



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2021
 OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code.....4918,..... 4918..... NAIC Company Code..... 86371..... Employer's ID Number..... 31-0522223.....
 (Current) (Prior)

Organized under the Laws of..... NJ..... State of Domicile or Port of Entry..... NJ.....
 Country of Domicile..... US.....
 Licensed as business type:..... Life, Accident & Health..... Is HMO Federally Qualified?..... N/A.....
 Incorporated/Organized..... 10/25/1947..... Commenced Business..... 02/06/1948.....
 Statutory Home Office..... 30 Montgomery Street, 15th Floor..... Jersey City, NJ, US 07302.....
 Main Administrative Office..... 30 Montgomery Street, 15th Floor.....
 Jersey City, NJ, US 07302..... 201-432-2133.....
 (Telephone)
 Mail Address..... 30 Montgomery Street, 15th Floor..... Jersey City, NJ, US 07302.....
 Primary Location of Books and
 Records..... 30 Montgomery Street, 15th Floor.....
 Jersey City, NJ, US 07302..... 201-432-2133.....
 (Telephone)
 Internet Website Address..... www.cloverhealth.com.....
 Statutory Statement Contact..... Mark Herbers..... 201-432-2133.....
 (Telephone)
 registeredagent@cloverhealth.com.....
 (E-Mail) (Fax)

OFFICERS

..... Vivek Garipalli, Chief Executive Officer..... Jamie Reynoso, Chief Operating Officer.....
 Mark Herbers#, Interim Chief Financial Officer.....

OTHER

..... Wendy Richey, Chief Medicare Compliance Officer..... Gia Lee, General Counsel.....
 Rachel Fish, Chief People Officer..... Andrew Toy, President & Chief Technology Officer.....
 Mark Spektor, Chief Medical Officer..... Sophia Chang, Chief Clinical Informatics Officer.....
 Prabhdeep Singh#, Chief Growth Officer.....

DIRECTORS OR TRUSTEES

..... Vivek Garipalli..... Edward Berde.....
 Justin Doheny.....

State of
 County of SS

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

x	x	x
Vivek Garipalli Chief Executive Officer	Mark Herbers Interim Chief Financial Officer	Jamie Reynoso Chief Operating Officer

Subscribed and sworn to before me
 this _____ day of

a. Is this an original filing? Yes
 b. If no:
 1. State the amendment number: _____
 2. Date filed: _____
 3. Number of pages attached: _____

x _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	202,197	223,662	202,977	511,656	511,656	628,836
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	202,197	223,662	202,977	511,656	511,656	628,836

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Caremark.....	6,903,134	6,903,134	6,903,134	9,288,755	9,288,755	20,709,403
0199999 – Pharmaceutical Rebate Receivables.....	6,903,134	6,903,134	6,903,134	9,288,755	9,288,755	20,709,403
0299998 – Aggregate of Amounts Not Individually Listed.....				9,869,499	7,218,762	2,650,737
0299999 – Claim Overpayment Receivables.....				9,869,499	7,218,762	2,650,737
0799999 – Gross Health Care Receivables.....	6,903,134	6,903,134	6,903,134	19,158,254	16,507,517	23,360,140

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	19,598,874	53,324,691	2,508,303	27,489,855	22,107,177	24,147,841
2. Claim overpayment receivables	12,271,161	3,459,809	7,286,168	2,583,330	19,557,329	7,828,555
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)	31,870,035	56,784,500	9,794,471	30,073,185	41,664,506	31,976,397

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	22,870,086	5,935,417	1,993,271	884,412	2,745,577	34,428,763
0499999 - Subtotals.....	22,870,086	5,935,417	1,993,271	884,412	2,745,577	34,428,763
0599999 - Unreported claims and other claim reserves.....						87,214,669
0799999 - Total claims unpaid.....						121,643,432
0899999 - Accrued medical incentive pool and bonus amounts.....						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Clover Health Labs, LLC	25,033					25,033	
0199999 – Individually listed receivables	25,033					25,033	
0399999 – Total gross amounts receivable	25,033					25,033	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Clover Health Investments Corp.....	Expense paid on behalf of company.....	8,148		8,148
Clover HMO of New Jersey, LLC.....	Expense paid on behalf of company.....	37,141	37,141	
MSPNJ, LLC.....	Medical expense paid on behalf of company.....	23,623	23,623	
Clover Health ASO, LLC.....	Management fee true up.....	1,802,561	1,802,561	
0199999 – Individually listed payable.....		1,871,473	1,863,325	8,148
0399999 – Total gross payables.....		1,871,473	1,863,325	8,148

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	8,708,608	1.156			8,708,608	
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	8,708,608	1.156			8,708,608	
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	739,109,633	98.116	XXX	XXX		739,109,633
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....	5,485,805	0.728	XXX	XXX	5,485,805	
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	744,595,438	98.844	XXX	XXX	5,485,805	739,109,633
13. Total (Line 4 plus Line 12).....	753,304,046	100.000 %	XXX	XXX	14,194,413	739,109,633

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	656									656
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	60							60		
2. First Quarter	101							101		
3. Second Quarter	94							94		
4. Third Quarter	92							92		
5. Current Year	94							94		
6. Current Year Member Months	1,164							1,164		
Total Member Ambulatory Encounters for Year:										
7. Physician	449							449		
8. Non-Physician	82							82		
9. Total	531							531		
10. Hospital Patient Days Incurred	61							61		
11. Number of Inpatient Admissions	10							10		
12. Health Premiums Written (b)	916,038							916,038		
13. Life Premiums Direct	6,799									6,799
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	916,038							916,038		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	606,495							606,495		
18. Amount Incurred for Provision of Health Care Services	622,501							622,501		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 916,038

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	31,173									31,173
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	15,638									15,638
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	9,675									9,675
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2021

NAIC Company Code: 86371

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

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	774									774
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	4,216									4,216
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	877							877		
2. First Quarter	3,965							3,965		
3. Second Quarter	4,071							4,071		
4. Third Quarter	4,249							4,249		
5. Current Year	4,397							4,397		
6. Current Year Member Months	49,460							49,460		
Total Member Ambulatory Encounters for Year:										
7. Physician	31,590							31,590		
8. Non-Physician	7,992							7,992		
9. Total	39,582							39,582		
10. Hospital Patient Days Incurred	3,482							3,482		
11. Number of Inpatient Admissions	523							523		
12. Health Premiums Written (b)	39,658,431							39,658,431		
13. Life Premiums Direct	4,791									4,791
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	39,658,431							39,658,431		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	37,010,857							37,010,857		
18. Amount Incurred for Provision of Health Care Services	37,987,626							37,987,626		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 39,658,431



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	45,981									45,981
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,823									3,823
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	104,828									104,828
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	11,117									11,117
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	17,409									17,409
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.1A



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	10,266									10,266
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30 KS



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	4,966									4,966
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30 KY



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	2,951									2,951
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.LA



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	18,693									18,693
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.MD



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	10,235									10,235
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.MA



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2021

NAIC Company Code: 86371

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

NONE

30 MI

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter	132							132		
3. Second Quarter	126							126		
4. Third Quarter	128							128		
5. Current Year	132							132		
6. Current Year Member Months	1,517							1,517		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,278							1,278		
8. Non-Physician	309							309		
9. Total	1,587							1,587		
10. Hospital Patient Days Incurred	91							91		
11. Number of Inpatient Admissions	15							15		
12. Health Premiums Written (b)	1,325,808							1,325,808		
13. Life Premiums Direct	245									245
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,325,808							1,325,808		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	988,676							988,676		
18. Amount Incurred for Provision of Health Care Services	1,014,769							1,014,769		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,325,808

30 MS



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	21,648									21,648
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.MO



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	19,638									19,638
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	2,221									2,221
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	50,529							50,529		
2. First Quarter	54,323							54,323		
3. Second Quarter	54,280							54,280		
4. Third Quarter	54,693							54,693		
5. Current Year	55,317							55,317		
6. Current Year Member Months	654,471							654,471		
Total Member Ambulatory Encounters for Year:										
7. Physician	236,919							236,919		
8. Non-Physician	113,994							113,994		
9. Total	350,913							350,913		
10. Hospital Patient Days Incurred	64,608							64,608		
11. Number of Inpatient Admissions	9,372							9,372		
12. Health Premiums Written (b)	665,602,991							665,602,991		
13. Life Premiums Direct	1,139									1,139
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	665,602,991							665,602,991		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	694,791,193							694,791,193		
18. Amount Incurred for Provision of Health Care Services	713,127,717							713,127,717		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 665,602,991

30 NJ



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2021

NAIC Company Code: 86371

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

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

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

30.NM



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,772									1,772
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30 NC



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	28,999									28,999
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	2,965									2,965
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30 OK



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	8,774									8,774
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30 OR



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	585							585		
2. First Quarter	855							855		
3. Second Quarter	890							890		
4. Third Quarter	900							900		
5. Current Year	941							941		
6. Current Year Member Months	10,606							10,606		
Total Member Ambulatory Encounters for Year:										
7. Physician	5,211							5,211		
8. Non-Physician	2,561							2,561		
9. Total	7,772							7,772		
10. Hospital Patient Days Incurred	1,131							1,131		
11. Number of Inpatient Admissions	187							187		
12. Health Premiums Written (b)	9,102,033							9,102,033		
13. Life Premiums Direct	37,425									37,425
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	9,102,033							9,102,033		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	9,524,475							9,524,475		
18. Amount Incurred for Provision of Health Care Services	9,775,839							9,775,839		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 9,102,033



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,566									3,566
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	332							332		
2. First Quarter	723							723		
3. Second Quarter	721							721		
4. Third Quarter	713							713		
5. Current Year	718							718		
6. Current Year Member Months	8,600							8,600		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,645							3,645		
8. Non-Physician	2,242							2,242		
9. Total	5,887							5,887		
10. Hospital Patient Days Incurred	950							950		
11. Number of Inpatient Admissions	135							135		
12. Health Premiums Written (b)	6,893,782							6,893,782		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	6,893,782							6,893,782		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,183,311							8,183,311		
18. Amount Incurred for Provision of Health Care Services	8,399,281							8,399,281		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,893,782

30 SC



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,649									3,649
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.SD



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	20							20		
2. First Quarter	32							32		
3. Second Quarter	36							36		
4. Third Quarter	35							35		
5. Current Year	39							39		
6. Current Year Member Months	431							431		
Total Member Ambulatory Encounters for Year:										
7. Physician	96							96		
8. Non-Physician	53							53		
9. Total	149							149		
10. Hospital Patient Days Incurred	38							38		
11. Number of Inpatient Admissions	7							7		
12. Health Premiums Written (b)	433,612							433,612		
13. Life Premiums Direct	1,496									1,496
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	433,612							433,612		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	349,494							349,494		
18. Amount Incurred for Provision of Health Care Services	358,718							358,718		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 433,612



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	162							162		
2. First Quarter	176							176		
3. Second Quarter	179							179		
4. Third Quarter	185							185		
5. Current Year	184							184		
6. Current Year Member Months	2,152							2,152		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,402							1,402		
8. Non-Physician	139							139		
9. Total	1,541							1,541		
10. Hospital Patient Days Incurred	157							157		
11. Number of Inpatient Admissions	24							24		
12. Health Premiums Written (b)	1,761,203							1,761,203		
13. Life Premiums Direct	19,938									19,938
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,761,203							1,761,203		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,849,544							1,849,544		
18. Amount Incurred for Provision of Health Care Services	1,898,356							1,898,356		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,761,203

30 TX



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,102									1,102
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30 UT



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	14,489									14,489
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30 VA



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2021

NAIC Company Code: 86371

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

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

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

30.WA



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	307									307
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.WV



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	8,963									8,963
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.WI



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2021

NAIC Company Code: 86371

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

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

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

30.WY



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	52,565							52,565		
2. First Quarter	60,307							60,307		
3. Second Quarter	60,397							60,397		
4. Third Quarter	60,995							60,995		
5. Current Year	61,822							61,822		
6. Current Year Member Months	728,401							728,401		
Total Member Ambulatory Encounters for Year:										
7. Physician	280,590							280,590		
8. Non-Physician	127,372							127,372		
9. Total	407,962							407,962		
10. Hospital Patient Days Incurred	70,518							70,518		
11. Number of Inpatient Admissions	10,273							10,273		
12. Health Premiums Written (b)	725,693,898							725,693,898		
13. Life Premiums Direct	488,731									488,731
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	725,693,898							725,693,898		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	753,304,045							753,304,045		
18. Amount Incurred for Provision of Health Care Services	773,184,807							773,184,807		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 725,693,898

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SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						
69418	59-2403689	10/01/2012	Southern Financial Life Ins. Co.	LA		135,000
0899999 – Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						135,000
1099999 – Life and Annuity, Total Non-Affiliates						135,000
1199999 – Total Life and Annuity						135,000
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
11835	04-1590940	01/01/2019	Partnerre Amer. Ins. Co.	DE	95,879	
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates					95,879	
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates					95,879	
2299999 – Total Accident and Health					95,879	
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					95,879	135,000
9999999 – Total (Sum of 1199999 and 2299999)					95,879	135,000

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
..... 11835	04-1590940.....	01/01/2021	Partnerre Amer. Ins. Co.....	DE.....	SSL/I.....	MR.....	..... 369,467	.....	.....	.....	.....	.....	.....
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							..... 369,467	.....	.....	.....	.....	.....	.....
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							..... 369,467	.....	.....	.....	.....	.....	.....
1199999 – Total General Account Authorized.....							..... 369,467	.....	.....	.....	.....	.....	.....
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							..... 369,467	.....	.....	.....	.....	.....	.....
9199999 – Total U.S.....							..... 369,467	.....	.....	.....	.....	.....	.....
9999999 – Total (Sum of 4599999 and 9099999).....							..... 369,467	.....	.....	.....	.....	.....	.....

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

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

	2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1 Premiums					
2 Title XVIII-Medicare	369	474	472	67,368	344
3 Title XIX-Medicaid					
4 Commissions and reinsurance expense allowance					
5 Total hospital and medical expenses	154	2	1,150	63,583	(2,591)
B. BALANCE SHEET ITEMS					
6 Premiums receivable					
7 Claims payable	135	88	62	17,636	10,237
8 Reinsurance recoverable on paid losses	96	5	482	1	13,336
9 Experience rating refunds due or unpaid					
10 Commissions and reinsurance expense allowances due					
11 Unauthorized reinsurance offset					
12 Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13 Funds deposited by and withheld from (F)					
14 Letters of credit (L)					
15 Trust agreements (T)				10,069	
16 Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17 Multiple Beneficiary Trust					
18 Funds deposited by and withheld from (F)					
19 Letters of credit (L)					
20 Trust agreements (T)					
21 Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1 Cash and invested assets (Line 12)	283,122,045		283,122,045
2 Accident and health premiums due and unpaid (Line 15)	33,150,201		33,150,201
3 Amounts recoverable from reinsurers (Line 16.1)	95,879	(95,879)	—
4 Net credit for ceded reinsurance	XXX	230,879	230,879
5 All other admitted assets (Balance)	36,470,940		36,470,940
6 Total assets (Line 28)	352,839,065	135,000	352,974,065
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	121,508,432	135,000	121,643,432
8 Accrued medical incentive pool and bonus payments (Line 2)			
9 Premiums received in advance (Line 8)			
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	117,798,310		117,798,310
15 Total liabilities (Line 24)	239,306,742	135,000	239,441,742
16 Total capital and surplus (Line 33)	113,532,324	XXX	113,532,324
17 Total liabilities, capital and surplus (Line 34)	352,839,066	135,000	352,974,066
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid	135,000	XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses	95,879	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	230,879	XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance	230,879	XXX	XXX

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

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	US Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

NONE

Annual Statement for the Year 2021 of the CLOVER INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
0000			98-1515192		0001801170	NASDAQ	Clover Health Investments, Corp.	DE	UIP	NJ Healthcare Investments, LLC	Ownership	64.037	Clover Health Investments, Corp.	N	
4918	Clover Health Group	86371	31-0522223				Clover Insurance Company	NJ	RE	Clover Health Holdings, Inc.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			38-3889370				Clover Health, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			27-2761894				Clover Healthcare, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			36-4744890				Clover HMO, LLC	NJ	NIA	Clover HMO Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			47-2552172				Clover Health Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			47-2580683				Clover Health Labs, LLC	CA	NIA	Clover Health, LLC	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			47-2551324				Clover HMO Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			47-2542375				Clover Health Holdings, Inc.	DE	UDP	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
4918	Clover Health Group	16347	38-4057194				Clover HMO of New Jersey, Inc.	NJ	IA	Clover Health Holdings, Inc.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			83-1700805				Cover Health International, Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			69601330-000-07-18-1				Clover Health HK	HKG	NIA	Clover Health International, Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			83-1769911				Clover Therapeutics Company	DE	NIA	Clover Health Investments, Corp.	Ownership	50.930	Clover Health Investments, Corp.	N	
0000			47-2402286				Principium Health, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			82-0735027				MSPNJ, LLC	NJ	NIA	Clover HMO of New Jersey, Inc.	Ownership	100.000	Clover Health Investments, Corp.	N	
0000			84-4934476				Seek Insurance Services, Inc.	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	N	
Asterisk	Explanation														

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
86371	31-0522223	Clover Insurance Company		307,850,000			(78,932,017)				228,917,983	
16347	38-4057194	Clover HMO of NJ, Inc.		21,050,000			(8,363,175)				12,686,825	
00000	38-3889370	Clover Health, LLC					87,295,192				87,295,192	
00000	47-1435489	Clover Health Investments Corp.		(328,900,000)							(328,900,000)	
9999999	- Control Totals			-			-		XXX		-	

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBIT AND SCHEDULE 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.

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

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

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	Yes
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	No
April Filing	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....	Yes
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?.....	Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	YES
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	YES

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Explanation

Barcode

- 1.
- 2.
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OVERFLOW PAGE FOR WRITE-INS

LIFE SUPPLEMENTS

For The Year Ended December 31, 2021
(To Be Filed by March 1)



Of The: CLOVER INSURANCE COMPANY

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

NAIC Group Code: 04918

NAIC Company Code: 86371

Employer's ID Number: 31-0522223

EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total (a)	Industrial	Ordinary	Credit (Group and Individual)	Group
LIFE INSURANCE					
1958 CSO ALB 3.0% NL	1,494		1,494		
1958 CSO ALB 3.0% CRVM	2,806		2,806		
1958 CSO ALB 4.0% NL	738		738		
1958 CSO ALB 4.5% NL	926		926		
1958 CSO ALB 4.5% CRVM	12,098		12,098		
1980 CSO 3.5% CRVM	3,210,005		3,210,005		
1980 CSO 4.5% CRVM	2,049,574		2,049,574		
0199997 – Totals (Gross)	5,277,641		5,277,641		
0199998 – Reinsurance ceded	5,277,641		5,277,641		
0199999 – Totals (Net)	–		–		
ANNUITIES (excluding supplementary contracts with life contingencies):					
83a 5.50% CARVM DEF 94, 96-97	830,338	XXX	83,351	XXX	746,987
83a 5.75% CARVM DEF 93	17,304	XXX		XXX	17,304
0299997 – Totals (Gross)	847,642	XXX	83,351	XXX	764,291
0299998 – Reinsurance ceded	847,642	XXX	83,351	XXX	764,291
0299999 – Totals (Net)	–	XXX	–	XXX	–
ACCIDENTAL DEATH BENEFITS:					
1959 ADB & 1980 CSO 4.50%	3,045		3,045		
0499997 – Totals (Gross)	3,045		3,045		
0499998 – Reinsurance ceded	3,045		3,045		
0499999 – Totals (Net)	–		–		
DISABILITY—ACTIVE LIVES:					
Unearned Premium Reserve	3,609		3,609		
0599997 – Totals (Gross)	3,609		3,609		
0599998 – Reinsurance ceded	3,609		3,609		
0599999 – Totals (Net)	–		–		
DISABILITY—DISABLED LIVES:					
1952 Dis & 1958 CSO 3.50%	3,496		3,496		
0699997 – Totals (Gross)	3,496		3,496		
0699998 – Reinsurance ceded	3,496		3,496		
0699999 – Totals (Net)	–		–		
MISCELLANEOUS RESERVES:					
Substandard Reserve	754		754		
0799997 – Totals (Gross)	754		754		
0799998 – Reinsurance ceded	754		754		
0799999 – Totals (Net)	–		–		
9999999 – Totals (Net)	–		–		

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

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?..... NO.....
- 1.2 If not, state which kind is issued:.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts?..... NO.....
- 2.2 If not, state which kind is issued: .

- 3 Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions..... NO.....
- 4 Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:.....
- 4.1 Amount of insurance:..... \$.....
- 4.2 Amount of reserve:..... \$.....
- 4.3 Basis of reserve:

- 4.4 Basis of regular assessments:

- 4.5 Basis of special assessments:

- 4.6 Assessments collected during the year:..... \$.....
- 5 If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts: .

- 6 Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?..... NO.....
- 6.1 If so, state the amount or reserve on such contracts on the basis actually held:..... \$.....
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: Attach statement of methods employed in their valuation..... \$.....
- 7 Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?..... NO.....
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:..... \$.....
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

- 7.3 State the amount of reserves established for this business:..... \$.....
- 7.4 Identify where the reserves are reported in the Blank:

- 8 Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?..... NO.....
- 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:..... \$.....
- 8.2 State the amount of reserves established for this business:..... \$.....
- 8.3 Identify where the reserves are reported in the blank:

- 9 Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?..... NO.....
- 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:..... \$.....
- 9.2 State the amount of reserves established for this business:..... \$.....
- 9.3 Identify where the reserves are reported in the blank:

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

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

SCHEDULE S - PART 1 - SECTION 1

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

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

NONE

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates														
60445	74-1915841	05/01/1999	Sagicor Life Insurance Company	TX	CO/I	OL	33,004	18,063	20,722	281				
60445	74-1915841	05/01/1999	Sagicor Life Insurance Company	TX	CO/I	OL		83,351	83,810					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Company	TX	CO/G	OL		764,291	765,988					
60445	74-1915841	05/01/1999	Sagicor Life Insurance Company	TX	OTH/I	OL			39					
82627	06-0839705	09/15/2001	Swiss Re Life & Health America, Inc.	MO	YRT/I	OL	750,858	2,667	2,888	2,075				
82627	06-0839705	09/15/2001	Swiss Re Life & Health America, Inc.	MO	OTH/I	OL	149,000	30	29	63				
69744	13-1423090	12/31/2014	Union Labor Life Insurance Company	MD	CO/I	OL	4,050,000	50,949	48,828	21,552				
69418	59-2403689	10/01/2012	Southern Financial Life Insurance Co9mpany	LA	CO/I	OL	41,501,170	5,216,837	5,252,703	464,760				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							46,484,032	6,136,188	6,175,007	488,731				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							46,484,032	6,136,188	6,175,007	488,731				
1199999 – Total General Account Authorized							46,484,032	6,136,188	6,175,007	488,731				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							46,484,032	6,136,188	6,175,007	488,731				
9199999 – Total U.S.							46,484,032	6,136,188	6,175,007	488,731				
9999999 – Total (Sum of 4599999 and 9099999)							46,484,032	6,136,188	6,175,007	488,731				



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance.....	656				656
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	656				656
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 + 7.4).....					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits.....					
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....	7,238				7,238
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....	7,238				7,238
Details of Write-Ins					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

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

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	6,799				6,799
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	6,799				6,799
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	7,260				7,260
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	7,260				7,260
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year	1								1	
Settled during current year:										
18.1 By payment in full	1								1	
18.2 By payment on compromised claims										
18.3 Totals paid	1								1	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1								1	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-								-	
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	11	955,746		(a)					11	955,746
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	11	955,746		(a)					11	955,746

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance.....	31,174				31,174
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	31,174				31,174
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 + 7.4).....					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits.....					
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....	1,655				1,655
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....	1,655				1,655
Details of Write-Ins					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	-	-							-	-
17. Incurred during current year.....	1								1	
Settled during current year:										
18.1 By payment in full.....	1								1	
18.2 By payment on compromised claims.....										
18.3 Totals paid.....	1								1	
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....	1								1	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year.....	67	5,435,324		(a)	No. of Policies				67	5,435,324
21. Issued during year.....										
22. Other changes to in force (Net).....	(3)	(128,291)							(3)	(128,291)
23. In force December 31 of current year.....	64	5,307,033		(a)					64	5,307,033

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	15,638				15,638
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	15,638				15,638
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	65,812				65,812
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	65,812				65,812
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	-	-							-	-
17. Incurred during current year	1	65,812							1	65,812
Settled during current year:										
18.1 By payment in full	1	65,812							1	65,812
18.2 By payment on compromised claims										
18.3 Totals paid	1	65,812							1	65,812
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	65,812							1	65,812
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	23	1,545,420		(a)					23	1,545,420
21. Issued during year										
22. Other changes to in force (Net)	(1)	(65,812)							(1)	(65,812)
23. In force December 31 of current year	22	1,479,608		(a)					22	1,479,608

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	9,675				9,675
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	9,675				9,675
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits			11,206		11,206
12 Surrender values and withdrawals for life contracts	20,299				20,299
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	20,299		11,206		31,505
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year	1	(5,000)							1	(5,000)
Settled during current year:										
18.1 By payment in full	2								2	
18.2 By payment on compromised claims										
18.3 Totals paid	2								2	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2								2	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	16	882,991		(a)	No. of Policies				16	882,991
21. Issued during year										
22. Other changes to in force (Net)	(2)	(75,000)							(2)	(75,000)
23. In force December 31 of current year	14	807,991		(a)					14	807,991

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,286				1,286
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,286				1,286
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	774				774
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	774				774
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 + 7.4).....					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits.....					
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....					
Details of Write-Ins					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....										
17. Incurred during current year.....										
Settled during current year:										
18.1 By payment in full.....										
18.2 By payment on compromised claims.....										
18.3 Totals paid.....										
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....										
POLICY EXHIBIT										
20. In force December 31, prior year.....	2	65,000	(a)		No. of Policies				2	65,000
21. Issued during year.....										
22. Other changes to in force (Net).....										
23. In force December 31 of current year.....	2	65,000	(a)						2	65,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	4,216				4,216
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	4,216				4,216
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	4,791				4,791
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	4,791				4,791
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	5	495,000	(a)						5	495,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	5	495,000	(a)						5	495,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	45,981				45,981
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	45,981				45,981
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	110,230				110,230
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	110,230				110,230
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year	2	206,659							2	206,659
Settled during current year:										
18.1 By payment in full	1	110,230							1	110,230
18.2 By payment on compromised claims										
18.3 Totals paid	1	110,230							1	110,230
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	110,230							1	110,230
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	96,429							1	96,429
POLICY EXHIBIT										
20. In force December 31, prior year	70	5,911,417		(a)					70	5,911,417
21. Issued during year										
22. Other changes to in force (Net)	(4)	(263,921)							(4)	(263,921)
23. In force December 31 of current year	66	5,647,496		(a)					66	5,647,496

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	3,822				3,822
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	3,822				3,822
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	6	443,000	(a)		No. of Policies				6	443,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	6	443,000	(a)						6	443,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	104,828				104,828
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	104,828				104,828
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	134,500				134,500
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	39,616				39,616
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	174,116				174,116
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year	5	134,500							5	134,500
Settled during current year:										
18.1 By payment in full	5	134,500							5	134,500
18.2 By payment on compromised claims										
18.3 Totals paid	5	134,500							5	134,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	134,500							5	134,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	163	10,125,544		(a)					163	10,125,544
21. Issued during year										
22. Other changes to in force (Net)	(8)	(513,899)							(8)	(513,899)
23. In force December 31 of current year	155	9,611,645		(a)					155	9,611,645

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	11,117				11,117
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	11,117				11,117
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 + 7.4).....					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits.....					
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....					
Details of Write-Ins					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....										
17. Incurred during current year.....										
Settled during current year:										
18.1 By payment in full.....										
18.2 By payment on compromised claims.....										
18.3 Totals paid.....										
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....										
POLICY EXHIBIT										
20. In force December 31, prior year.....	13	773,411	(a)		No. of Policies				13	773,411
21. Issued during year.....										
22. Other changes to in force (Net).....		932								932
23. In force December 31 of current year.....	13	774,343	(a)						13	774,343

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	17,409				17,409
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	17,409				17,409
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	5,000				5,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	5,000				5,000
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year	1	38,571							1	38,571
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	38,571							1	38,571
POLICY EXHIBIT										
20. In force December 31, prior year	35	1,423,308		(a)	No. of Policies				35	1,423,308
21. Issued during year										
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	34	1,413,308		(a)					34	1,413,308

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance.....	10,266				10,266
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	10,266				10,266
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 + 7.4).....					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits.....					
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....					
Details of Write-Ins					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	10,652							4	10,652
17. Incurred during current year.....	(4)	(10,652)							(4)	(10,652)
Settled during current year:										
18.1 By payment in full.....										
18.2 By payment on compromised claims.....										
18.3 Totals paid.....										
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year.....	23	853,091		(a)	No. of Policies				23	853,091
21. Issued during year.....										
22. Other changes to in force (Net).....	(2)	(47,286)							(2)	(47,286)
23. In force December 31 of current year.....	21	805,805		(a)					21	805,805

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance.....	4,966				4,966
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	4,966				4,966
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 + 7.4).....					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits.....					
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....					
Details of Write-Ins					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....										
17. Incurred during current year.....										
Settled during current year:										
18.1 By payment in full.....										
18.2 By payment on compromised claims.....										
18.3 Totals paid.....										
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....										
POLICY EXHIBIT										
20. In force December 31, prior year.....	15	569,014	(a)		No. of Policies				15	569,014
21. Issued during year.....										
22. Other changes to in force (Net).....										
23. In force December 31 of current year.....	15	569,014	(a)						15	569,014

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	3	175,273	(a)		No. of Policies				3	175,273
21. Issued during year										
22. Other changes to in force (Net)		164								164
23. In force December 31 of current year	3	175,437	(a)						3	175,437

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	18,693				18,693
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	18,693				18,693
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	4,359				4,359
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	4,359				4,359
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	-	-							-	-
17. Incurred during current year	1								1	
Settled during current year:										
18.1 By payment in full	1								1	
18.2 By payment on compromised claims										
18.3 Totals paid	1								1	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1								1	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	40	1,651,710		(a)					40	1,651,710
21. Issued during year										
22. Other changes to in force (Net)	(1)	(49,302)							(1)	(49,302)
23. In force December 31 of current year	39	1,602,408		(a)					39	1,602,408

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	10,235				10,235
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	10,235				10,235
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	11	966,225	(a)		No. of Policies				11	966,225
21. Issued during year										
22. Other changes to in force (Net)	(1)	(90,000)							(1)	(90,000)
23. In force December 31 of current year	10	876,225	(a)						10	876,225

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance					
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)					
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 + 7.4)					

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	245				245
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	245				245
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	21,649				21,649
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	21,649				21,649
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	25,000				25,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	28,918				28,918
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	53,918				53,918
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	25,000							1	25,000
17. Incurred during current year	2								2	
Settled during current year:										
18.1 By payment in full	3	25,000							3	25,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	25,000							3	25,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	25,000							3	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	33	1,891,850		(a)	No. of Policies				33	1,891,850
21. Issued during year										
22. Other changes to in force (Net)	(3)	(131,254)							(3)	(131,254)
23. In force December 31 of current year	30	1,760,596		(a)					30	1,760,596

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	19,638				19,638
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	19,638				19,638
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	21,000				21,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	21,000				21,000
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	10,000							1	10,000
17. Incurred during current year	1	11,000							1	11,000
Settled during current year:										
18.1 By payment in full	2	21,000							2	21,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	21,000							2	21,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	21,000							2	21,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	34	1,776,925		(a)	No. of Policies				34	1,776,925
21. Issued during year										
22. Other changes to in force (Net)	(3)	(441,341)							(3)	(441,341)
23. In force December 31 of current year	31	1,335,584		(a)					31	1,335,584

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	2,221				2,221
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	2,221				2,221
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	3	318,000	(a)		No. of Policies				3	318,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	318,000	(a)						3	318,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,137				1,137
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,137				1,137
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	564				564
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	564				564
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,772				1,772
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,772				1,772
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	28,999				28,999
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	28,999				28,999
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	48,212				48,212
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	2,261				2,261
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	50,473				50,473
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	-	-							-	-
17. Incurred during current year	5	48,212							5	48,212
Settled during current year:										
18.1 By payment in full	5	48,212							5	48,212
18.2 By payment on compromised claims										
18.3 Totals paid	5	48,212							5	48,212
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	48,212							5	48,212
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	84	2,389,715	(a)		No. of Policies				84	2,389,715
21. Issued during year										
22. Other changes to in force (Net)	(6)	(152,114)							(6)	(152,114)
23. In force December 31 of current year	78	2,237,601	(a)						78	2,237,601

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	2,965				2,965
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	2,965				2,965
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	3	120,086	(a)		No. of Policies				3	120,086
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	120,086	(a)						3	120,086

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	8,774				8,774
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	8,774				8,774
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	6,700				6,700
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	6,700				6,700
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year	1								1	
Settled during current year:										
18.1 By payment in full	1								1	
18.2 By payment on compromised claims										
18.3 Totals paid	1								1	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1								1	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-								-	
POLICY EXHIBIT										
20. In force December 31, prior year	17	1,133,180		(a)	No. of Policies				17	1,133,180
21. Issued during year										
22. Other changes to in force (Net)	(1)	(142,000)							(1)	(142,000)
23. In force December 31 of current year	16	991,180		(a)					16	991,180

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance.....	37,425				37,425
2 Annuity considerations.....					
3 Deposit-type contract funds.....		XXX		XXX	
4 Other considerations.....					
5 Totals (Sum of Lines 1 to 4).....	37,425				37,425
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 + 7.4).....					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits.....	23,000				23,000
10 Matured endowments.....					
11 Annuity benefits.....					
12 Surrender values and withdrawals for life contracts.....					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid.....					
14 All other benefits, except accident and health.....					
15 Totals.....	23,000				23,000
Details of Write-Ins					
1301.....					
1302.....					
1303.....					
1398. Summary of remaining write-ins for Line 13 from overflow page.....					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above).....					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	-	-							-	-
17. Incurred during current year.....	4	23,000							4	23,000
Settled during current year:										
18.1 By payment in full.....	4	23,000							4	23,000
18.2 By payment on compromised claims.....										
18.3 Totals paid.....	4	23,000							4	23,000
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....	4	23,000							4	23,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year.....	86	3,881,982		(a)	No. of Policies				86	3,881,982
21. Issued during year.....										
22. Other changes to in force (Net).....	(4)	(22,804)							(4)	(22,804)
23. In force December 31 of current year.....	82	3,859,178		(a)					82	3,859,178

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	3,566				3,566
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	3,566				3,566
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	200,000				200,000
10 Matured endowments					
11 Annuity benefits	7,269		23,617		30,886
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	207,269		23,617		230,886
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year	1	200,000							1	200,000
Settled during current year:										
18.1 By payment in full	1	200,000							1	200,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	200,000							1	200,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	200,000							1	200,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	9	845,550	(a)		No. of Policies				9	845,550
21. Issued during year										
22. Other changes to in force (Net)	(1)	(200,000)							(1)	(200,000)
23. In force December 31 of current year	8	645,550	(a)						8	645,550

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance					
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)					
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 + 7.4)					

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	3,649				3,649
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	3,649				3,649
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,496				1,496
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,496				1,496
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					No. of Policies					
21. Issued during year	1	50,000	(a)						1	50,000
22. Other changes to in force (Net)										
23. In force December 31 of current year	1	50,000	(a)						1	50,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	19,938				19,938
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	19,938				19,938
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	24,032				24,032
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	24,032				24,032
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	21,852							3	21,852
17. Incurred during current year		(21,852)								(21,852)
Settled during current year:										
18.1 By payment in full	3								3	
18.2 By payment on compromised claims										
18.3 Totals paid	3								3	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3								3	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	36	1,279,020		(a)	No. of Policies				36	1,279,020
21. Issued during year										
22. Other changes to in force (Net)	(1)	(26,031)							(1)	(26,031)
23. In force December 31 of current year	35	1,252,989		(a)					35	1,252,989

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	1,102				1,102
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	1,102				1,102
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	3	260,000	(a)						3	260,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	260,000	(a)						3	260,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	14,490				14,490
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	14,490				14,490
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	39,000				39,000
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	16,628				16,628
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	55,628				55,628
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	10,000							1	10,000
17. Incurred during current year	7	29,000							7	29,000
Settled during current year:										
18.1 By payment in full	8	39,000							8	39,000
18.2 By payment on compromised claims										
18.3 Totals paid	8	39,000							8	39,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	39,000							8	39,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
20. In force December 31, prior year	30	1,307,354		(a)	No. of Policies				30	1,307,354
21. Issued during year										
22. Other changes to in force (Net)	(5)	(135,000)							(5)	(135,000)
23. In force December 31 of current year	25	1,172,354		(a)					25	1,172,354

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	3,834				3,834
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	3,834				3,834
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	4	374,000	(a)		No. of Policies				4	374,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	4	374,000	(a)						4	374,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	307				307
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	307				307
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	8,963				8,963
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	8,963				8,963
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts	10,433				10,433
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	10,433				10,433
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	-	-							-	-
17. Incurred during current year	1								1	
Settled during current year:										
18.1 By payment in full	1								1	
18.2 By payment on compromised claims										
18.3 Totals paid	1								1	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1								1	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	-	-							-	-
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	17	1,142,855		(a)					17	1,142,855
21. Issued during year										
22. Other changes to in force (Net)	(2)	(110,000)							(2)	(110,000)
23. In force December 31 of current year	15	1,032,855		(a)					15	1,032,855

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1 Life insurance	720				720
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	720				720
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits					
10 Matured endowments					
11 Annuity benefits					
12 Surrender values and withdrawals for life contracts					
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals					
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



LIFE INSURANCE

GRAND TOTAL DURING THE YEAR 2021

NAIC Group Code: 04918

NAIC Company Code: 86371

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1 Life insurance	488,731				488,731
2 Annuity considerations					
3 Deposit-type contract funds		XXX		XXX	
4 Other considerations					
5 Totals (Sum of Lines 1 to 4)	488,731				488,731
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9 Death benefits	671,754				671,754
10 Matured endowments					
11 Annuity benefits	7,269		34,823		42,092
12 Surrender values and withdrawals for life contracts	169,399				169,399
13 Aggregate write-ins for miscellaneous direct claims and benefits paid					
14 All other benefits, except accident and health					
15 Totals	848,422		34,823		883,245
Details of Write-Ins					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	12	87,504							12	87,504
17. Incurred during current year	32	719,250							32	719,250
Settled during current year:										
18.1 By payment in full	42	671,754							42	671,754
18.2 By payment on compromised claims										
18.3 Totals paid	42	671,754							42	671,754
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	42	671,754							42	671,754
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	135,000							2	135,000
POLICY EXHIBIT										
20. In force December 31, prior year	865	49,086,991		(a)	No. of Policies				865	49,086,991
21. Issued during year										
22. Other changes to in force (Net)	(49)	(2,602,959)							(49)	(2,602,959)
23. In force December 31 of current year	816	46,484,032		(a)					816	46,484,032

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

OVERFLOW PAGE FOR WRITE-INS