Pols. &	10
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected	_									
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	200	05 262 202		(a)		1,245,800			200	96,509,0
year 21. Issued during year	300 . 27	12,225,000		(a)		1,243,000			27	
22. Other changes to in force (Net)						(212,800)				(1,903,0
23. In force December 31 of	328	105.797.911		(a)		1.033.000			328	106.830.9

 current year
 328
 105,797,911
 (a)
 1,033,000
 328
 1

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

ACCIDENT AND HEALTH INSURANCE

•	TOOIDEITI / IIID		U 11 10 E		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fee					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2020

NAIC	Group Code 0028		NAIC Compa	ny Code 72222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	1,637,854		49,322		1,687,17
2.		81,823		·		
3.		, , , , , , , , , , , , , , , , , , ,	XXX			· · · · · · · · · · · · · · · · · · ·
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	1,719,677		49,322		1,768,99
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1						
7.3						
7.4						
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	860,000				860,00
10.						
11.						
12.	Surrender values and withdrawals for life contracts	62,075				62,07
13.						
					·····	
15.	Totals	955,337				955,33
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	_		_	redit Life		_				
	C	rdinary	(Group	and Individual)		Group	lı lı	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	5	860,000							5	860,000
Settled during current year:										
18.1 By payment in full	5	860,000							5	860,000
18.2 By payment on										
compromised claims	,									
compromised claims	5	860,000							5	860,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	860.000							5	860.000
19. Unpaid Dec. 31. current										
year (16+17-18.6)										
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
vear	1,588	771,431,794		(a)		6,086,800			1,588	777,518,594
21. Issued during year	92	56,425,000							92	56,425,000
22 Other changes to in force										, ,
(Net)	(71)	(25,518,956)				126,900			(71)	(25,392,056
23. In force December 31 of										
current year	1,609	802,337,838		(a)	1	6,213,700			1,609	808,551,53

L	ourrorn your	.,	,,	(α)			-,,			.,	
((a) Includes Individual Credit Life I	nsurance p	rior year \$, current	year \$					
	Includes Group Credit Life Insu	rance Loai	ns less than or equ	al to 60 month	ns at issue, prio	r year \$, C	urrent year \$		
	Loans greater than 60 months	at issue Bl	JT NOT GREATER	R THAN 120 M	ONTHS, prior	year\$, C	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2020

NAIC Group Code 0028	L	IFE INSURANCE		NAIC Compa	ny Code 72222
·	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance	523,910		38,490		562,400
Annuity considerations	10,000				10,000
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	533,910		38,490		572,400
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.2 Applied to provide paid-up annuities					
7.3 Other					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	24, 159				24 , 159
10. Matured endowments					
	52,202				52,202
12. Surrender values and withdrawals for life contracts	51,582				51,582
14. All other benefits, except accident and health	1,198				1 , 198
15. Totals	129,141				129,141
DETAILS OF WRITE-INS					
1301					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
	Credit Life	<u> </u>			

		ordinary	_	redit Life		Croup		ndustrial		Total
				and Individual)		Group			_	
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	2	1,600,000							2	1,600,000
Settled during current year:										
18.1 By payment in full	1	24 159							1	24.159
18.2 By payment on										
compromised claims										
18.3 Totals paid	1	24 159							1	24.159
18.4 Reduction by compromise										£+, 100
10.5 Amount rejected										
18.5 Amount rejected										
18.6 Total settlements		24 , 159							1	24, 159
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	1,575,841							1	1,575,841
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	666	278,143,200		(a)		4,750,100			666	282,893,300
21. Issued during year	30	14,282,000			L l				30	14,282,000
22 Other changes to in force										, ,
(Net)	(21)	(8, 174, 051)	L			(66,400)			(21)	(8,240,451
23. In force December 31 of	` ′					. , ,			, ,	. , , -
current year	675	284,251,149		(a)		4,683,700			675	288,934,849

L	ourront you.		,,	(α)			.,,			
((a) Includes Individual Credit Life I	nsurance pi	rior year \$, current year	r \$				
	Includes Group Credit Life Insu	rance Loan	ns less than or equ	ual to 60 months	at issue, prior ye	ear\$, Cl	urrent year \$	
	Loans greater than 60 months	at issue BU	IT NOT GREATE	R THAN 120 MC	NTHS, prior year	ır\$, Cl	urrent year \$	

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2020

NAIC Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	124,944				124,94
2. Annuity considerations	·				
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	124,944				124,94
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance: 6.1 Paid in cash or left on deposit					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
8. Grand Totals (Lines 6.5 plus 7.4)					
9. Death benefits					
	2,417				2,4
15. Totals	2,417				2,41
DETAILS OF WRITE-INS					
				-	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
	Credit Life				

	C	Ordinary	_	redit Life and Individual)		Group	li	ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5	6	7	8	9	10
MATURED ENDOWMENTS	No. of Pols. &		Ind.Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior										
vear	180	70,791,535		(a)					180	70,791,53
21. Issued during year	20	8,080,000							20	8,080,00
22. Other changes to in force (Net)										(3,377,01
23. In force December 31 of current year	185	75.494.519		(a)					185	75.494.51

 current year
 185
 75,494,519
 (a)
 185

 (a) Includes Individual Credit Life Insurance prior year \$

 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

 current year \$
 current year \$

 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$
 current year \$

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF Kansas 0028

DURING THE YEAR 2020

2. 3.	Annuity considerations	1 Ordinary 167,916 2,500	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5
2. 3.	Life insurance	167,916 2,500	,	Group		
2. 3.	Annuity considerations	2,500			i	Total 167,916
3.	Deposit-type contract funds	,				2.500
						,
4.						
5.	Totals (Sum of Lines 1 to 4)	170,416				170,416
0.	DIRECT DIVIDENDS TO	170,410				170,410
	POLICYHOLDERS/REFUNDS TO MEMBERS urance:					
	Paid in cash or left on deposit					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annuiti						
7.1	Paid in cash or left on deposit Applied to provide paid-up annuities					
	Other					
	Totals (Sum of Lines 7.1 to 7.3)					
	Grand Totals (Lines 6.5 plus 7.4)					
0.	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
		6,466				6.466
	Surrender values and withdrawals for life contracts	2,157				,
13.	Aggregate write-ins for miscellaneous direct claims	,,,,,				
14.	A 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
15.		8,623				8,623
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

·				redit Life						
	0	rdinary	(Group	and Individual)		Group	li	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS INCURRED	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
_	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on										
compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current										
year (16+17-18.6)										
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	236	95,494,953		(a)					236	95,494,95
21. Issued during year	22	9,250,000							22	9,250,00
22. Other changes to in force										
(Net)	(11)	(2,305,000)							(11)	(2,305,00
23. In force December 31 of	0.47	100 100 050							0.47	100 100 05
current year	247	102,439,953		(a)	1				247	102,439,95

L	ourront you.		,,	(α)					
((a) Includes Individual Credit Life I	nsurance p	rior year \$, current	year \$	 		
	Includes Group Credit Life Insu	rance Loai	ns less than or equ	ial to 60 month	ns at issue, prio	r year \$, C	urrent year \$	
	Loans greater than 60 months	at issue Bl	JT NOT GREATE	R THAN 120 N	MONTHS, prior	year \$, C	urrent year \$	

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 7222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.	Life insurance	379,208		863		380,07	
2.	Annuity considerations					26,068	
3.	Deposit-type contract funds		XXX		XXX		
4.	- · · · · · · · · · · · · · · · · · · ·						
5.	Totals (Sum of Lines 1 to 4)	405,276		863		406,13	
Life ir	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:						
6.1	Paid in cash or left on deposit						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4							
	,						
Annui							
7.1	· · · · · · · · · · · · · · · · · · ·						
7.2	Applied to provide paid-up annuities						
7.3							
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					25,00	
10.	Matured endowments						
11.		120					
12.		7,941				7,94	
	*						
15.	Totals	33,061				33,06	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.	·						
1398.	. Summary of Line 13 from overflow page						
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

	0	ordinary		Credit Life and Individual)		Group		ndustrial		Total	
DIDECT DE ATU				and individual)			_ "				
DIRECT DEATH	1	2	. 3	4	5	6	/	8	9	10	
BENEFITS AND			No. of								
MATURED	No. of		Ind.Pols.				No. of		No. of		
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &		
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	
Unpaid December 31, prior											
year											
17. Incurred during current year	1	25,000							1	25,000	
Settled during current year:											
18.1 By payment in full	1	25 000							1	25.000	
18.2 By payment on											
compromised claims											
18.3 Totals paid	1	25 000							1	25.000	
18.4 Reduction by compromise										20,000	
40.5 A											
18.5 Amount rejected	•										
18.6 Total settlements	1	25,000							1	25,000	
19. Unpaid Dec. 31, current											
year (16+17-18.6)											
					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31, prior											
year	445	151,399,925		(a)		106,500			445	151,506,425	
21. Issued during year	26	8,040,000		. ,		, ,			26	8,040,000	
22. Other changes to in force											
(Net)	(29)	(10,788,930)				89.300			(29)	(10,699,630	
23. In force December 31 of									(=0)		
current year	442	148,650,995		(a)		195,800			442	148,846,79	

L	ourrorn your		,,	(α)			,			
((a) Includes Individual Credit Life I	nsurance p	rior year \$, current	year \$				
	Includes Group Credit Life Insu	ırance Loaı	ns less than or equ	ual to 60 month	ns at issue, prio	r year \$, CI	urrent year \$	
	Loans greater than 60 months	at issue Bl	JT NOT GREATE	R THAN 120 N	MONTHS, prior	year \$, CI	urrent year \$	

ACCIDENT AND HEALTH INSURANCE

	•	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2020

AIC	Group Code 0028	LI	FE INSURANCE	NAIC Company Code 72222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	295,767				295,76
2.		10,200				10,20
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	305,967				305,96
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS surance:					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
	Paid in cash or left on deposit					
7.3						
7.4 8.	Totals (Sum of Lines 7.1 to 7.3)					
0.	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	75 104				75.12
9. 10.		•				,
11.		27,233				
12.	Surrender values and withdrawals for life contracts	145				27,23
	Aggregate write-ins for miscellaneous direct claims	140				
14.	All other benefits, except accident and health					
15.	Totals	102,502				102,50
	DETAILS OF WRITE-INS	, -				, -
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

									•	
		Ordinary	_	Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	4	2	3	and individual)	-	6 6	7		0	10
BENEFITS AND	1	2	No. of	4	5	б	/	8	9	10
MATURED	NI						N		NIf	
ENDOWMENTS	No. of Pols. &		Ind.Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
INCURRED		A 4		A 4		A 4		A 4		A 4
	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior		75 104							4	75 104
year									I	75, 124
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	1	75, 124							1	75, 124
18.2 By payment on compromised claims										
18.3 Totals paid	1	75 124							1	75.124
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements									1	75,124
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	075	100 540 045							075	100 540 045
year	2/5			(a)					275	103,546,845
21. Issued during year	24	7,200,000	ļ						24	7,200,000
22. Other changes to in force (Net)	(9)	(3,059,824)							(9)	(3,059,824
23. In force December 31 of current year	290	107,687,021		(a)					290	107,687,021

L	ourront you.		,,	(α)					
((a) Includes Individual Credit Life I	nsurance p	rior year \$, current	year \$	 		
	Includes Group Credit Life Insu	rance Loar	ns less than or equ	ual to 60 month	hs at issue, pric	r year \$, C	urrent year \$	
	Loans greater than 60 months	at issue BL	JT NOT GREATE	R THAN 120 N	MONTHS, prior	year \$, C	urrent year \$	

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2020

	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	840,809		38,704		879,513	
2.	Annuity considerations	79,600				79,600	
3.	Deposit-type contract funds		XXX		XXX		
4.	Other considerations						
5.	Totals (Sum of Lines 1 to 4)	920,409		38,704		959,113	
Life in	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4							
6.5	Totals (Sum of Lines 6.1 to 6.4)						
Annui	ities:						
7.1							
7.2	Applied to provide paid-up annuities						
7.3							
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits			112,600		1,660,579	
10.	Matured endowments						
11.	Annuity benefits	170,780				170,780	
12.		201,888				201,888	
		23,826				23,826	
15.	Totals	1,944,473		112,600		2,057,073	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
	Summary of Line 13 from overflow page						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

	_	undin a m /		redit Life		Craun		a di ratrial		Total
	O	rdinary	(Group and Individual)		ļ.,	Group	Industrial		ļ	
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year					ļ1 ļ	62,600			1	62,600
17. Incurred during current year	4	1,565,000			1	50,000			5	1,615,000
Settled during current year:										
18.1 By payment in full	3	1.547.979			2	112.600			5	1.660.579
18 2 By payment on										, , ,
compromised claims										
18.3 Totals paid	3	1,547,979			2	112,600			5	1,660,579
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	1,547,979			2	112,600			5	1,660,579
19. Unpaid Dec. 31, current		, ,				,				
year (16+17-18.6)	1	17,021							1	17,021
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior										
year	990	365,096,878		(a)		4,776,500			990	369,873,378
21. Issued during year	29	8,425,000							29	8,425,000
22. Other changes to in force (Net)	(51)	(0, 723, 047)				(1 321 700)			(51)	
23. In force December 31 of	(01)	(0,120,341)				(1,021,700)			(31)	(11,073,04
current year	968	363,797,931		(a)		3,454,800			968	367,252,73

ouricit your	000	000,707,001	(a)		0, 101,000			000	
(a) Includes Individual Credit Life I	nsurance p	orior year \$,	current year \$					
Includes Group Credit Life Insu	ırance Loa	ns less than or equa	al to 60 months at iss	sue, prior year \$, Cl	urrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATER	THAN 120 MONTH	S, prior year \$, Cl	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	•	ACCIDEIN AIND	IILALIII II100I	17-11-10-L		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2020

NAIC G	Group Code 0028	LI	FE INSURANCE	NAIC Company Code 72222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. I		2,204,492		63,334		2,267,826
2.		301,002		·		301,002
3. I	Deposit-type contract funds		XXX		XXX	
4. (Other considerations					
5.	Totals (Sum of Lines 1 to 4)	2,505,494		63,334		2,568,828
Life ins						
	Applied to pay renewal premiums					
	endowment or premium-paying period					
	T . I . (C (I) (A) (A)					
Annuitie	, ,					
	Paid in cash or left on deposit					
7.2						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9. I	Death benefits	1,756,571				1,756,57
11. /	Annuity benefits	24,873				24,873
12.	Surrender values and withdrawals for life contracts	95,438				95,438
15.		1,876,882				1,876,882
1	DETAILS OF WRITE-INS					
1301.						
1302.						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		\ P	_	Credit Life (Group and Individual)		0				T
		Ordinary		and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior		400 405							_	100 105
year		400 , 185							1	400 , 185
17. Incurred during current year	8	1,532,000							8	1,532,000
Settled during current year:										
18.1 By payment in full	7	1,756,571							7	1,756,571
18.2 By payment on		, ,								, ,
compromised claims	,									
18.3 Totals paid	7	1,756,571							7	1,756,571
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	1,756,571							7	1,756,571
19. Unpaid Dec. 31, current										
year (16+17-18.6)	2	175,614							2	175,614
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
vear	2,201	905,415,332		(a)		7,816,100			2,201	913,231,432
21. Issued during year	215	87,290,000							215	
22. Other changes to in force										
(Net)	(151)	(36,917,231)				483,800			(151)	(36,433,431)
23. In force December 31 of										
current year	2,265	955,788,101		(a)		8,299,900			2,265	964,088,001

(8	a) Includes Individual Credit Life I	nsurance pr	rior year \$, curre	ent year \$	 			
	Includes Group Credit Life Insu	rance Loan	s less than or	equal to 60	months at issue, p	orior year \$, cur	rent year \$	
	Loans greater than 60 months	at issue BU	IT NOT GREA	TER THAN	120 MONTHS, pr	ior year \$, cur	rent year \$	

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
_	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	r	12,571,128		,		13,517,621
2.		1,043,971				1,043,97
3.			XXX		XXX	
4.		40.045.000		040.400		44 504 504
5.	Totals (Sum of Lines 1 to 4)	13,615,099		946,493		14,561,592
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS issurance:					
6.1						
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2 7.3	_1.1					
7.3						
7.4 8.						
0.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	F FF0 F00		005 000		0.405.500
				,		, , , , , , , , , , , , , , , , ,
10. 11.	Matured endowments					
12.	, , , , , , , , , , , , , , , , , , , ,	2,831,328 1,080,978				2,831,328
13.	Aggregate write-ins for miscellaneous direct claims	1,080,978				1,080,978
14.		28,623				28.623
15.	Totals	9.491.527		635,000		10,126,527
	DETAILS OF WRITE-INS	3, .0.,02.		200,000		.0,.10,01
1301	·					
1302						
1303.						
1398	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND		-	No. of	•		· ·	·	· ·		
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	6	743,682			2	164,700				
year17. Incurred during current year	36	5,600,777			12	1,274,800			48	6,875,577
Settled during current year:										
18.1 By payment in full	37	5.550.598			10	635.000			47	6.185.598
18.2 By payment on						,				, , , , , , , , , , , , , , , , , , ,
compromised claims	37	5,550,598			10	635,000			47	6, 185, 598
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	37	5.550.598			10	635.000			47	6, 185, 598
19. Unpaid Dec. 31, current		, , , , , , , , , , , , , , , , , , , ,				,				, , , , ,
year (16+17-18.6)	5	793,861			4	804,500			9	1,598,361
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13 120	5 073 205 101		(0)		122 113 100			13 120	6,095,318,201
21. Issued during year	13, 129	J, 973, 203, 101		(a)		122, 113, 100			070	451,507,494
22 Other changes to in force									070	431,307,494
22. Other changes to in force (Net)	(710)	(263,428,033)				80,900			(710)	(263,347,133
23. In force December 31 of current year	13.289	6.161.284.562		(a)		122.194.000			13.289	6.283.478.562

 current year
 13,289
 6,161,284,562
 (a)
 122,194,000
 13,289
 6,2

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

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.		995,232		· ·		1,020,315	
2.		6,581				6,58	
3.			XXX		XXX		
4.							
5.	Totals (Sum of Lines 1 to 4)	1,001,813		25,083		1,026,896	
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS assurance:						
	Applied to pay renewal premiums						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
	Totals (Sum of Lines 6.1 to 6.4)						
Annui							
7.1							
7.3							
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	,		94,700		194 , 13	
10.							
11.	Annuity benefits	6,749				6,749	
12.		43,174				43, 17	
13.							
15.	Totals	149,358		94,700		244,05	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
1398.	. Summary of Line 13 from overflow page						
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	•	_	No. of	•	ľ	Ü	·	ŭ		.0
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	2	200,000			1	94,700			3	294,700
Settled during current year:										
18.1 By payment in full	1	99,435			1	94,700			2	194 , 135
18 2 By payment on										,
compromised claims	1	99 435			1	94,700			2	194 135
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	99 435			1					194 , 135
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	100,565							1	100,565
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	4 440	100 707 700				0.005.500			4 440	400 000 000
year	1,142	480 , 767 , 726		(a)		3,095,500				483,863,226
21. Issued during year	76	30,605,000	ļ						76	30,605,000
22. Other changes to in force (Net)	(45)	(8,747,669)				(357,300)			(45)	(9,104,969
23. In force December 31 of current year	1.173	502.625.057		(a)		2.738.200			1.173	505.363.25

 current year
 1,173
 502,625,057
 (a)
 2,738,200
 1,173
 5

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

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF Minnesota 0028

DURING THE YEAR 2020

NAIC (Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.		776,391		19,030		795,42
2.		9,700		·		9,700
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	786,091		19,030		805,121
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS GUIANCE:					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5	T (C)					
Annuiti	, , ,					
	Paid in cash or left on deposit					
7.2						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	429,000				429,000
10.	Matured endowments					
11.		42,844				42,844
12.	Surrender values and withdrawals for life contracts	1, 166				1 , 166
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
		2,065				2,065
	Totals	475,075				475,075
	DETAILS OF WRITE-INS					
1301.						
1302.						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary	_	Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5	6	7	8	9	10
MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	1	429,000							1	429,000
18.1 By payment in full	1	429,000							1	429,000
18.2 By payment on compromised claims	,									
18.3 Totals paid 18.4 Reduction by compromise	1	429,000							1	429,000
18.5 Amount rejected										
18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)	1	429,000							1	429,000
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
vear	969	436,828,009		(a)		2,348,500			969	
21. Issued during year	71	26,866,806							71	26,866,806
22. Other changes to in force (Net)	(36)	(11,718,662)				208,700			(36)	(11,509,962)
23. In force December 31 of current year	1,004	451,976,153		(a)		2,557,200			1,004	454,533,353

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

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Mississippi NAIC Group Code വാള

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	any Code 72222
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		106,124				106,124
2.	Annuity considerations					770
3.	Deposit-type contract funds		XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	106,894				106,894
	DIRECT DIVIDENDS TO					
Life in	POLICYHOLDERS/REFUNDS TO MEMBERS surance:					
6.1						
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	, , ,					
Annuit						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.						
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
		Cradit Life	1			

		Ordinary		Credit Life		Craun		ndustrial		Total
DIDECT DEATH				and Individual)	 	Group	-			
DIRECT DEATH BENEFITS AND	1	2	3	4	5	6	7	8	9	10
MATURED	No. of		No. of				NI£		NI6	
ENDOWMENTS	No. of Pols. &		Ind.Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior	Ocitiis.	7 tilloditt	OCITIIS.	Amount	OCITIIS.	Amount	Oci tiis.	Amount	Octuis.	Atmount
vear										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on										
compromised claims	,									
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current										
year (16+17-18.6)										
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior	400	40.055.044							400	40.055.044
year	128	46,055,041		(a)					128	
21. Issued during year	9	2,425,000							9	2,425,000
22. Other changes to in force (Net)	(7)	(3,482,000)							(7)	(3,482,000)
23. In force December 31 of current year	130	44,998,041		(a)					130	44,998,041

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

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
1.	AND ANNUITY CONSIDERATIONS	Ordinary 354, 195	and Individual)	Group	Industrial	Total
1. 2.						354 , 195
2. 3.		600				600
3. 4.	_ :					
4 . 5.	Totals (Sum of Lines 1 to 4)	354.795				354.79
0.	DIRECT DIVIDENDS TO	334,733				004,730
Life ir	POLICYHOLDERS/REFUNDS TO MEMBERS					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1						
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	,				300,000
10.						
11.		14,300				14 , 30
12.						
13.						
15.	Totals	314,300				314,30
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.	0 (1) (0)					
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	C	Ordinary	_	redit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	•	-	No. of	·		ŭ	·	ŭ		
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	1	25,059							1	25,059
17. Incurred during current year	2	300,000							2	300,000
Settled during current year:										
18.1 By payment in full	2	300.000							2	300.000
18.2 By payment on										,
compromised claims	2	300.000							2	300,000
18.4 Reduction by compromise		,								,
18.5 Amount rejected										
18.6 Total settlements	2	300,000							2	300.000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	25,059							1	25,059
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year	484	173 099 778		(a)					484	173,099,778
21. Issued during year	36	11,535,000							36	11,535,000
22. Other changes to in force (Net)									(31)	(7,018,000
23. In force December 31 of current year	489	177.616.778		(a)					489	177.616.778

 current year
 489
 177,616,778
 (a)
 489
 1

 (a) Includes Individual Credit Life Insurance prior year \$

 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

 current year \$
 current year \$

ACCIDENT AND HEALTH INSURANCE

	,					
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
	D	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)						
24.1 Federal Employees Health Bene premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies/c	ertificates (b)					
24.4 Medicare Title XVIII exempt from	state taxes or fee					
Other Individual Policies:						
25.1 Non-cancelable (b)						
25.2 Guaranteed renewable (b)		\				
25.3 Non-renewable for stated reason						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5						
26. Totals (Lines 24 + 24.1 + 24.2 +						



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2020

IAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	61.934		1.013		62.94
2.	A 11 11 11					
3.	_ 1		XXX			
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	61,934		1,013		62,94
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance: Paid in cash or left on deposit					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	T . I (0 (1) 0 (1)					
Annu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,325		125,000		136,32
10.						
11.		103,491				103,49
12.		69,784				69,78
13.						
15.	Totals	184,600		125,000		309,60
1301	DETAILS OF WRITE-INS					
1302	·					
1398	. Summary of Line 13 from overflow page					
1399	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		•		•		•		•	•	
		Ordinary	_	Credit Life and Individual)		Group	1	ndustrial		Total
DIRECT DEATH	1				_		7 T		-	
	1	2	3	4	5	6	/	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS INCURRED	Pols. &		& Gr.	Α	No. of		Pols. &		Pols. &	
	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	1	11,325			1	125,000			2	136,325
Settled during current year:										
18.1 By payment in full	1	11,325			1	125,000			2	136,325
18.2 By payment on compromised claims										
18.3 Totals paid	1	11,325			1	125,000			2	136,325
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	11.325				125,000			2	136,325
19. Unpaid Dec. 31, current year (16+17-18.6)		,				,				, , ,
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year	97	28 620 599		(a)		125 000			97	28,745,599
21. Issued during year	10	2 550 000							10	2,550,000
22 Other changes to in force									10	
22. Other changes to in force (Net)	(3)	(663,325)				(125,000)			(3)	(788,325
23. In force December 31 of current year	104	30,507,274		(a)					104	30,507,274

ı	ouricht your	-	00,001,211	(a)				101	
((a) Includes Individual Credit Life I	nsurance p	rior year \$,	current year \$	 			
	Includes Group Credit Life Insu	ırance Loar	ns less than or equa	al to 60 months at is:	sue, prior year \$, C	urrent year \$		
	Loans greater than 60 months	at issue Bl	JT NOT GREATER	THAN 120 MONTH	IS, prior year \$, C	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2020

IAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	134,279				134 , 27
2.	Annuity considerations	600				
3.			XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	134,879				134,87
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS ISURANCE: Daid in each or left on descrit					
	Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	Other					
	•					
Annui						
	Paid in cash or left on deposit					
7.2	Other					
	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
0.	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	25 000				25.00
10.		23,000				20,00
11.	Annuity benefits					127,61
12.	Surrender values and withdrawals for life contracts	127,010				
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.						
15.	Totals	152.616				152,6
	DETAILS OF WRITE-INS	.,.,.				
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	C	Ordinary		Credit Life and Individual)		Group	ı	ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5	6	7	8	9	10
MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year Settled during current year:	1	25,000							1	25,000
18.1 By payment in full	1	25.000							1	25.000
18.2 By payment on compromised claims										
									1	25,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	25,000							1	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	190	75 747 000		(a)					190	75,747,000
21. Issued during year	19	8 350 000		(α)					19	8,350,000
22. Other changes to in force (Net)									(13)	(3,808,000
23. In force December 31 of current year	196	80.289.000		(a)					196	80.289.000

 current year
 196
 80,289,000
 (a)
 196

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

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2020

IAIC	Group Code 0028	LI	FE INSURANCE	NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		367,111		38,662		405,77
2.	=	17,180				17 , 18
3.			XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	384,291		38,662		422,95
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Insurance:					
	Paid in cash or left on deposit					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	T / 1 /O / (1) O / / O / ()					
٩nnu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					625,00
10.	Matured endowments					
11.	Annuity benefits					14,29
12.		51,813				51,81
15.	Totals	691,108				691,10
	DETAILS OF WRITE-INS					
1301	·					
1302						
1303						
	. Summary of Line 13 from overflow page					

		Ordinary	_	Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	(Group	and individual)	5	Group 6	7	8	9	10tai 10
BENEFITS AND	'	2	No. of	4	5	O	'	0	9	10
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	650,000							5	650,000
Settled during current year:										
18.1 By payment in full	4	625,000							4	625,000
18.2 By payment on										
compromised claims18.3 Totals paid	4	625,000							4	625,000
18.4 Reduction by compromise										
18.5 Amount rejected	_									
18.6 Total settlements	4	625,000							4	625,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	25,000							1	25,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior						. ==				
year	394	139,7/5,3/5		(a)		4,7/1,300			394	
21. Issued during year	26	13,025,000							26	13,025,000
22. Other changes to in force (Net)	(23)	(7,802,738)				(331,800)			(23)	(8, 134, 538)
23. In force December 31 of current year	397	144,997,637		(a)		4,439,500			397	149,437,137

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
1.	AND ANNUITY CONSIDERATIONS	Ordinary 2,771,801	and Individual)	Group 135.650	Industrial	Total 2,907,451
2.		2,7/1,801 204,371				2,907,43
3.					XXX	204,37
3. 4.	2					
5.	Totals (Sum of Lines 1 to 4)	2,976,172		135,650		3,111,822
J.	DIRECT DIVIDENDS TO	2,910,112		133,030		3,111,022
Life ir	POLICYHOLDERS/REFUNDS TO MEMBERS					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	461,958		23,200		485 , 158
10.						
11.		707, 101				707, 10
12.		205,170				205 , 170
		10,921				10,92
15.	Totals	1,385,150		23,200		1,408,350
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		redit Life and Individual)		Group	In	dustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	-	_	No. of	•		-	-	-		
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	3	155,332							3	155 , 33
17. Incurred during current year	11	486,500			2	23,200			13	509,70
Settled during current year:										
l8.1 By payment in full	9	461.958			2	23.200			11	485.15
8.2 By payment on compromised claims										
18.3 Totals paid	9	461,958			2	23,200			11	485, 15
18.4 Reduction by compromise					L L					
8.5 Amount rejected	_									
18.6 Total settlements	9	461.958			2				11	485, 15
19. Unpaid Dec. 31. current										
year (16+17-18.6)	5	179,874							5	179,87
POLICY EXHIBIT					No. of Policies					
 In force December 31, prior year 	3 3/11	1 116 002 276		(a)		17 021 000			3 3/1	1, 133, 114, 17
21. Issued during year	0,041 166	65 004 200		(a)		17,021,900				
00 041										05,034,30
22. Other changes to in force (Net)	(173)	(37,222,879)				(1,563,900)			(173)	(38,786,77
23. In force December 31 of current year	3.334	1.144.763.785		(a)		15.458.000			3.334	1.160.221.78

 current year
 3,334
 1,144,763,785
 (a)
 15,458,000
 3,334
 1,1

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

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 7222			
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance	4,345,190		· ·		4,428,588		
2.		226,493				226,493		
3.			XXX		XXX			
4.		4 574 000				4 055 004		
5.	Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO	4,571,683		83,398		4,655,081		
Life in	POLICYHOLDERS/REFUNDS TO MEMBERS isurance:							
6.1	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							
6.4	Other							
	Totals (Sum of Lines 6.1 to 6.4)							
Annui								
7.1	Paid in cash or left on deposit							
7.3								
7.4	Totals (Sum of Lines 7.1 to 7.3)							
8.	Grand Totals (Lines 6.5 plus 7.4)							
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits	6,573,284				6,573,284		
10.								
11.		532,166				532 , 166		
12.	The state of the s	325,469				325,469		
		17,928				17,928		
15.	Totals	7,448,847				7,448,847		
	DETAILS OF WRITE-INS							
1301.								
1302.								
1303.								
	Summary of Line 13 from overflow page							
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							

		Ordinary		Credit Life and Individual)		Group	Ir	dustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of			-				
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	4	1,852,284								1,852,28
17. Incurred during current year	16	4,721,000							16	4,721,00
Settled during current year:										
18.1 By payment in full	20	6.573.284							20	6.573.28
18.2 By payment on compromised claims										
18.3 Totals paid	20	6,573,284							20	6,573,28
18.4 Reduction by compromise			L l		L l					
18.5 Amount rejected	_									
18.6 Total settlements	20	6.573.284							20	6,573,28
19. Unpaid Dec. 31, current year (16+17-18.6)		,,								
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior										
vear	4 , 125	1,780,798,851		(a)		10,292,200			4, 125	1,791,091,05
21. Issued during year	256	96,362,337	[. ,	L				256	96,362,33
22. Other changes to in force (Net)										(100,021,97
23. In force December 31 of	4.093	1.777.293.611		(a)		10.137.800			4.093	1.787.431.41

 current year
 4,093
 1,777,293,611
 (a)
 10,137,800
 4,093
 1,7

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

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
1.	AND ANNUITY CONSIDERATIONS	Ordinary 294.650	and Individual)	Group 608	Industrial	Total 295.258
1. 2.	Life insurance	294,650				1,684
3.	_ :	,			XXX	1,004
4.						
5.	Totals (Sum of Lines 1 to 4)	296.334		608		296.942
0.	DIRECT DIVIDENDS TO	230,004		000		230,342
Life in	POLICYHOLDERS/REFUNDS TO MEMBERS asurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,000				15,000
10.						
11.	Annuity benefits	17,830				17,830
12.		106,938				106,938
15.	Totals	139,768				139,768
4004	DETAILS OF WRITE-INS					
1301.						
1302.	·					
1303.						
	Summary of Line 13 from overflow page					
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	0	rdinary		redit Life and Individual)		Group	Ir	ıdustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1 No. of Pols. &	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7 No. of Pols. &	8	9 No. of Pols. &	10
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year17. Incurred during current year	1	15,000							1	15,000
Settled during current year: 18.1 By payment in full	1	15.000							1	15.000
18.2 By payment on compromised claims										
18.3 Totals paid	1	15,000							1	15,000
18.4 Reduction by compromise										
18.5 Amount rejected									_	
18.6 Total settlements	1	15.000							1	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)		,								······································
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year	327	101 879 481		(a)		75 000			327	101,954,48
21. Issued during year	23									12,375,000
22. Other changes to in force (Net)										(4,050,62
23. In force December 31 of	332	110.203.853		(a)		75.000			332	110.278.853

 current year
 332
 110,203,853
 (a)
 75,000
 332
 1

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

ACCIDENT AND HEALTH INSURANCE

	<i>r</i>	ACCIDEIN AND	IILALIII IIIOOI	MILL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			†		
				†		
∠0.	10tals (Lilles 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	ĺ				



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2020

NAIC Group Code 0028		LI	FE INSURANCE	NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
_	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		8,026,583		,		8,304,561
2.		645,395				645,395
3.						
4.		0.074.070				0.040.050
5.	Totals (Sum of Lines 1 to 4)	8,671,978		277,978		8,949,956
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS ansurance:					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1						
7.3 7.4						
8.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID					
^		0 000 707		450,000		4 440 707
9.	Death benefits			•		
10.		4 507 007				
11.	Annuity benefits	1,527,607				1,527,607
12.		950,003				950,003
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14		37,147				37,147
	Totals	6.508.464		150.000		6,658,464
	DETAILS OF WRITE-INS	0,000,404		100,000		0,000,404
1301						
1302						
1303						
	0 (1) 40 (
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	·	_	No. of			· ·		Ü		10
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	3	783, 198							3	783, 198
17. Incurred during current year	34	4,305,719			2	150,000			36	4,455,719
Settled during current year:										
18.1 By payment in full	34	3.993.707			2	150.000			36	4 , 143 , 70
18.2 By payment on compromised claims										
18.3 Totals paid	34	3,993,707			2	150,000			36	4, 143, 70
18.4 Reduction by compromise			L		L		L			
18.5 Amount rejected										
18.6 Total settlements	34	3 993 707			2	150 000			36	4, 143, 70
19. Unpaid Dec. 31, current										
year (16+17-18.6)	3	1,095,210							3	1,095,210
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	0.000	0 450 040 470				04 005 000			0.000	0 407 050 070
year	ō,600	3, 133,348,470				34,305,200				3, 187, 653, 670
21. Issued during year	502	223,824,475	ļ						502	223,824,47
22. Other changes to in force (Net)	(626)	(222,322,069)				(1,777,300)			(626)	(224,099,36
23. In force December 31 of current year	8.476	3.154.850.876		(a)		32.527.900			8.476	3.187.378.77

ouricit your	0, 110	0,101,000,010	(a)			02,027,000			0,170	٠, ١
(a) Includes Individual Credit Life I	nsurance p	orior year \$, current y	year \$					
Includes Group Credit Life Insu	irance Loai	ns less than or equ	al to 60 mont	ths at issue, prior	r year \$, Cl	urrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATER	R THAN 120 I	MONTHS, prior y	year\$, Cl	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	<i>r</i>	ACCIDEIN AND	IILALIII IIIOOI	MILL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			†		
				†		
∠0.	10tals (Lilles 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	ĺ				



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2020

NAIC Group Code 0028		LI	FE INSURANCE	NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		4,416,796				4,498,970
2.		166,974				166,974
3.						
4.		4 500 770				4 005 04
5.	Totals (Sum of Lines 1 to 4)	4,583,770		82,174		4,665,944
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1						
7.3						
7.4						
8.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID					
_		0 005 770		50.000		0 005 77
9.	Death benefits			•		
10.						
11.		447,800				447,800
12.	Surrender values and withdrawals for life contracts	355,521				355,52
13.						
14	All other benefits, except accident and health	637				63
	Totals	3.039.730		50.000		3,089,73
	DETAILS OF WRITE-INS	0,000,700		00,000		0,000,700
1301	·					
1302						
1303.	-					
	0 (1) 40 (
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life and Individual)		Group	-	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND		_	No. of	•		· ·		ŭ		.0
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	5	673,439								673,439
17. Incurred during current year	12	1,564,834			2	452,000			14	2,016,834
Settled during current year:										
18.1 By payment in full	16	2.235.772			1	50.000			17	2.285.772
18.2 By payment on compromised claims						·				
18.3 Totals paid	16	2,235,772			1	50,000			17	2,285,772
18.4 Reduction by compromise					L					
18.5 Amount rejected										
18.6 Total settlements	16	2 235 772			1					2 285 772
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	2,501			1	402,000			2	404,501
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	E 106	1 050 027 407		(-)		10 166 100			E 126	1 060 102 507
year21. Issued during year		160,062,000		(a)		10, 100, 100			3, 130	1,969,193,507
	3/1	100,963,000							371	160,963,000
22. Other changes to in force (Net)	(272)	(84,248,357)				(200,500)			(272)	(84,448,857
23. In force December 31 of current year	5.235	2.035.742.050		(a)		9.965.600			5.235	2.045.707.650

 current year
 5,235
 2,035,742,050
 (a)
 9,965,600
 5,235
 2,0

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

ACCIDENT AND HEALTH INSURANCE

	-	CCIDEIN AND	IILALIII IIIOOI	VAIIOE		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 7222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.	Life insurance	20.322	,	Gloup	ilidustilai	20.322	
2.		20,022					
3.	_ 1		XXX		XXX		
4.							
5.	Totals (Sum of Lines 1 to 4)	20.322				20.322	
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:	·					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.5	Other Totals (Sum of Lines 6.1 to 6.4)						
Annui							
7.1	Paid in cash or left on deposit						
	A 11 14 14 14 14						
7.3							
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	10.000				10,000	
10.							
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts						
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid						
14.	All other benefits, except accident and health						
15.	Totals	10,000				10,000	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

	С	Ordinary	_	redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1 No. of Pols. &	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7 No. of Pols. &	8	9 No. of Pols. &	10
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year		10,000								10,000
Settled during current year:										
18.1 By payment in full		10,000								10,000
18.2 By payment on compromised claims										
18.3 Totals paid		10,000								10,000
18.4 Reduction by compromise							.			
18.5 Amount rejected										
18.6 Total settlements		10,000								10,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year	26	14 738 000		(a)					26	14,738,000
21. Issued during year	2	400.000		(u)					2	400,000
22. Other changes to in force (Net)									(1)	*
23. In force December 31 of	27	14.661.000		(a)					27	14.661.000

 current year
 27
 14,661,000
 (a)
 27

 (a) Includes Individual Credit Life Insurance prior year \$
 , current year \$

ACCIDENT AND HEALTH INSURANCE

	/ TO OID EITH / TITE		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	€				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	.6)				



DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2020

AIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 7222		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group	_			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	1,330,283		, ,		1,389,12	
2.	_ :	42,981				42,98	
3.			XXX		XXX		
4.	r						
5.	Totals (Sum of Lines 1 to 4)	1,373,264		58,845		1,432,10	
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
_ife ir	nsurance:						
6.1	Paid in cash or left on deposit						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
6.5	Totals (Sum of Lines 6.1 to 6.4)						
Annu							
7.1							
7.2	Applied to provide paid-up annuities						
7.3	Other						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	150,021		125,000		275,02	
10.							
11.	Annuity benefits						
12.		231,799				231,79	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid						
14.	All other benefits, except accident and health	11,740				11,74	
15.	Totals	464,957		125,000		589,95	
	DETAILS OF WRITE-INS						
1301	·						
1302							
1303							
1398	. Summary of Line 13 from overflow page						
	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

		Ordinary	_	Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	4	2	3	and mulvidual)	5	6 6	7	8	9	10tai
BENEFITS AND	'	2	No. of	4	5	О	'	0	9	10
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	2	55,043							2	55,043
17. Incurred during current year	1	100,000			1	125,000				225,000
Settled during current year:										
18.1 By payment in full	2	150.021			1	125.000			3	275,021
18.2 By payment on		,				,				,
compromised claims	,									
18.3 Totals paid	2	150,021			1	125,000			3	275,021
18.4 Reduction by compromise										
18.5 Amount rejected					L					
18.6 Total settlements	2	150,021			1	125,000			3	275,021
19. Unpaid Dec. 31, current										•
year (16+17-18.6)	1	5,022							1	5,022
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	1,526	618,490,240		(a)		7,262,000				
21. Issued during year	119	44,704,000							119	44,704,000
22. Other changes to in force (Net)	(91)	(30 0/1 107)				355 600			(91)	(39,585,597)
23. In force December 31 of	(31)	(00,341,131)							(31)	(00,000,001)
current year	1,554	623,253,043		(a)		7,617,600			1,554	630,870,643

(2	a) Includes Individual Credit Life In	nsurance p	rior year \$, C	urrent year \$	 		
	Includes Group Credit Life Insu	rance Loar	ns less than o	or equal t	o 60 months at issu	ie, prior year \$,	current year \$	
	Loans greater than 60 months	at issue BU	JT NOT GRE	ATER T	HAN 120 MONTHS	, prior year \$,	current year \$	

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND TEACHT INCONANCE										
		1	2	3	4	5				
				Policyholder Dividends						
				Paid, Refunds to						
			Direct Premiums	Members or Credited		Direct Losses				
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred				
24.	Group Policies (b)									
24.1	Federal Employees Health Benefits Plan premium (b)									
24.2	Credit (Group and Individual)									
24.3	Collectively renewable policies/certificates (b)									
	Medicare Title XVIII exempt from state taxes or fee									
	Other Individual Policies:									
25.1	Non-cancelable (b)									
	Guaranteed renewable (b)									
	Non-renewable for stated reasons only (b)									
	Other accident only									
	All other (b)									
	Totals (sum of Lines 25.1 to 25.5)									
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)									



DIRECT BUSINESS IN THE STATE OF Oklahoma വാള

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE	E	NAIC Compa	any Code 72222
	·	1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group	_		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		186,052				186,052
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	186,052				186,052
	DIRECT DIVIDENDS TO					
Life in	POLICYHOLDERS/REFUNDS TO MEMBERS surance:					
6.1	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					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					25,000
10.	Matured endowments					
11.	Annuity benefits					27,274
12.	Surrender values and withdrawals for life contracts	1,820				1,820
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	54,094				54,094
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
		Crodit Life				

	_	rdinary		Credit Life and Individual)		Group	1.	ndustrial		Total
DIRECT DEATH	1			and mulvidual)	-		7		-	
	1	2	3	4	5	6	/	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS INCURRED	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	1	25,000							1	25,000
Settled during current year:										
18.1 By payment in full	1	25,000							1	25,000
18.2 By payment on										
compromised claims	,									
18.3 Totals paid	1	25.000							1	25.000
18.4 Reduction by compromise										,
18.5 Amount rejected										
18.6 Total settlements	1	25 000							1	25.000
19. Unpaid Dec. 31, current	·	20,000								20,000
year (16+17-18.6)										
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	218	81,828,126		(a)					218	81,828,126
21. Issued during year	22	7,450,000							22	7,450,000
22. Other changes to in force										, ,
(Net)	(5)	1,108,000				35,800			(5)	1,143,800
23. In force December 31 of	, ,								1	
current year	235	90,386,126		(a)		35,800			235	90,421,926

L	ourront you.		,,	(α)			**,			
((a) Includes Individual Credit Life I	nsurance p	rior year \$, current	year \$				
	Includes Group Credit Life Insu	rance Loai	ns less than or equ	ial to 60 month	hs at issue, prio	r year \$, Cl	urrent year \$	
	Loans greater than 60 months	at issue Bl	JT NOT GREATE	R THAN 120 N	MONTHS, prior	year \$, Cl	urrent year \$	

		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

ACCIDENT AND HEALTH INSURANCE

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



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2020

NAIC	Group Code 0028	LIFE INSURANCE			NAIC Compa	ny Code 72222
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		1,003,423		48,365		1,051,788
2.	· · · · · · · · · · · · · · · · · · ·	47,104				47 , 104
3.			XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	1,050,527		48,365		1,098,892
	POLICYHOLDERS/REFUNDS TO MEMBERS ansurance:					
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1						
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
_	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					292,423
10.						
11.		22,601				22,60
12.		33,999				33,999
13.						
	•	4,791				4,79
15.	Totals	353,814				353,81
	DETAILS OF WRITE-INS					
1301.	·					
1302.						
1303.						
1398.	. Summary of Line 13 from overflow page					
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5	6	7	8	9	10
MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior										
year17. Incurred during current year Settled during current year:	4	292,423							4	292,423
18.1 By payment in full	4	292.423							4	292.423
18.2 By payment on compromised claims										
18.3 Totals paid	4	292,423							4	292,420
18.4 Reduction by compromise										
18.5 Amount rejected	······	200 400								292.423
19. Unpaid Dec. 31, current year (16+17-18.6)	4	292,423							4	292,423
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1 232	515 231 077		(a)		5 968 700			1 232	521,199,777
21. Issued during year	1,232 78	38.174.000		(a)						38,174,000
22. Other changes to in force (Net)					1					(4,919,21
23. In force December 31 of current year	1.260	548.313.660		(a)		6.140.900			1.260	554.454.560

 current year
 1,260
 548,313,660
 (a)
 6,140,900
 1,260
 5

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

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.		3,044,365		92,240		3, 136, 605	
2.	Annuity considerations	239,370				239,370	
3.	Deposit-type contract funds		XXX		XXX		
4.							
5.	Totals (Sum of Lines 1 to 4)	3,283,735		92,240		3,375,975	
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:						
6.1							
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
	Totals (Sum of Lines 6.1 to 6.4)						
Annui							
7.1	Paid in cash or left on deposit						
	A 11 12 11 11 11						
7.3							
7.4							
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9. 10.	Death benefits	1,803,000		*		1,928,000	
11.	F	571.561				571.561	
12.		517.406				517.406	
13.							
14.	All other benefits, except accident and health	3,818				3,818	
15.	Totals	2,895,785		125,000		3,020,785	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.	·						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

		S		Credit Life		0	1.			T-4-1
		Ordinary		and Individual)		Group		ndustrial	_	Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	10	1,829,557			3	243,200			13	2,072,757
Settled during current year:										
18.1 By payment in full	9	1,803,000			2	125,000			11	1,928,000
18.2 By payment on compromised claims										
18.3 Totals paid	. 9	1,803,000			2	125,000			11	1,928,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	1.803.000			2	125.000			11	1,928,000
19. Unpaid Dec. 31, current		, ,				,				, ,
year (16+17-18.6)	1	26,557			1	118,200			2	144,757
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year	2 992	1 158 591 027		(a)		11 383 300			2 992	1, 169, 974, 327
21. Issued during year									151	70,957,000
22. Other changes to in force (Net)										(61,523,128)
23. In force December 31 of	2 981			(a)					2 981	

L	current year	2,301	1, 100,411,033	(a)		10,990,300			2,301	1,1
((a) Includes Individual Credit Life I	nsurance pr	rior year \$, cu	rrent year \$					
	Includes Group Credit Life Insu	rance Loan	is less than or equal t	o 60 months at issue	, prior year \$, CL	ırrent year \$		
	Loans greater than 60 months	at issue BU	IT NOT GREATER T	HAN 120 MONTHS,	prior year \$, CL	ırrent year \$		

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2020

NAIC Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance	,	and individual)	0 400 007	industriai	9.443.14
Annuity considerations	, , , ,		, . , , , , ,		1.176.08
Deposit-type contract funds	,				765.00
Other considerations					
5. Totals (Sum of Lines 1 to 4)	9,280,293		2.103.937		11,384,23
DIRECT DIVIDENDS TO	0,200,200		2,100,007		11,004,20
POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits			1,710,800		6 , 107 , 30
10. Matured endowments					
11. Annuity benefits					6,270,61
12. Surrender values and withdrawals for life contracts					1,091,16
Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					49,63
15. Totals	11,807,913		1,710,800		13,518,71
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
	0 1311.5	-			

		\	_	Credit Life		0				T-4-1
		Ordinary		and Individual)	ļ <u>.</u>	Group	_	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED ENDOWMENTS	No. of		Ind.Pols.		NIE		No. of		No. of	
INCURRED	Pols. & Certifs.	A 4	& Gr. Certifs.	A 4	No. of Certifs.	A	Pols. &	A 4	Pols. &	A 4
	Certiis.	Amount	Certiis.	Amount	Certiis.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior	1	2 220 472			2	270 100			7	2,709,573
year17. Incurred during current year	40	4 076 110				1 200 100			<i>1</i>	£ 066 040
	43	4,870,118			14	1,390,100			37	6,266,218
Settled during current year:										
18.1 By payment in full	43	4,396,502			16	1,710,800			59	6, 107, 302
18.2 By payment on										
compromised claims										
18.3 Lotals paid	43	4,396,502			16	1,710,800			59	6, 107, 302
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	43	4,396,502			16	1,710,800			59	6, 107, 302
19. Unpaid Dec. 31, current										
year (16+17-18.6)	4	2,819,089			1	49,400			5	2,868,489
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
vear	9 , 183	2,708,856,844		(a)	1	282,056,000			9, 184	2,990,912,844
21. Issued during year	474	162,093,903							474	
22. Other changes to in force										
(Net)	(457)	(94,924,004)				(3,915,100)			(457)	(98,839,104)
23. In force December 31 of										
current year	9,200	2,776,026,743		(a)	1	278,140,900			9,201	3,054,167,643

ACCIDENT AND HEALTH INSURANCE

	•		HEALIH MOOI	U 1110E		
		1	2	3	4	5
	·			Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS	1 Ordinani	2 Credit Life (Group and Individual)	3	4	5 Total	
1.	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary 1,092,568		Group75,098	Industrial	Total	
2.	Annuity considerations					1, 107,000	
3.	_ :				XXX		
4.							
5.	Totals (Sum of Lines 1 to 4)	1.353.730		75.098		1.428.828	
<u> </u>	DIRECT DIVIDENDS TO	1,000,700		70,000		1,420,020	
Life ir	POLICYHOLDERS/REFUNDS TO MEMBERS asurance:						
6.1	Paid in cash or left on deposit						
6.2	Applied to pay renewal premiums						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
	Totals (Sum of Lines 6.1 to 6.4)						
Annui							
7.1	Paid in cash or left on deposit						
7.2	Applied to provide paid-up annuities						
7.3	Other						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	312,917				312,91	
10.							
11.						156,25	
12.	Surrender values and withdrawals for life contracts	95,821				95,82	
	· ·						
15.	Totals	564,991				564,99	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
	Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13						

	0	rdinary		redit Life and Individual)		Group	In	dustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	1	10,000							1	10,000
17. Incurred during current year	3	402,936							3	402,936
Settled during current year:										
18.1 By payment in full	3	312.917			L I					312.91
18.2 By payment on compromised claims										·
18.3 Totals paid	3	312,917			L				3	312,917
18.4 Reduction by compromise	L								. []	
18.5 Amount rejected	_									
18.6 Total settlements	3	312.917							_	312.91
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	100,019							1	100,019
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	4 400	074 004 040				0 400 500			4 400	004 000 54
year	1,122	3/4,924,013		(a)					1,122	384,392,513
21. Issued during year	69	24,320,000							. 69	24,320,000
22. Other changes to in force (Net)	(38)	(12,215,927)				(217,900)			(38)	(12,433,82
23. In force December 31 of current year	1.153	387.028.086		(a)		9.250.600			1.153	396.278.68

 current year
 1,153
 387,028,086
 (a)
 9,250,600
 1,153
 3

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

ACCIDENT AND HEALTH INSURANCE

	-					
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF South Dakota NAIC Group Code വാള

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	NAIC Company Code 72222		
	·	1	2	3	4	5		
	DIRECT PREMIUMS		Credit Life (Group					
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.		32,218				32,218		
2.								
3.	Deposit-type contract funds		XXX		XXX			
4.	T							
5.	Totals (Sum of Lines 1 to 4)	32,218				32,218		
	DIRECT DIVIDENDS TO							
Life in	POLICYHOLDERS/REFUNDS TO MEMBERS surance:							
6.1	Paid in cash or left on deposit							
6.2								
	Applied to provide paid-up additions or shorten the endowment or premium-paying period							
6.4	Other							
	, ,							
Annui								
7.1	Paid in cash or left on deposit							
7.2	Applied to provide paid-up annuities							
7.3	Other							
	Totals (Sum of Lines 7.1 to 7.3)							
8.	Grand Totals (Lines 6.5 plus 7.4)							
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits							
10.	Matured endowments							
11.								
12.	0							
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid							
14.	All other benefits, except accident and health							
	Totals							
	DETAILS OF WRITE-INS							
1301								
1302								
1303.								
1398	Summary of Line 13 from overflow page							
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							
		Cradit Life						

	C	Ordinary		Credit Life and Individual)		Group	li li	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1 No. of	2	3 No. of Ind.Pols.	4	5	6	7 No. of	8	9 No. of	10
ENDOWMENTS INCURRED	Pols. & Certifs.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	Pols. & Certifs.	Amount	Pols. & Certifs.	Amount
16. Unpaid December 31, prior	Certiis.	Amount	Ceruis.	Amount	Ceruis.	Amount	Ceruis.	Amount	Ceruis.	Amount
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	26	10 671 060		(-)					36	10 671 00
year21. Issued during year		250,000		(a)					30	18,671,86 250,00
22 Other changes to in force		230,000							ļ	∠30,00
22. Other changes to in force (Net)	(2)	(1,056,000)							(2)	(1,056,00
23. In force December 31 of current year	35	17.865.862		(a)					35	17.865.86

current year | 35 | 17,865,862 | (a) |
(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.. , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$. , current year \$

ACCIDENT AND HEALTH INSURANCE

	-					
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2020

IAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.		845,866		19,533		865,39
2.		7,600				7,60
3.			XXX		XXX	
4.						
5.	Totals (Sum of Lines 1 to 4)	853,466		19,533		872,99
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance: 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					
6.4	Other					
6.5	T / 1 /0 /11 0 / / 0 / /					
٩nnu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					284,30
10.	Matured endowments					
11.	Annuity benefits					20,2
12.		156,632				156,6
		637				6
15.	Totals	461,811				461,8
	DETAILS OF WRITE-INS					
1301	·					
1302						
1303						
	. Summary of Line 13 from overflow page					

		Ordinary	_	Credit Life and Individual)		Group	li li	ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3	4	5	6	7	8	9	10
MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	3	284,300							3	284,300
18.1 By payment in full	3	284,300							3	284,300
18.2 By payment on compromised claims	,									
18.3 Totals paid 18.4 Reduction by compromise	3	284,300							3	284,300
18.5 Amount rejected										
18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)	3	284,300							3	284,300
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	951	366,693,456		(a)		2,500,300			951	369, 193,756
21. Issued during year	71	34,145,000							71	34 , 145 , 000
22. Other changes to in force (Net)	(38)	3, 125, 965				(31,300)			(38)	3,094,665
23. In force December 31 of current year	984	403,964,421		(a)		2,469,000			984	406,433,421

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2020

	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.		9,724,810		313,235		10,038,045	
2.	Annuity considerations	481,126				481,126	
3.	Deposit-type contract funds		XXX		XXX		
4.	Other considerations						
5.	Totals (Sum of Lines 1 to 4)	10,205,936		313,235		10,519,171	
l ife ir	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS asurance:						
6.1							
-							
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
6.5							
Annu							
7.1	Paid in cash or left on deposit						
7.2	Applied to provide paid-up annuities						
7.3	Other						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	4,026,112				4,026,112	
10.							
11.	Annuity benefits					344,217	
12.		570,251				570,251	
	All other benefits, except accident and health	, , , , , , , , , , , , , , , , , , ,					
15.	Totals	4,951,851				4,951,851	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

	(Ordinary		Credit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND		_	No. of	•		-	-	-	_	
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	4	1,606,371			1	38,000				1,644,37
17. Incurred during current year	27	3,740,938			1	43,600			28	3,784,53
Settled during current year:										
18.1 By payment in full	26	4.026.112							26	4.026.11
18.2 By payment on compromised claims										, ,
18.3 Totals paid	26	4,026,112							26	4,026,11
18.4 Reduction by compromise			L		L					
18.5 Amount rejected										
18.6 Total settlements	26	4.026.112							26	4,026,11
19. Unpaid Dec. 31. current									-	
year (16+17-18.6)	5	1,321,197			2	81,600			7	1,402,79
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	10 204	4 570 060 604		()		20 001 000			10.004	4 644 460 60
year	10,384	4,512,208,691		(a)						4,611,169,69
21. Issued during year	/09	328,777,000							709	328,777,00
22. Other changes to in force (Net)	(592)	(207,938,593)				830,000			(592)	(207, 108, 59
23. In force December 31 of current year	10.501	4.693.107.098		(a)		39.731.000			10.501	4.732.838.09

ouricht your	10,001	1,000,101,000	(a)		00,701,000			10,001	.,,,
(a) Includes Individual Credit Life I	nsurance p	rior year \$, c	urrent year \$					
Includes Group Credit Life Insu	ırance Loaı	ns less than or equa	l to 60 months at issu	ue, prior year \$, Cl	urrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATER	THAN 120 MONTHS	s, prior year \$, Cl	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	•	ACCIDEIN AIND	IILALIII II100I	17-11-10-L		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.		270,035	and individual)	1 001		271,336	
2.				, ,		•	
3.					XXX		
4.							
5.	Totals (Sum of Lines 1 to 4)	270.035		1.301		271.33	
0.	DIRECT DIVIDENDS TO	270,000		1,001		271,000	
Life ir	POLICYHOLDERS/REFUNDS TO MEMBERS						
6.1	Paid in cash or left on deposit						
6.2	Applied to pay renewal premiums						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
	Other						
6.5	Totals (Sum of Lines 6.1 to 6.4)						
Annu							
7.1	Paid in cash or left on deposit						
7.2	Applied to provide paid-up annuities						
7.3							
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	252,500				252,50	
10.	Matured endowments						
11.		3,479				3,47	
12.	Surrender values and withdrawals for life contracts	1,880				1,88	
13.							
	•						
15.	Totals	257,859				257,859	
	DETAILS OF WRITE-INS						
1301	·						
1302							
1303							
1398	. Summary of Line 13 from overflow page						
1399	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	and muividual)	5	6 Group	7	8	9	10
BENEFITS AND	1	2	No. of	4	5	б	/	8	9	10
MATURED	NI						NI6		NIf	
ENDOWMENTS	No. of Pols. &		Ind.Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
INCURRED	Certifs.	Amazunt	Certifs.	Amazint	Certifs.	Amazimt	Certifs.	A ma a unit	Certifs.	Amazunt
	Certiis.	Amount	Ceruis.	Amount	Certiis.	Amount	Ceruis.	Amount	Ceruis.	Amount
16. Unpaid December 31, prior										
year		000 000								000 000
17. Incurred during current year	2	252,500							. 2	252,500
Settled during current year:										
18.1 By payment in full	2	252,500							2	252,500
18.2 By payment on compromised claims										
18.3 Totals paid	2	252.500							2	252.500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements									2	252,500
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	000	105 500 001				400 000			000	105 747 501
year	322	165,586,921		(a)		160,600			322	165,747,521
21. Issued during year	21	8,900,000	ļ						. 21	8,900,000
22. Other changes to in force (Net)	(10)	368,682				3,200			(10)	371,882
23. In force December 31 of current year	333	174,855,603		(a)		163,800			333	175,019,403

our one your	000	17 1,000,000	(a)			100,000			000	
(a) Includes Individual Credit Life I	nsurance p	orior year \$, current y	ear\$					
Includes Group Credit Life Insu	ırance Loa	ns less than or equ	al to 60 months	is at issue, prior	year \$, Cl	urrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATER	R THAN 120 M	IONTHS, prior y	ear\$, Cl	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Comp	any Code 72222
		1	2	3	4	5
	DIRECT PREMIUMS	-	Credit Life (Group			
<u> </u>	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group 203	Industrial	Total
1.	Feet	441,472				441,675
2.	Annuity considerations					29,843
3.	Deposit-type contract funds		XXX		XXX	
4. 5.	Other considerations					474 540
5.	DIRECT DIVIDENDS TO	471,315		203		471,518
	POLICYHOLDERS/REFUNDS TO MEMBERS isurance: Paid in cash or left on deposit					
6.3	Applied to pay reflewal prefittuits					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					24,867
10.	Matured endowments					
11.	Annuity benefits	128,249				128,249
12.		298,833				298,833
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
		154				154
15.	Totals	452,103				452,103
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						ļ
	Summary of Line 13 from overflow page					ļ
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		rdinary		Credit Life and Individual)		Group		ndustrial		Total
				and individual)	L				_	
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	2	50,000							2	50,000
Settled during current year:										
18.1 By payment in full	1	24.870							1	24.870
18.2 By payment on		.,								
compromised claims										
18.3 Totals paid	1	24 870							1	24.870
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements									1	24.870
19. Unpaid Dec. 31, current	'									
year (16+17-18.6)	1	25,130							1	25, 130
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	515	179,646,346		(a)		25,000			515	179,671,346
21. Issued during year	22	7,214,000							22	7,214,000
22. Other changes to in force										, ,
(Net)	(12)	6,820,855				55,800			(12)	6,876,655
23. In force December 31 of										
current year	525	193,681,201		(a)		80,800			525	193,762,00

our one your	020	100,001,201	(a)			00,000			1	
(a) Includes Individual Credit Life I	nsurance p	orior year \$, current ye	ear\$					
Includes Group Credit Life Insu	ırance Loa	ns less than or equ	al to 60 months	s at issue, prior	year \$, Cl	urrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATER	R THAN 120 MC	ONTHS, prior y	ear\$, Cl	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2020

NAIC Group Code 0028	LI	FE INSURANCE	NAIC Company Code 72222		
	1	2	3	4	5
DIRECT PREMIUMS		Credit Life (Group			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance					2,146,080
2. Annuity considerations					296,91
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,411,424		31,578		2,443,00
DIRECT DIVIDENDS TO					
POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit	-				
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					374,89
10. Matured endowments					
11. Annuity benefits	489,447				489,44
12. Surrender values and withdrawals for life contracts	554,204				554,20
Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	696				69
15. Totals	1,419,240				1,419,24
DETAILS OF WRITE-INS					
1301					
1302.					
1303					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
	Cradit Life	<u> </u>	<u> </u>	<u> </u>	

				Credit Life						
		Ordinary		and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year										
17. Incurred during current year	10	2,295,400							10	2,295,400
Settled during current year:										
18.1 By payment in full	6	374,893							6	374,893
18.2 By payment on										,
compromised claims	6	374,893							6	374,893
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	374,893							6	374,893
19. Unpaid Dec. 31, current year (16+17-18.6)	4	1,920,507							4	1,920,507
year (10117-10.0)	-	1,020,007			No. of					1,020,001
POLICY EXHIBIT					Policies					
20. In force December 31, prior					FUILLES					
year	2 135	1 011 879 270		(a)		3 897 000			2 135	1,015,776,270
21. Issued during year									153	77,675,000
22. Other changes to in force (Net)										(47,224,065)
23. In force December 31 of	2 144			(a)		3 491 700			2 144	

L	current year	4, 144	1,042,733,303	(a)		3,431,700			۷, ۱۹۹	1,0
((a) Includes Individual Credit Life In	nsurance pi	rior year \$, cur	ent year \$					
	Includes Group Credit Life Insu	rance Loan	ns less than or equal t	o 60 months at issue,	prior year \$, cu	ırrent year \$		
	Loans greater than 60 months	at issue BU	IT NOT GREATER TI	HAN 120 MONTHS, p	rior year \$, cu	ırrent year \$		

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE	NAIC Company Code 722		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group	3	4	5 Tatal
1.	Life insurance	2.256.968	and Individual)	Group 110.989	Industrial	Total 2.367.957
2.		93,788		, , ,		93,788
3.		,				
4.	_ :					
5.	Totals (Sum of Lines 1 to 4)	2,350,756		110.989		2.461.745
J.	DIRECT DIVIDENDS TO	2,330,730		110,909		2,401,740
Life ir	POLICYHOLDERS/REFUNDS TO MEMBERS asurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2	· · · · · · · · · · · · · · · · · · ·					
7.3						
7.4						
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					574,660
10.	Matured endowments					
11.		72,868				72,868
12.		105,653				105,65
13.						
		5,386				5,380
15.	Totals	758,567				758,56
	DETAILS OF WRITE-INS					
1301	·					
1302	·					
1303						
1398	. Summary of Line 13 from overflow page					
1399	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		Ordinary		redit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	,	-	No. of	•		· ·	·	ŭ		
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year	1	8,529							1	8,529
17. Incurred during current year	16	1,047,178							16	1,047,178
Settled during current year:										
18.1 By payment in full	12	574.660							12	574.660
18.2 By payment on compromised claims										,
18.3 Totals paid	12	574,660							12	574,660
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	574.660								574.660
19. Unpaid Dec. 31, current										
year (16+17-18.6)	5	481,047							5	481,047
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	0 000	4 400 070 000				40 000 704			0.004	4 400 000 000
year	2,620	1, 100,670,322		(a)	1	13,698,731				1, 180, 369, 053
21. Issued during year	211	125,741,000							211	125,741,000
22. Other changes to in force (Net)	(180)	(54,739,256)				29,800			(180)	(54,709,456
23. In force December 31 of current year	2.651	1.237.672.066		(a)	1	13.728.531			2.652	1.251.400.597

 current year
 2,651
 1,237,672,066
 (a)
 1
 13,728,531
 2,652
 1,2

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

 , current year \$

 , current year \$

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Compa	ny Code 72222
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
1.	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary 92.337	and Individual)	Group	Industrial	Total 92.337
2.		6,500				6,500
3.						
4.						
5.	Totals (Sum of Lines 1 to 4)	98.837				98.837
0.	DIRECT DIVIDENDS TO	30,007				30,001
Life in	POLICYHOLDERS/REFUNDS TO MEMBERS surance:					
6.1	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					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	,				100,000
10.						
11.		9,145				9,145
12.		62,369				62,369
15.	Totals	171,514				171,514
4004	DETAILS OF WRITE-INS					
1301.						
1302. 1303.						
					-	
	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	C	Ordinary	_	redit Life and Individual)		Group	Ir	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1 No. of	2	3 No. of Ind.Pols.	4	5	6	7 No. of	8	9 No. of	10
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full	1 .	100,000							1	100,000
18.2 By payment on compromised claims	,									
18.3 Totals paid	1	100,000							1	100,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	100,000							1	100,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior										
year21. Issued during year	117	37,024,000		(a)					117	37,024,000
21. Issued during year	8	3,400,000							8	3,400,000
22. Other changes to in force (Net)	(11)	(2,259,000)							(11)	(2,259,000
23. In force December 31 of current year	114	38.165.000		(a)					114	38.165.000

 current year
 114
 38,165,000
 (a)
 114

 (a) Includes Individual Credit Life Insurance prior year \$
 , current year \$

 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
 , current year \$

 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$
 , current year \$

ACCIDENT AND HEALTH INSURANCE

•	TOOIDEITI / IIID		U 11 10 E		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fee					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2020

NAIC Group Code 0028		LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
1	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary552,740	and Individual)	Group 18.089	Industrial	Total 570,829	
2.	Annuity considerations					4,083	
3.	Deposit-type contract funds		XXX		XXX		
4							
5.	Totals (Sum of Lines 1 to 4)	556,823		18,089		574,912	
<u> </u>	DIRECT DIVIDENDS TO	000,020		10,000		074,012	
	POLICYHOLDERS/REFUNDS TO MEMBERS surrance:						
	Paid in cash or left on deposit						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
	Other						
	Totals (Sum of Lines 6.1 to 6.4)						
Annu							
	Paid in cash or left on deposit						
7.2 7.3	Applied to provide paid-up annuities						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits						
10.	Matured endowments						
11.	Annuity benefits					6,877	
12.	Surrender values and withdrawals for life contracts	561				561	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid						
15.	Totals	7,438				7,438	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303							
	Summary of Line 13 from overflow page						

,				· ·				•	· ·	
	0)rdinarv		Credit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6 6	7	8	9	10(a)
BENEFITS AND	'	2	No. of	4	5	Ü	1	0	9	10
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior	COI LIIO.	7 tillount	Cortilo.	7 tillourit	Oortilo.	7 tillodit	Oortiio.	Turiodite	Cortilo.	7 tillodite
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on										
compromised claims	,									
18.3 Totals paid										
18.4 Reduction by compromise	L [
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current										
year (16+17-18.6)										
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year	739	291,697,673		(a)		2,232,400			739	293,930,07
21. Issued during year	64	32,001,000							64	32,001,00
22. Other changes to in force										
(Net)	(36)	(12,908,857)				(408,800)			(36)	(13,317,65
23. In force December 31 of	707	040 700 040				4 000 000			707	040 040 4
current year	767	310,789,816		(a)		1,823,600			767	312,613,41

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2020

NAIC	Group Code 0028	LI	FE INSURANCE		NAIC Company Code 72222		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.		46,193	and individual)	Огоар	maaana	46, 193	
2.	Annuity considerations					10, 100	
3.			XXX		XXX		
4	- · · · · · ·						
5.	Totals (Sum of Lines 1 to 4)	46.193				46.193	
	DIRECT DIVIDENDS TO	10,100				10,100	
	POLICYHOLDERS/REFUNDS TO MEMBERS						
Life in	surance:						
6.1	Paid in cash or left on deposit						
6.2	Applied to pay renewal premiums						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
6.5	Totals (Sum of Lines 6.1 to 6.4)						
Annui	ties:						
7.1	Paid in cash or left on deposit						
7.2	Applied to provide paid-up annuities						
	Other						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits						
10.	Matured endowments						
11.	Annuity benefits	847				847	
12.	Surrender values and withdrawals for life contracts						
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid						
14.							
15.	Totals	847				847	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
1398.	Summary of Line 13 from overflow page						
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						
		Credit Life	<u> </u>				
	0 "	Credit Life				.	

				redit Life						
	C	Ordinary	(Group	and Individual)		Group	li li	ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5	6	7	8	9	10
MATURED ENDOWMENTS	No. of Pols. &		Ind.Pols. & Gr.		No. of		No. of Pols. &		No. of Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior										
year17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	40	00 405 054							40	00 405 05
year21. Issued during year	49 8	2,200,000		(a)					49 8	20,435,65 2,200,00
22. Other changes to in force (Net)		7,852,343								7,852,34
23. In force December 31 of current year	57	30,487,997		(a)					57	30,487,99

ı	our one your	0.	00, 101,001	(a)					01	
((a) Includes Individual Credit Life I	nsurance p	orior year \$, current	ear \$	 			
	Includes Group Credit Life Insu	ırance Loa	ns less than or equ	al to 60 month	ns at issue, prio	r year \$, Cl	urrent year \$		
	Loans greater than 60 months	at issue Bl	JT NOT GREATER	R THAN 120 M	MONTHS, prior	year\$, Cl	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	-	CODEN AND	IILALIII IIIOOI	MITOL		
		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fee					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)			· · · · · · · · · · · · · · · · · · ·		
∠0.	10tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	l	l			



DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2020

	C Group Code 0028 LIFE INSURANCE				NAIC Company Code 7			
, ., .	0.000 0000	1	2	3	4	5		
	DIRECT PREMIUMS	·	Credit Life (Group		·	ŭ		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.		100,234,201		5,553,209		105,787,410		
2.	Annuity considerations							
3.		765,000	XXX		XXX	765,000		
4.								
5.	Totals (Sum of Lines 1 to 4)	109,776,658		5,553,209		115,329,867		
	DIRECT DIVIDENDS TO							
	POLICYHOLDERS/REFUNDS TO MEMBERS							
	surance:							
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period							
6.4	- 1 3 9 1							
Annui								
7.1								
7.2	Applied to provide paid-up annuities							
7.3	Other							
7.4	- · · · · - · · · - · · · - · ·							
8.	Grand Totals (Lines 6.5 plus 7.4)							
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits	11 783 335		3 015 200		18 608 535		
10.	Matured endowments			· · ·				
11.	Annuity benefits	17 744 723						
12.		9,998,627						
	Aggregate write-ins for miscellaneous direct claims							
14.	All other benefits, except accident and health	294,005				294,005		
15.	Totals	72,820,690		3,915,200		76,735,890		
	DETAILS OF WRITE-INS							
1301.								
1302.								
1303.								
1398.	Summary of Line 13 from overflow page				[
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							

	,	Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH	<u> </u>						7		0	10tai 10
	1	2	3	4	5	6	/	8	9	10
BENEFITS AND			No. of							
MATURED	No. of		Ind.Pols.				No. of		No. of	
ENDOWMENTS	Pols. &		& Gr.		No. of		Pols. &		Pols. &	
INCURRED	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount	Certifs.	Amount
16. Unpaid December 31, prior		10 110 100				044 000			00	44 004 700
year	58	10,440,180			11	841,600				11,281,780
17. Incurred during current year	348	47,325,653			57	5,087,300			405	52,412,953
Settled during current year:										
18.1 By payment in full	341	44,783,335			56	3,915,200			397	48,698,535
18.2 By payment on										, ,
compromised claims	341	44,783,335			56	3,915,200			397	48,698,535
18.4 Reduction by compromise										
18.5 Amount rejected			L							
18.6 Total settlements	341	44,783,335			56	3,915,200			397	48,698,535
19. Unpaid Dec. 31, current										
year (16+17-18.6)	65	12,982,498			12	2,013,700			77	14,996,198
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior	100 075	44 000 700 047			١ ,	715 400 001			100 077	44 000 100 070
year	108,975									44,939,132,978
21. Issued during year	/,330	3,298,764,992	ļ						7,330	3,298,764,992
22. Other changes to in force (Net)	(5,975)	(1,891,311,976)				(9,054,000)			(5,975)	(1,900,365,976)
23. In force December 31 of current year	110,330	45,631,182,963		(a)	2	706,349,031			110,332	46,337,531,994

_	currerit yeur	,	,,	(α)	_	, ,			,	,-
(a	a) Includes Individual Credit Life	nsurance p	rior year \$, current year \$				•	
	Includes Group Credit Life Inst	ırance Loai	ns less than or equ	ual to 60 months at	issue, prior year \$, CI	urrent year \$		
	Loans greater than 60 months	at issue Bl	JT NOT GREATER	R THAN 120 MON	ΓHS, prior year \$, CI	urrent year \$		

ACCIDENT AND HEALTH INSURANCE

	/ (O O I D E I (I / (I I D		V		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	on Direct Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	96				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25	i.6)				

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, Prior Year	11,639,118
2.	Current year's realized pre-tax capital gains/(losses) of \$5,932,238 transferred into the reserve net of taxes of \$1,245,770	4,686,468
3.	Adjustment for current year's liability gains/(losses) released from the reserve	
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	16,325,586
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	2,308,030
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	14,017,556

AMORTIZATION

	7 411	1	2	3	4
	Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1.	2020	1,830,518	477,512		2,308,030
2.	2021	1,384,707	749,256		2,133,963
3.	2022	1,223,191	586,292		1,809,483
4.	2023	1,145,721	508,999		1,654,720
5.	2024	1,045,359	425,433		1,470,792
6.	2025	883,993	341,190		1,225,183
7.	2026	715,687	278,264		993,951
8.	2027	548,214	232,756		780,970
9.	2028	367,068	186,296		553,364
10.	2029	267,424	138,392		405,816
11.	2030	225 , 183	89,520		314,703
12.	2031	187,534	62,303		249,837
13.	2032	182,492	57,776		240,268
14.	2033	189,061	53,535		242,596
15.	2034		48,046		239,499
16.	2035	182,226	43,117		225,343
17.	2036	172,351	41,543		213,894
18.	2037	160 , 155	42,989		203, 144
19.	2038	142,814	43, 173		185,987
20.	2039	125,665	45,513		171, 178
21.	2040	109,395	46,037		155,432
22.	2041	92,206	44,036		136,242
23.	2042	73,392	36,786		110,178
24.	2043	59,715	31,071		90,786
25.	2044	45,145	24,169		69,314
26.	2045	33,444	17,479		50,923
27.	2046	24,702	12,315		37,017
28.	2047	16,637	9,796		26,433
29.	2048	10,101	6,997		17,098
30.	2049	3,565	4,478		8,043
31.	2050 and Later		1,399		1,399
32.	Total (Lines 1 to 31)	11,639,118	4,686,468		16,325,586

ASSET VALUATION RESERVE

	Default Component				Equity Component		
	1	2	3	4	5 Real Estate and	6	7
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
Reserve as of December 31, prior year	2,962,342	718,725	3,681,067	6,279,422	11,154,211	17,433,633	21, 114, 700
Realized capital gains/(losses) net of taxes - General Account	(88,508)		(88,508)	3,435,824	4,566	3,440,390	3,351,882
Realized capital gains/(losses) net of taxes - Separate Accounts							
Unrealized capital gains/(losses) net of deferred taxes - General Account				3,058,892	2,441,996	5,500,888	5,500,888
Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	621,364	205,566	826,931				826,931
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	3,495,199	924,291	4,419,490	12,774,138	13,600,773	26,374,911	30,794,401
9. Maximum reserve	3,613,614	898,535	4,512,149	7,772,658	14,080,580	21,853,239	26,365,388
10. Reserve objective	1,940,524	690,523	2,631,047	7,768,936	14,080,580	21,849,517	24,480,564
11. 20% of (Line 10 - Line 8)	(310,935)	(46,754)	(357,689)	(1,001,040)	95,962	(905,079)	(1,262,767)
12. Balance before transfers (Lines 8 + 11)	3, 184, 264	877,538	4,061,802	11,773,098	13,696,734	25,469,832	29,531,634
13. Transfers				(383,846)	383,846		
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero				(3,616,594)		(3,616,594)	(3,616,594)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	3, 184, 264	877,538	4,061,802	7,772,658	14,080,580	21,853,238	25,915,040

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

No. No. Posity Posity		DELIACE CONTRIBUTION December Objective Maximum December 1											
Inche Paris Pari				1	2	3	4		Contribution	Reserv			
Num	Line	MAIC			Pooloogify.			5	6	7	8	9	10
Description Description Carrying Value Encumbrances Code 1.2 - 3) Factor Code 4.7 Factor Code				Book/Adjusted		Add Third Party			Amount		Amount		Amount
LONG-TERM BONDS			Description					Factor		Factor		Factor	
1	501	IGUOTI	'	ourrying value	Enoumbranoco	Liteambraness	(0013. 1 1 2 1 3)	i actor	(OOI3.4 X 0)	i actor	(OOI3. 4 X I)	1 actor	(COI3. 4 X 3)
2	1			264 015 299	YYY	YYY	264 015 299	0.000		0.000		0.000	
22 1 NAC Designation Category 1 B 96,210,162 30XX 577,286 0.0005 2.886 0.016 153,885 0.0033 317,484 24 1 NAC Designation Category 1 D 0.875,845 30XX 30XX 5,77,286 0.0005 3.483 0.016 11,1002 0.0033 22,891 24 1 NAC Designation Category 1 D 0.875,844 30XX 30XX 5,72,255 30XX 30XX 5,72,255 30XX 30XX 5,72,255 30XX 30XX 3,72,255 30XX 30XX 3,72,255 30XX 30XX 3,72,255 30XX 3,72,255 30XX 3,72,255 30XX 3,72,255 30XX 3,72,255 3,72,		1							190 981		611 140		1 260 475
2.3		1											
2.4		1											
2.5		1											
2.6		1											
NAC Designation Category 1 G		1	0 0,										
2.8 Subblal NAIC 12 (2:1-2:2-2:2-3:2-4:2-5:2-6-2:7) 611,975,800 XXX S05,988 XXX S79,161 XXX 2.019,520 3.1 3.2 3.2 3.1 3.2 3.2 3.1 3.2 3.2 3.1 3.2		1	NAIC Designation Category 1.G										
3.1 2		-	Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)							XXX			
3		2							,.				
3.3 2	_		0 0,										
3													
4.1 3		_											
4.2 3		3		,,			,		,				.,,
4.3 3		3											
August Subtotal NAIC 3 (4.1+4.2+4.3)		3											
S.1	_	•											
5.2 4		4											
Solution Solution		4											
Subtotal NAIC 4 (5.1+5.2+5.3)		4	0 0,										
6.1 5		•											
6.2 5 NAIC Designation Category 5.B XXX XXX XXX 0.0630 0.1128 0.1880 6.3 5 NAIC Designation Category 5.C XXX XXX 0.0630 0.1128 0.1880 6.4 Subtotal NAIC 5 (6.1+6.2+6.3) XXX		5	` ′								_		
6.3 5 NAIC Designation Category 5.C.	_												
6.4 Subtotal NAIC 5 (6.1+6.2+6.3)													
7. 6 NAIC 6		-	Subtotal NAIC 5 (6.1+6.2+6.3)					XXX		XXX		XXX	
8. Total Unrated Multi-class Securities Acquired by Conversion XXX XXX XXX XXX 9. Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8) 1,025,497,751 XXX XXX XXX 1,936,004 XXX 3,604,290 10. 1 Highest Quality XXX XXX XXX XXX XXX XXX 3,604,290 11. 2 High Quality XXX XXX XXX XXX XXX XXX 12. 3 Medium Quality XXX XXX XXX XXX XXX XXX XXX 13. 4 Low Quality XXX XXX XXX XXX XXX XXX 14. 5 Lower Quality XXX XXX XXX XXX XXX XXX 15. 6 In or Near Default XXX XXX XXX XXX XXX		6											
9. Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8) 1,025,497,751 XXX XXX 1,025,497,751 XXX 619,952 XXX 1,936,004 XXX 3,604,290 PREFERRED STOCKS 10. 1 Highest Quality		•											
PREFERED STOCKS	_			1.025.497.751			1.025.497.751		619.952		1.936.004		3.604.290
10. 1 Highest Quality 0.0005 0.0016 0.0033 11. 2 High Quality 0.0021 0.0064 0.0106 12. 3 Medium Quality 0.0099 0.0263 0.0376 13. 4 Low Quality 0.0245 0.0572 0.0817 14. 5 Lower Quality 0.0630 0.1128 0.1880 15. 6 In or Near Default XXX XXX XXX 0.0000 0.2370 0.2370				.,,	7001	7001	1,120,101,101	7001	- 10,000	7001	1,000,000	7001	*,,
11. 2 High Quality 0.0021 0.0064 0.0106 12. 3 Medium Quality 0.0099 0.0263 0.0376 13. 4 Low Quality 0.0245 0.0572 0.0817 14. 5 Lower Quality 0.0630 0.1128 0.1880 15. 6 In or Near Default XXX XXX XXX 0.0000 0.2370 0.2370	10.	1			XXX	XXX		0.0005		0.0016		0.0033	
12. 3 Medium Quality XXX XXX 0.0099 0.0263 0.0376 13. 4 Low Quality XXX XXX XXX 0.0245 0.0572 0.0817 14. 5 Lower Quality XXX XXX XXX 0.0630 0.1128 0.1128 0.1880 15. 6 In or Near Default XXX XXX XXX 0.0000 0.2370 0.2370	-	2	High Quality										
13. 4 Low Quality 0.0245 0.0572 0.0817 14. 5 Lower Quality 0.0630 0.1128 0.1880 15. 6 In or Near Default XXX XXX XXX 0.0000 0.2370 0.2370		3											
14. 5 Lower Quality 0.0630 0.1128 0.1880 15. 6 In or Near Default XXX XXX XXX		4											
15. 6 In or Near Default		5											
	15.	6						0.0000		0.2370		0.2370	
	16.		Affiliated Life with AVR					0.0000		0.0000			
17. Total Preferred Stocks (Sum of Lines 10 through 16) XXX XXX XXX XXX XXX XXX XXX XXX XXX			Total Preferred Stocks (Sum of Lines 10 through 16)					XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

		T	4	2	3	OWN ONLY		Contribution	Dagam	ve Objective	Maximum Reserve	
			I	2	3	Balance for	5 Basic C	6	7	R Objective	Q IVIAXIITIU	10
Line	NAIC			Reclassify		AVR Reserve	ŭ	O .	,	O O	3	10
Num-	Desig-		Book/Adjusted	Related Party	Add Third Party	Calculations		Amount		Amount		Amount
ber	nation	Description	Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		SHORT-TERM BONDS										
18.		Exempt Obligations		XXX	XXX		0.000		0.000		0.000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.005		0.0016		0.0033	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.005		0.0016		0.0033	
19.6	1	NAIC Designation Category 1.F	2,825,374	XXX	XXX	2,825,374	0.0005	1,413	0.0016	4,521	0.0033	9,324
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	2,825,374	XXX	XXX	2,825,374	XXX	1,413	XXX	4,521	XXX	9,324
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	2.825.374	XXX	XXX	2,825,374	XXX	1.413	XXX	4.521	XXX	9.324
		DERIVATIVE INSTRUMENTS	_,,,	7001	7001	=,==,,	7001	1, 1.12	7001	.,	7001	-,
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality	•	XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	1.028.323.125	XXX	XXX	1.028.323.125	XXX	621.364	XXX	1,940,524	XXX	3,613,614

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

				I AULI U	OIVIF CIVE						
		1	2	3	4		ntribution	Reserve	Objective		m Reserve
Num- De	AIC sig-tion Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
Dei Ha	'	Carrying value	Liicumbiances	Liicumbiances	(COIS. 1 + 2 + 3)	Factor	(COIS.4 X 5)	Factor	(Cois. 4 x 7)	Factor	(Cois. 4 X 9)
	MORTGAGE LOANS										
25	In Good Standing:			VVV		0.0011		0.0057		0.0074	
35.	Farm Mortgages - CM1 - Highest Quality Farm Mortgages - CM2 - High Quality			XXX XXX		0.0040		0.0114		0.0149	
36.	Farm Mortgages - CM2 - High Quality			XXX		0.0040		0.0200		0.0257	
37. 38.	Farm Mortgages - CM3 - Medium Quality			XXX		0.0120		0.0343		0.0428	
				XXX		0.0183		0.0486		0.0628	
39.	Farm Mortgages - CM5 - Low Quality			XXX		0.0003		0.0007		0.0011	
40. 41.	Residential Mortgages - Insured or Guaranteed				-	0.0015		0.0034		0.0046	
	Residential Mortgages - All Other			XXX		0.0003		0.0007		0.0011	
42.	Commercial Mortgages - Insured or Guaranteed	40.215.574		XXX	40.215.574	0.0011	44,237	0.0057	229.229	0.0074	297.595
43.	Commercial Mortgages - All Other - CM1 - Highest Quality	32,578,577		XXX	32.578.577	0.0040	130.314	0.0037	371.396	0.0149	485.421
44.	Commercial Mortgages - All Other - CM2 - High Quality	4.494.920		XXX XXX	4.494.920	0.0069	31.015	0.0200		0.0257	485,421
45.	Commercial Mortgages - All Other - CM3 - Medium Quality	4,494,920		XXX	4,494,920	0.0069	31,015	0.0200	89,898	0.0257	115,519
46.	Commercial Mortgages - All Other - CM4 - Low Medium Quality			xxx		0.0120		0.0343		0.0428	
47.	Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
	Overdue, Not in Process:										
48.	Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49.	Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.	Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51.	Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52.	Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
	In Process of Foreclosure:										
53.	Farm Mortgages			XXX		0.0000		0.1942		0.1942	
54.	Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.	Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
56.	Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
57.	Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
58.	Total Schedule B Mortgages (Sum of Lines 35 through 57)	77,289,071		XXX	77,289,071	XXX	205,566	XXX	690,523	XXX	898,535
59.	Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60.	Total Mortgage Loans on Real Estate (Lines 58 + 59)	77,289,071		XXX	77,289,071	XXX	205,566	XXX	690,523	XXX	898,535

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic Co	ontribution	Reserve	Objective	Maximui	m Reserve
Line Num- ber		Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1.		Unaffiliated - Public	61,853,621	XXX	XXX	61,853,621	0.000		0.1255 (a)	7,762,629	0.1255 (a)	7,762,629
2.		Unaffiliated - Private		XXX	XXX		0.000		0 . 1945		0.1945	
3.		Federal Home Loan Bank	1,033,900	XXX	XXX	1,033,900	0.000		0.0061	6,307	0.0097	10,029
4.		Affiliated - Life with AVR		XXX	XXX		0.000		0.0000		0.000	
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				[0.0000		0.1255 (a)		0.1255 (a)	
13.		Unaffiliated Common Stock - Private					0.000		0.1945		0.1945 L	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	xxx		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	62,887,521			62,887,521	XXX		XXX	7,768,936	XXX	7,772,658
18.		REAL ESTATE Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
_ 		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22.		Exempt Obligations		XXX	XXX		0.000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	,

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			EQUIT	AND OTH	EL IIAAES	DIED AGG	E I CON					
			1	2	3	4	Basic C	Contribution	Reserv	e Objective	Maximu	m Reserve
						Balance for	5	6	7	8	9	10
Line				Reclassify		AVR Reserve						
Num-			Book/Adjusted	Related Party	Add Third Party	Calculations		Amount	_	Amount		Amount
ber	nation	Description	Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS										
		OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
31.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
32.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
33.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
34.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30										
		through 36)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS										
		OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
39.		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
40.		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
41.		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42.		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
43.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.007		0.0011	
44.		Residential Mortgages - All Other		XXX	XXX		0.0015		0.0034		0.0046	
45.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue. Not in Process Affiliated:										
46.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
52.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
53.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
54.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
56.		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57.		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
58.		Unaffiliated - In Good Standing With Covenants Unaffiliated - In Good Standing Defeased With Government					(C)		(C)		(0)	
56.		Securities			XXX		0.0011		0.0057		0.0074	
59.		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
60.		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
61.		Unaffiliated - In Good Standing All Other			XXX		0.0480		0.0868		0.1371	
62.		Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1942		0.1942	
63.		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic Co	ontribution	Reserve	e Objective	Maximur	n Reserve
Line				Reclassify		Balance for AVR Reserve	5	6	7	8	9	10
Num-	Desig-	D 1.0	Book/Adjusted	Related Party	Add Third Party	Calculations		Amount	- .	Amount		Amount
ber	nation	Description	Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS										
		OF COMMON STOCK					0.0000		0.4500 ()		0.4500 ()	
65.		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
66.		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
67.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68.		Affiliated Certain Other (See SVO Purposes & Procedures		100/	2004		0.0000		0.1580		0.1580	
		Manual)		XXX	XXX							
69.				XXX	XXX		0.0000		0.1945		0.1945	
70.		Total with Common Stock Characteristics (Sum of Lines 65		2007	2007		2004		2007		2004	
		through 69) INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS		XXX	XXX		XXX		XXX		XXX	
		OF REAL ESTATE										
							0.0000		0.0040		0.0040	
71.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
72.		Investment Properties					0.0000		0.0912		0.0912	
73		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					xxx		XXX		xxx	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80.		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
		ALL OTHER INVESTMENTS										
81.		NAIC 1 Working Capital Finance Investments		XXX			0.000		0.0042		0.0042	
82.		NAIC 2 Working Capital Finance Investments		XXX			0.000		0.0137		0.0137	
83.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580	14,080,580	0 . 1580	14,080,58
84.		Other Short-Term Invested Assets - Schedule DA	, , , ,	XXX		, , , , ,	0.0000		0.1580	, , , ,	0.1580	, ,-
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	89,117,597	XXX		89,117,597	XXX		XXX	14,080,580	XXX	14,080,58
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	89,117,597	, , , , ,		89,117,597	XXX		XXX	14,080,580	XXX	14,080,58

⁽a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

⁽b) Determined using the same factors and breakdowns used for directly owned real estate.

⁽c) This will be the factor associated with the risk category determined in the company generated worksheet.

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5 NAIC Designation or	6	7	8 AVD	9
RSAT Number	Туре	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
						†		
						ļ		
0599999 - Total				ļ				

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

5399999 - Totals				500,000	643,079		XXX
5299999. Claims	Resisted During C	urrent Year					XXX
	es with Life Conting		s - Resisted				XXX
	d Endowments Cla						XXX
	ty Benefits Claims						XXX
Resiste		ui Deliellis Cla	13 -				xxx
3199999. Death 0	Claims - Resisted nal Accidental Deat	th Benefite Cla	ime -				XXX
	Disposed of During	g Current Year	-	500,000	643,079		XXX
Of							XXX
2599999. Annuitie	d Endowments Cla es with Life Conting	gency Claims -	Disposed				***
	ty Benefits Claims						XXX
Dispos	ed Of						XXX
1099999. Addition	nal Accidental Deat	th Benefits Cla	nims -	000,000	040,070		
0199999. Death (Diaims - Ordinary Claims - Disposed (∩f		500,000 500,000	643,079 643,079		XXX
	02015-0064		2015	500,000	643,079		has been made.
1 000000570	00045 0004		0045	500.000	040.670		This claim has been closed and payment
Numbers	Numbers	Claimant	Disability	Amount Claimed	During the Year	Current Year	Why Compromised or Resisted
Contract	Claim	Residence of	Claim for Death or		Amount Paid	Amount Resisted Dec. 31 of	
·	_	State of	Year of	· ·	Ů	•	
1	2	3	4	5	6	7	8

Schedule H - Part 1 - Analysis of Underwriting Operations

NONE

Schedule H - Part 2 - Reserves and Liabilities

NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2

Re	insurance Reco	verable on Paid and Unpaid Losses Listed by Reinsuring Compan	y as of Dece	ember 31, Current Ye	ear
2	3	4	5	6	
ın	F#+:		D : - : ! :		

1			verable on Paid and Unpaid Losses Listed by Reinsurin		,	
	2	3	4	5	6	7
NAIC						
Company	ID	Effective		Domiciliary		
Code	Number	Date	Name of Company	Jurisdiction	Paid Losses	Unpaid Losses
	otal Life and A					
	otal Life and A					
0799999. T	otal Life and A		tes			
66346	58-0828824	01/01/1998	Munich American Reassurance Company		41,700	
66346	58-0828824	10/11/2013	Munich American Reassurance Company	GA L		454,0
66346		09/01/2015	Munich American Reassurance Company		175,971	166,2
93572	43-1235868	09/01/2015	RGA Reinsurance Company		62,500	418,7
64688	75-6020048	04/01/2004	Scor Global Life Americas Reinsurance Company	DE		810,0
64688	75-6020048	05/01/2009	Scor Global Life Americas Reinsurance Company	DE	80,325	972,
64688	75-6020048	10/10/2013	Scor Global Life Americas Reinsurance Company	DE		489,0
97071	13-3126819	09/01/2015	Scor Global Life USA Reinsurance Company	DE		190,0
82627	06-0839705	01/01/1996	Swiss Re Life & Health America, Inc.			1.500.0
82627	06-0839705	06/15/2000	Swiss Re Life & Health America, Inc.	MO		292.0
82627	06-0839705	05/01/2007	Swiss Re Life & Health America, Inc.		21,640	
82627		07/10/2010	Swiss Re Life & Health America, Inc.			1.267.7
82627			Swiss Re Life & Health America, Inc.			12.5
66133	41-1760577	08/01/2008	Wilton Reassurance Company			26.7
	ife and Annuity			1111	517.417	6,599,0
	otal Life and A				517,417	6.599.0
	otal Life and A		Millates		517,417	6,599,0
	otal Accident		C Affiliatos		317,417	0,000,0
			on-U.S. Affiliates			
	otal Accident a					
	otal Accident a		on-Affiliates			
	otal Accident a					
			0899999, 1499999 and 1999999)		517,417	6,599,0
2499999. T	otal Non-U.S.	(Sum of 0699	999, 0999999, 1799999 and 2099999)			
-						

SCHEDULE S - PART 3 - SECTION 1

Denosit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31. Current Year

		Reinsu	rance Ceded Life Insurance, Annuities, Deposit Funds a	and Other Lia	bilities Without	Life or Disabil	ity Contingencies,			einsuring Compa			Year	
1	2	3	4	5	6	7	8	Reserve Cr	edit Taken	11	Outstanding S	Surplus Relief	14	15
				Domi-				9	10		12	13		
NAIC				ciliary	Type of	Type of							Modified	Funds Withheld
Company	ID	Effective		Juris-	Reinsurance	Business	Amount in Force						Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
0399999. 7	otal General	Account - Au	uthorized U.S. Affiliates											
0699999. 7	otal General	Account - Au	uthorized Non-U.S. Affiliates											1
0799999.	otal General	Account - Au	uthorized Affiliates											
82627	06-0839705		Swiss Re Life & Health America. Inc.	MO	YRT/I	0L	5,408,553	77.585	81,647	40.423				
82627			Swiss Re Life & Health America, Inc.	MO	YRT/I	0L	631,000	374	347	6,777				
82627			Swiss Re Life & Health America, Inc.	MO	CO/I	0L	275,000	8,268	17,142	9,372				
82627			Swiss Re Life & Health America, Inc.	MO	YRT/I	0L	356,567	6,220	16,431	3,988				
82627		08/01/1977	Swiss Re Life & Health America, Inc.	MO	YRT/I	0L	100,000	4,683	1,890	7,821				
82627			Swiss Re Life & Health America, Inc.	MO	YRT/I	0L	11,222,000	85.008		46.455				
82627			Swiss Re Life & Health America, Inc.	MO		OL.	500,000	7,448	6,813	7,051				
82627	06-0839705	.11/01/1984	Swiss Re Life & Health America, Inc.	MO		OL	29,770,000	216,245	231,879	338,969				
82627		.10/01/1994	Swiss Re Life & Health America, Inc.	MO	CO/I	OL	500,000	16,825	17,541	5,904				
82627	06-0839705	01/01/1996	Swiss Re Life & Health America, Inc.	MO	00/I	OL	17,100,000	77,849	95,681	127,056				
82627		09/19/1997	Swiss Re Life & Health America, Inc.	MO	00/I	0L	1,394,137,800	5,529,000	5,743,326	1,665,889				
82627	06-0839705	.06/15/2000	Swiss Re Life & Health America, Inc.	MO		XXXL	1,671,777,717	16,833,624	17,562,834	2,705,645				
82627			Swiss Re Life & Health America, Inc.	MO	00/I	OL.		481	5,499	1,239				
82627			Swiss Re Life & Health America, Inc.	MO	YRT/I	0L		1,752	1,885	6,534				
82627		.01/01/1983	Swiss Re Life & Health America, Inc.	MO	YRT/I	0L		27,720	28,675	14,568				
82627			Swiss Re Life & Health America, Inc.	MO	CO/I	XXXL	196,827,250	3,542,376	3,489,304	359,072				
82627			Swiss Re Life & Health America, Inc.	MO	CO/I	XXXL	1,459,551,249	27,647,613	24,981,928	2,413,844				
82627		.05/01/2007	Swiss Re Life & Health America, Inc.	MO	YRT/I	OL	36, 104, 500	97,719	88,846	223,667				
82627		.05/13/2013	Swiss Re Life & Health America, Inc.	MO	YRT/I	OL	2,922,492	8,088	7,247	13,307				
82627			Swiss Re Life & Health America, Inc.	MO	YRT/I	OL	8, 196, 000	2,494						
82627			Swiss Re Life & Health America, Inc.	MO	YRT/I	XXXL	147,043,635	30,572		127				
65676			Lincoln National Life Insurance Company	IN	YRT/I	0L	6,404,898	3,013	11,447	57,542				
66133			Wilton Reassurance Company	MN	00/I	XXXL	612,243,065	11,944,717	11,615,298	1,026,822				
16535			Zurich American Insurance Company	NY	CAT/G	OL.				60,750				
66346		.01/01/1998	Munich American Reassurance Company	GA	YRT/G	OL.	123,546,300			335,983				
66346			Munich American Reassurance Company	GA	00/1	XXXL	1, 127, 387, 364	18,720,405	15,984,312					***************************************
66346			Munich American Reassurance Company	GA	0/1	XXXL	2,887,204,477	21,468,160	15,212,554	1,712,975				
66346			Munich American Reassurance Company	GA	YRT/I	XXXL	164,081,972	33,392	40.700.004	4,560,098				
93572	43-1235868		RGA Reinsurance Company	MO	00/1	XXXL	2,453,514,433	19,416,296	13,796,291	153				
64688		.04/01/2004	Scor Global Life Americas Reinsurance Company	DE	00/1	XXXL	4,509,776,064	54,080,673	56,922,437	4,502,939				
			Scor Global Life Americas Reinsurance Company	DE	00/1	XXXL	2,513,497,050	50,592,415	48,421,492	7,506,708				
	75-6020048	10/31/2011	Scor Global Life Americas Reinsurance Company		0/1	XXXL	2,065,009,226	38,707,606	35,212,972	4,467,756				
	75-6020048	. 10/ 10/ 20 13	Scor Global Life Americas Reinsurance Company	DE DE	CO/IYRT/I	XXXL 0L	1,467,114,232 20,568,000	21,444,164 29,550	18,506,993 29,089	3, 123,986 2,218,829				***************************************
			Scor Global Life USA Reinsurance Company	DE		XXXL	3,291,270,830	24,702,761	17,557,545	2,210,629				
			Scor Global Life USA Reinsurance Company	DE	YRT/I	XXXL	135,953,634	27,608	17,557,545	5, 196, 287				
			Optimum Re Insurance Company	ту	YRT/I	XXXL	32,816,395	6,405		J, 130, 401				·
			zed U.S. Non-Affiliates	1 /	Ini/ I		26,392,861,703	315,399,109	285,727,475	42,768,834				
			zed U.S. Non-Affiliates uthorized Non-Affiliates				26,392,861,703	315,399,109	285,727,475	42,768,834				+
	otal General						26,392,861,703	315,399,109	285,727,475	42,768,834				+
			nauthorized U.S. Affiliates				1							
			nauthorized Non-U.S. Affiliates											
			nauthorized Affiliates											1
			nauthorized Non-Affiliates											
	otal General													
			ertified U.S. Affiliates											
			ertified Non-U.S. Affiliates											
2999999. 7	otal General	Account - Ce	ertified Affiliates											
3299999. 7	otal General	Account - Ce	ertified Non-Affiliates								_			
3399999. 7	otal General	Account Cer	tified											
			eciprocal Jurisdiction U.S. Affiliates											
			eciprocal Jurisdiction Non-U.S. Affiliates											
													•	

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

		Remsu	rance Ceded Life insurance, Annuilles, Deposit Funds at	id Other Lie	abilities without	Life of Disabil	ity Contingencies,			insuming Compa			T ear	
1	2	3	4	5	6	7	8	Reserve Cr		11	Outstanding S	Surplus Relief	14	15
				Domi-				9	10		12	13		
NAIC				ciliary	Type of	Type of							Modified	Funds Withheld
Company	ID	Effective		Juris-	Reinsurance	Business	Amount in Force						Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
			eciprocal Jurisdiction Affiliates											
			eciprocal Jurisdiction Non-Affiliates											
			ciprocal Jurisdiction											
			horized, Unauthorized, Reciprocal Jurisdiction, and Certified				26,392,861,703	315,399,109	285,727,475	42,768,834				
			Authorized U.S. Affiliates											
			Authorized Non-U.S. Affiliates											
			Authorized Affiliates											
			Authorized Non-Affiliates											
	Total Separate													
			Unauthorized U.S. Affiliates											
			Unauthorized Non-U.S. Affiliates											
			Unauthorized Affiliates											
			Unauthorized Non-Affiliates											
	Total Separate													
			Certified U.S. Affiliates											
			Certified Non-U.S. Affiliates											
			Certified Affiliates											
			Certified Non-Affiliates											
	Total Separate													
			Reciprocal Jurisdiction U.S. Affiliates											
			Reciprocal Jurisdiction Non-U.S. Affiliates											
			Reciprocal Jurisdiction Affiliates											
			Reciprocal Jurisdiction Non-Affiliates											
			Reciprocal Jurisdiction											
			authorized, Unauthorized, Reciprocal Jurisdiction and Certified											
9199999.			9, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 41	99999, 48999	999, 5399999, 599	9999, 6499999,								
	,	,	999 and 8699999)				26,392,861,703	315,399,109	285,727,475	42,768,834				
9299999.			99999, 0999999, 1799999, 2099999, 2899999, 3199999, 399999	9, 4299999, 5	5199999, 5499999	9, 6299999,								
		99999, 7699	999, 8499999 and 8799999)											
9999999 -	- Totals						26,392,861,703	315,399,109	285,727,475	42,768,834				

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

	T	(\$000	Omitted) 2	3	4	5
		2020	2019	2018	2017	2016
	A. OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	42,769	43,060	40,903	38,577	36,210
2.	Commissions and reinsurance expense allowances	10,866	11,276	11,075	10,984	10,294
3.	Contract claims	17,382	24,986	22,207	15,044	17,963
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders and refunds to members					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserve for life and accident and health contracts	29,672	30,535	28,569	26,543	24,113
	B. BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	3,682	4,292	4,077	3,649	3,579
9.	Aggregate reserves for life and accident and health contracts	315,399	285,727	255 , 192	226,624	200,081
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid	7,642	4,649	3,854	5,575	1,966
12.	Amounts recoverable on reinsurance	517	1,051	3,856	1,035	628
13.	Experience rating refunds due or unpaid			284	12	213
14.	Policyholders' dividends and refunds to members (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due	781	1,098	1,051	1,007	1,042
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

		As Reported	2 Restatement	Restated
	20FT0 (Parts 0, 0al 0)	(net of ceded)	Adjustments	(gross of ceded)
	SSETS (Page 2, Col. 3)	1 000 107 007		1 000 107 007
	ash and invested assets (Line 12)		(1,298,009)	
	einsurance (Line 16)			
	remiums and considerations (Line 15)			
	et credit for ceded reinsurance		320,657,514	
	l other admitted assets (balance)		000 044 004	56,142,430
	otal assets excluding Separate Accounts (Line 26)		323,041,384	1,783,241,424
	eparate Account assets (Line 27)		200 041 204	1 700 041 404
	otal assets (Line 28)	1,460,200,040	323,041,384	1,783,241,424
	ABILITIES, CAPITAL AND SURPLUS (Page 3)	500 000 010	0.45 000 400	4 404 405 740
	ontract reserves (Lines 1 and 2)			
	ability for deposit-type contracts (Line 3)			
	aim reserves (Line 4)		7,642,275	
	olicyholder dividends/member refunds/reserves (Lines 5 through 7)			
	remium & annuity considerations received in advance (Line 8)			
	ther contract liabilities (Line 9)			
	einsurance in unauthorized companies (Line 24.02 minus inset amount)			
	unds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Re	einsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Fu	unds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
	l other liabilities (balance)			152,482,999
	otal liabilities excluding Separate Accounts (Line 26)		323,041,384	1,428,527,926
21. Se	eparate Account liabilities (Line 27)			
22. To	otal liabilities (Line 28)	1,105,486,542	323,041,384	1,428,527,926
23. Ca	apital & surplus (Line 38)	354,713,498	XXX	354,713,498
24. To	otal liabilities, capital & surplus (Line 39)	1,460,200,040	323,041,384	1,783,241,424
NE	ET CREDIT FOR CEDED REINSURANCE			
25. Co	ontract reserves	315,399,109		
26. Cla	aim reserves	7,642,275		
27. Po	olicyholder dividends/reserves			
28. Pr	remium & annuity considerations received in advance			
29. Lia	ability for deposit-type contracts			
30. Ot	ther contract liabilities			
31. Re	einsurance ceded assets	1,298,009		
32. Ot	ther ceded reinsurance recoverables			
33. To	otal ceded reinsurance recoverables	324,339,393		
34. Pr	remiums and considerations	3,681,879		
35. Re	einsurance in unauthorized companies			
36. Fu	unds held under reinsurance treaties with unauthorized reinsurers			
37. Re	einsurance with Certified Reinsurers			
38. Fu	unds held under reinsurance treaties with Certified Reinsurers			
39. Ot	ther ceded reinsurance payables/offsets			
40. To	otal ceded reinsurance payable/offsets	3,681,879		
41. To	otal net credit for ceded reinsurance	320,657,514		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

Direct Business Only

			7 iiioodtod by c	States and Territ		iness Only		
			1	2	3 Disability	4 Long-Term	5	6
			Life (Group and	Annuities (Group and	Income (Group and	Care (Group and	Deposit-Type	
1.	States, Etc. Alabama	۸۱	Individual) 196,528	Individual) 13,500	Individual)	Individual)	Contracts	Totals 210.028
2.	Alaska		42,036	10,300				42,036
3.	Arizona		1,275,081	33,705				1,308,786
4.	Arkansas			7,000				116,611
5.	California	CA	6,076,449	540,745				6,617,194
6.	Colorado	СО	2,169,298	25,976				2,195,274
7.	Connecticut	СТ	8,625,579	2,111,146				10,736,725
8.	Delaware	DE	246,285	600				246,885
9.	District of Columbia		313,864					313,864
10.	Florida		5,635,760	451,828				6,087,588
11.	Georgia		4,386,503	70,886				4,457,389
12. 13.	Hawaii		207,609					38,911
14.	Illinois		1,687,176	81.823				1,768,999
15.	Indiana		562,400	10,000				572,400
16.	lowa		124,944					124,944
17.	Kansas		167,916	2,500				170,416
18.	Kentucky		380,071	26,068				406, 139
19.	Louisiana	LA	295,767	10,200				305,967
20.	Maine	ME	879,513	79,600				959 , 113
21.	Maryland	MD	2,267,826	301,002				2,568,828
22.	Massachusetts	MA	13,517,621	1,043,971				14,561,592
23.	Michigan	MI	1,020,315	6,581				1,026,896
24.	Minnesota		795,421	9,700				805 , 121
25.	Mississippi		106,124	770				106,894
26.	Missouri		354 , 195	600				354,795
27.	Montana		62,947	600				62,947
28. 29.	Nevada		134,279	17, 180				
30.	New Hampshire		2,907,451	· ·				,
31.	New Jersey		4,428,588	226,493				4,655,081
32.	New Mexico		295,258	1,684				296,942
33.	New York		8,304,561	645,395				8,949,956
34.	North Carolina	NC	4,498,970	166,974				4,665,944
35.	North Dakota	ND	20,322					20,322
36.	Ohio	ОН	1,389,128	42,981				1,432,109
37.	Oklahoma	OK	186,052					186,052
38.	Oregon		1,051,788	47, 104				1,098,892
39.	Pennsylvania		3, 136, 605	239,370				3,375,975
40.	Rhode Island		9,443,144	1,176,086				11,384,230
41.	South Dalate		1,167,666	261,162				1,428,828
42. 43.	South Dakota Tennessee		865,399	7,600				872,999
43.	Texas		10,038,045	481, 126				
45.	Utah		271,336					271,336
46.	Vermont		441,675	29,843				471,518
47.	Virginia		2,146,086	296,916				2,443,002
48.	Washington		2,367,957	93,788				2,461,745
49.	West Virginia	WV	92,337	6,500				98,837
50.	Wisconsin		570,829	4,083				574,912
51.	Wyoming		46 , 193					46 , 193
52.	American Samoa							
53.	Guam							
54.	Puerto Rico							
55.	U.S. Virgin Islands							
56.	Northern Mariana Islands							
57. 58.	Aggregate Other Alien							
58. 59.	Total	J1	105,787,410	8,777,457			765,000	115,329,867
Jy.	ı otal		100,707,410	0,111,401	<u> </u>	İ	700,000	110,020,00/

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Туре	lf		ļ ļ	
											of Control	Control		ļ ļ	
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company		Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0028	Amica Mutual Insurance Company		05-0348344				Amica Mutual Insurance Company	RI	UDP					N	
0028	Amica Mutual Insurance Company	72222	05-0340166				Amica Life Insurance Company	RI	RE	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	N	
		40007	00 0445500				Amica Property and Casualty Insurance					400.000		l !	
0028	Amica Mutual Insurance Company	12287	26-0115568				CompanyAmica General Agency, LLC.	RI	IA	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	. N	
	Amica Mutual Insurance Company	00000	05-0430401				Amica General Agency, LLC.	ні	NI A	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	N	
														-	
												· -			

Asterisk	

SCHEDULE Y

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

		1 7111 4	- SOMMAN			IIIAIIOAC						
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	` Incurred in '						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate.	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
19976	05-0348344	Amica Mutual Insurance Company	3,500,000	(50,000,000)	-	\ /	7,896,469	7,829,920			(30,773,611)	(74,299,419)
72222	05-0340166	Amica Life Insurance Company		50.000.000			4,979,485				54,979,485	
	26-0115568	Amica Property and Casualty Insurance					.,0.0,.00					
	20 0110000	Company					(11, 163, 898)	(7,829,920)			(18,993,818)	74,299,419
	05-0430401	Amica General Agency, LLC.	(3,500,000)				(1,712,056)	(7,020,020)	-		(5,212,056)	
	100 0400401	Ailliea deliciai Agency, LLO	(0,000,000)				(1,712,000)				(0,212,000)	
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9999999 Co	ntrol Totals								XXX			
9999999 CO	TILIOI TOLAIS					1			^^^			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

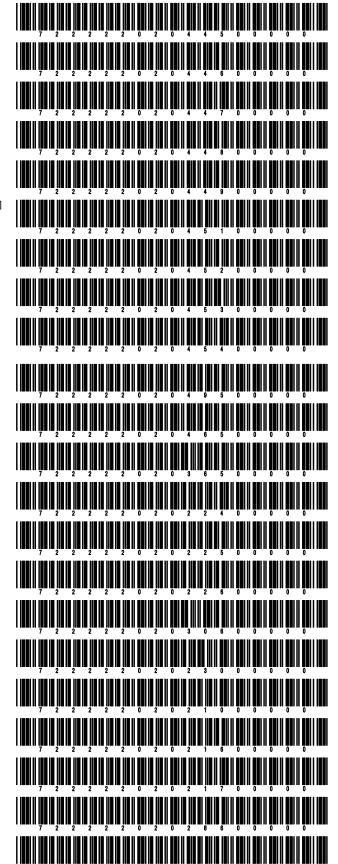
	_	Responses
1.	MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
٦.	APRIL FILING	120
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
	owing supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business	
	nent. However, in the event that your company does not transact the type of business for which the special report must be filed, your respond 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	
	whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	ly but is not being
12.	MARCH FILING Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compl and electronically with the NAIC by March 1?		NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Re NAIC by March 1?	egulation be filed with the state of domicile and electronically with the	NO NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guidelin NAIC by March 1?	ne XLIII be filed with the state of domicile and electronically with the	No
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strate domicile and electronically with the NAIC by March 1?	gy required by Actuarial Guideline XLIII be filed with the state of	
31.	Will the Management Certification That the Valuation Reflects Management's Indumicile and electronically with the NAIC by March 1?	tent required by Actuarial Guideline XLIII be filed with the state of	
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Gui NAIC by March 1?	deline XLIII be filed with the state of domicile and electronically with the	
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities b March 1?	required by the Model Regulation Permitting the Recognition of e filed with the state of domicile and electronically with the NAIC by	NO
34.	Will Supplemental Schodule O be filed with the state of demicile and the NAC by	,	NO NO
35. 36.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC be Will the Medicare Part D Coverage Supplement be filed with the state of domicile	•	NO NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the electronically with the NAIC by March 1?	ne five-year rotation requirement for lead audit partner be filed	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the electronically with the NAIC by March 1?		NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the NAIC by March 1?		NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the APRIL FILII	•	YES
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) requi April 1?		YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of c	domicile and the NAIC by April 1?	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile ar	, , , , , , , , , , , , , , , , , , , ,	NO
44. 45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		NO NO
46.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense	Allocation Report be filed with the state of domicile and the NAIC by	
47.	April 1?		NO YES
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit b	• •	YES
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the	NAIC by April 1?	NO
50.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with	• •	SEE EXPLANATION
51.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the	, ,	SEE EXPLANATION
52.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be AUGUST FIL	, ·	NO
53.	Will Management's Report of Internal Control Over Financial Reporting be filed v		SEE EXPLANATION
12.	Explanations:		
13.			
14. 15.			
18.			
19. 20.			
21.			
22. 23.			
24.			
26. 27.			
28. 33.			
34.			
35. 36.			
37.			
38. 39.			
42.			
43. 44.			
45.			
46. 49.			
50. 51.	Not Required Not Required		
52.	·		
53.	Not Required Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]		
13.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		
14.	Trusteed Surplus Statement [Document Identifier 490]		
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]		
18.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]		
19.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
- Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
- 26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
- Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
- 28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
- Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
- 34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
- 35. Supplemental Schedule O [Document Identifier 465]
- 36. Medicare Part D Coverage Supplement [Document Identifier 365]
- 37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 39. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 42. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 43. Credit Insurance Experience Exhibit [Document Identifier 230]
- 44. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 45. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 46. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 49. Variable Annuities Supplement [Document Identifier 286]
- Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Summary of Operations Line 53

Addition	ai write-ins for Summary of Operations Line 53		
		1	2
		Current Year	Prior Year
5304.	Change in retiree medical benefit liability	325,247	381,259
5305.	Correction of an error		(242,080)
5306.	Compensated absences accrual		(844,000)
5397.	Summary of remaining write-ins for Line 53 from overflow page	325,247	(704,821)

VM-20 Reserves Supplement - Part 1A NONE

VM-20 Reserves Supplement - Part 1B NONE

VM-20 RESERVES SUPPLEMENT - PART 2

Life PBR Exemption
For The Year Ended December 31, 2020
(To Be Filed by March 1)

	Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)				
1.	Has the company filed and been granted a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes [X]	Х]	No []
2.	If the response to Question 1 is "Yes", then check the source of the granted "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)				
	2.1 NAIC Adopted VM [X]				
	2.2 State Statute (SVL) [] Complete items "a" and "b" as appropriate.				
	a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes []	No []
	b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM:				
2.3	State Regulation [] Complete items "a" and "b" as appropriate.				
	a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes []	No []
	b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM:				

VM-20 RESERVES SUPPLEMENT - PART 3

Other Exclusions from Life PBR For The Year Ended December 31, 2020 (To Be Filed by March 1)

1A.	Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes []	No	[X	1
1B.	If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.					
2A.	If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?	Yes []	No	[ļ
2B.	If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.					
3.	Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the	Vac [)	Y 1	Nο	г	