

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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

NAIC Grou	in Code 2901 - 4		<i>• • • • • • • • • •</i>	Mumber	46 2465967
NAIC Grou	(Current) (P	Prior)	e <u>15475</u> Employer's ID		46-3465867
Organized under the Laws of Country of Domicile	low	United States o	State of Domicile or Port of En	ury	IA
ni 14	1.56	89	6.57		
		Accident and Health [X] FI	raternal Benefit Societies []		
Incorporated/Organized	08/21/2013	×	Commenced Business		08/23/2013
Statutory Home Office	215 10th Street Su (Street and Nur		(City or	Des Moines, IA, I Town, State, Cour	JS 50309
Main Administrative Office		215 10th Street	. ,		,
	No. 14 110 50200	(Street and I		055 007 4	
	s Moines, IA, US 50309 n. State, Country and Zip Co	ode)	(Ai	855-887-44 rea Code) (Teleph	
Mail Address	215 10th Street Suite 1	100		Des Moines, IA, I	JS 50309
22 	(Street and Number or P.C	D. Box)	(City or	Town, State, Cour	ntry and Zip Code)
Primary Location of Books and Rec	xords	215 10th Street			
Des	Moines, IA, US 50309	(Street and N	number)	855-887-44	187
(City or Town	n, State, Country and Zip Co	ode)	(Ar	rea Code) (Teleph	one Number)
Internet Website Address		N/A			
Statutory Statement Contact		Jo Thomas	I		93-3690
car	rie.thomas@gafg.com	Name)		(Area Code) (Te 508-460-24	elephone Number) 801
	(E-mail Address)			(FAX Numb	per)
President, Chief Executive		OFFICE	:RS Vice President, Co-		
Officer	Robert Michael	Arena Jr.	Secretary		Carrie Jo Thomas
Chief Financial Officer	Brian Victor Korb	esmeyer #	MD, Assoc. GC, Co- Secretary	Ka	athryn Lauren Freund
		OTHE			
Andrew Chilson Morse, Sen Gary Phillip Silber, MD, Assoc		Bryan Edward Nelson, SV	/P, Appointed Actuary	Pe	ggy Hiu Poon, Treasurer
Robert Michael A		DIRECTORS OR	= = . = = +		
		Jonathan I		Dila	an Victor Korbesmeyer #
State of	lowa	— ss			
County of	Polk				
all of the herein described assets v statement, together with related exh condition and affairs of the said reprin in accordance with the NAIC Annua rules or regulations require different respectively. Furthermore, the scop exact copy (except for formatting different to the enclosed statement.	were the absolute property nibits, schedules and explan orting entity as of the report al Statement Instructions ar ences in reporting not rela pe of this attestation by the fferences due to electronic f	of the said reporting entity, f ations therein contained, ann ing period stated above, and nd Accounting Practices and ted to accounting practices described officers also inclu	ree and clear from any liens exed or referred to, is a full ar of its income and deductions : Procedures manual except to and procedures, according des the related corresponding ent. The electronic filing may	or claims thereon ad true statement of therefrom for the p the extent that: (1 to the best of the electronic filing w	at on the reporting period stated above, , except as herein stated, and that this of all the assets and liabilities and of the eriod ended, and have been completed 1) state law may differ; or, (2) that state eir information, knowledge and belief, ith the NAIC, when required, that is an arious regulators in lieu of or in addition w
Robert Michael Arena, President, Chief Executive		Carrie Jo TI VP, Co-Sec			Brian Victor Korbesmeyer Chief Financial Officer
Jenny Denny JENNI 2 Commissi My Com	FER COGGINS on Number 830109 mission Expires Jary 10, 2027	2025	 a. Is this an original filing b. If no, 1. State the amendme 2. Date filed 3. Number of pages at 	nt number	Yes[X]No[]

1	A3	3613		-	
	-	1	Current Year 2	3	Prior Year 4
		I	2	Net Admitted Assets	A Net Admitted
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
_	3.1 First liens	2 909 452			3 211 170
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
4.					
	encumbrances)				
	4.2 Properties held for the production of income (less				
	\$ encumbrances)				
	4.3 Properties held for sale (less \$				
	encumbrances)				
5.	Cash (\$				
	(\$ 10,985,360 , Schedule E - Part 2) and short-term				
	investments (\$	10,985,360			
6.	Contract loans (including \$ premium notes)				10,577,945
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities	,			,
10.	Securities lending reinvested collateral assets (Schedule DL)				
-					
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				1,028,520,047
13.	Title plants less \$ charged off (for Title insurers				
	only)				
14.	Investment income due and accrued				10,272,071
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection				
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$				
10					
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets				
	(\$)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
22.	Receivables from parent, subsidiaries and affiliates				
	•				
24.	Health care (\$				
25.	Aggregate write-ins for other-than-invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1 867 284 370	103 260 659	1 764 023 711	1 713 260 700
27					
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	1,867,284,370	103,260,659	1,764,023,711	1,713,260,700
	DETAILS OF WRITE-INS	, , ,	. ,		
1101.					
1101.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page			·-	
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.	Contingent Note	632,421,671		632,421,671	621,238,047
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	632,421,671		632,421,671	621,238,047
	,	, ,,	•	, ,,	,,-,-

ASSETS

LIABILITIES, SURPLUS AND OTHER FUNDS

-	Aggregate reserve for life contracts \$	1 Current Year	2 Prior Year
1.	included in Line 6.3 (including \$	1 542 201 480	1 525 814 050
2.	Aggregate reserve for accident and health contracts (including \$		
3.	Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$		
4.			
	4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6)		
5.	4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6)		
5.	and unpaid (Exhibit 4, Line 10)		
6.	Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
	6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$		
	6.2 Policy/olders' dividends and refunds to members not yet apportioned (including \$		
7. 8.	Amount provisionally held for deferred dividend policies not included in Line 6 Premiums and annuity considerations for life and accident and health contracts received in advance less \$		
9.	Part 1, Col. 1, sum of lines 4 and 14) Contract liabilities not included elsewhere:		
	9.1 Surrender values on canceled contracts 9.2 Provision for experience rating refunds, including the liability of \$ accident and health experience rating refunds of which \$ is for medical loss ratio rebate per the Public Health Service Act		
	9.3 Other amounts payable on reinsurance, including \$		
	ceded		
10.	9.4 Interest maintenance reserve (IMR, Line 6)		
14	and deposit-type contract funds Commissions and expense allowances payable on reinsurance assumed		AA4 740
11. 12.	General expenses due or accrued (Exhibit 2, Line 12, Col. 7)		441,/46
13.	Transfers to Separate Accounts due or accrued (net) (including \$		
	allowances recognized in reserves, net of reinsured allowances)		
14.			
	Current federal and foreign income taxes, including \$ on realized capital gains (losses)		
15.2 16.	Net deferred tax liability Unearned investment income		
17.	Amounts withheld or retained by reporting entity as agent or trustee		
18.	Amounts held for agents' account, including \$		
19.	Remittances and items not allocated		
20.	Net adjustment in assets and liabilities due to foreign exchange rates		
21. 22.	Liability for benefits for employees and agents if not included above Borrowed money \$ and interest thereon \$		
22.	Dividends to stockholders declared and unpaid		
24.	Miscellaneous liabilities:		
	24.01 Asset valuation reserve (AVR, Line 16, Col. 7)		
	24.02 Reinsurance in unauthorized and certified (\$) companies		
	24.03 Funds held under reinsurance treaties with unauthorized and certified (\$		
	24.04 Payable to parent, subsidiaries and affiliates		
	24.05 Drafts outstanding 24.06 Liability for amounts held under uninsured plans		
	24.07 Funds held under coinsurance		
	24.08 Derivatives		
	24.09 Payable for securities		
	24.10 Payable for securities lending		
05	24.11 Capital notes \$ and interest thereon \$		
25. 26.	Aggregate write-ins for liabilities Total liabilities excluding Separate Accounts business (Lines 1 to 25)	1 500 100 010	1 547 700 000
20.	From Separate Accounts Statement	1,562,108,016	1,547,798,686
28.	Total liabilities (Lines 26 and 27)		1,547,798,686
29.	Common capital stock		
30.	Preferred capital stock		
31.	Aggregate write-ins for other-than-special surplus funds		
32.	Surplus notes		
33. 34.	Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) Aggregate write-ins for special surplus funds		
34. 35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:		
	36.1		
_	36.2 shares preferred (value included in Line 30 \$		
37.	Surplus (Total Lines 31+32+33+34+35-36) (including \$ in Separate Accounts Statement)	199,415,695	162,962,014
38. 30	Totals of Lines 29, 30 and 37 (Page 4, Line 55)	201,915,695	165,462,014
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) DETAILS OF WRITE-INS	1,764,023,711	1,713,260,700
2501.			
2501.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
3101.	Contingent Note Surplus	, ,	
3102.			
	Summary of remaining write-ins for Line 31 from overflow page		
3103.			
3103. 3198.		632 421 671	h21 238 047
3103.	Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	632,421,671	621,238,047
3103. 3198. 3199.			, - ,
3103. 3198. 3199. 3401. 3402. 3403.	Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)		
3103. 3198. 3199. 3401. 3402.	Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)		

SUMMARY OF OPERATIONS

	SUMMART OF OF LIRATIONS	1	2
		Current Year	Prior Year
1.	Premiums and annuity considerations for life and accident and health contracts		
2. 3.	Considerations for supplementary contracts with life contingencies Net investment income (Exhibit of Net Investment Income, Line 17)		
3. 4.	Amortization of Interest Maintenance Reserve (IMR, Line 5)	1.090.091	
5.	Separate Accounts net gain from operations excluding unrealized gains or losses		
6.	Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)		
7.	Reserve adjustments on reinsurance ceded	· · · · · · · · · · · · · · · · · · ·	
8.	Miscellaneous Income: 8.1 Jacome from from second auth investment menagement, administration and contract succentees from Second		
	8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
	8.2 Charges and fees for deposit-type contracts		
	8.3 Aggregate write-ins for miscellaneous income		
9.	Total (Lines 1 to 8.3)		47,039,330
10.	Death benefits		11,660,698
11.	Matured endowments (excluding guaranteed annual pure endowments)		
12. 13.	Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 5 minus Analysis of Operations Summary, Line 18, Col. 1) Disability benefits and benefits under accident and health contracts		
14.	Coupons, guaranteed annual pure endowments and similar benefits		
15.	Surrender benefits and withdrawals for life contracts		
16.	Group conversions		
17.	Interest and adjustments on contract or deposit-type contract funds		
18.	Payments on supplementary contracts with life contingencies		
19.	Increase in aggregate reserves for life and accident and health contracts	. 16,387,430	38,018,192
20.	Totals (Lines 10 to 19)	42,257,799	
21.	Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
22.	2, Life 31, Col. 1) Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	1.556.149	
23.	General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 6)		
24.	Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)		
25.	Increase in loading on deferred and uncollected premiums		
26.	Net transfers to or (from) Separate Accounts net of reinsurance		
27.	Aggregate write-ins for deductions		202,747
28.	Totals (Lines 20 to 27)	. 41,903,558	56,253,137
29.	Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus	22 001 775	
30.	Line 28) Dividends to policyholders and refunds to members		
30.	Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29	•	
51.	minus Line 30)	22,001,775	
32.	Federal and foreign income taxes incurred (excluding tax on capital gains)		29,573
33.	Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before		
	realized capital gains or (losses) (Line 31 minus Line 32)	15,064,594	
34.	Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of	(010,070)	(0,000,000)
25	\$ 195,360 (excluding taxes of \$	(213,970)	(3,328,002)
35.	CAPITAL AND SURPLUS ACCOUNT	14,000,024	
36.	Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	165.462.014	159.774.016
37.	Net income (Line 35)		
38.	Change in net unrealized capital gains (losses) less capital gains tax of \$0		
39.	Change in net unrealized foreign exchange capital gain (loss)		
40.	Change in net deferred income tax	2,763,342	
41.	Change in nonadmitted assets		
42.	Change in liability for reinsurance in unauthorized and certified companies		
43.	Change in reserve on account of change in valuation basis (increase) or decrease		
44.	Change in asset valuation reserve		
45. 46.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) Surplus (contributed to) withdrawn from Separate Accounts during period		
40.	Other changes in surplus in Separate Accounts Statement		
48.	Change in surplus notes		
49.	Cumulative effect of changes in accounting principles		
50.	Capital changes:		
	50.1 Paid in		
1	50.2 Transferred from surplus (Stock Dividend)		
	50.3 Transferred to surplus	·	
51.			
1	51.1 Paid in 51.2 Transferred to capital (Stock Dividend)		
	51.2 Transferred from capital (Stock Dividend)		
	51.4 Change in surplus as a result of reinsurance		
52.	Dividends to stockholders		
53.	Aggregate write-ins for gains and losses in surplus	. 17,986,514	18,273,615
54.	Net change in capital and surplus for the year (Lines 37 through 53)		5,687,997
55.	Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	201,915,695	165,462,014
55.			
	DETAILS OF WRITE-INS		
08.301.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income		
08.301. 08.302.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income		
08.301. 08.302. 08.303.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income	· · · · · · · · · · · · · · · · · · ·	
08.301. 08.302. 08.303. 08.398.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page	17,000,010	
08.301. 08.302. 08.303. 08.398. 08.399.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above)	17,000,018	
08.301. 08.302. 08.303. 08.398. 08.399. 2701.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense	17,000,018	
08.301. 08.302. 08.303. 08.398. 08.399. 2701. 2702.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense	17,000,018	
08.301. 08.302. 08.303. 08.398. 08.399. 2701. 2702. 2703.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense	17,000,018	
08.301. 08.302. 08.303. 08.398. 08.399. 2701. 2702. 2703. 2798.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense Summary of remaining write-ins for Line 27 from overflow page	17,000,018	
08.301. 08.302. 08.303. 08.398. 08.399. 2701. 2702. 2703. 2798. 2799.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense Summary of remaining write-ins for Line 27 from overflow page Summary of remaining write-ins for Line 27 from overflow page Totals (Lines 2701 through 2703 plus 2798)(Line 27 above)	17,000,018	
08.301. 08.302. 08.303. 08.399. 2701. 2702. 2703. 2798. 2799. 5301.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense Summary of remaining write-ins for Line 27 from overflow page	17,000,018	
08.301. 08.302. 08.303. 08.398. 08.399. 2701. 2702. 2703. 2798. 2799. 5301. 5302. 5303.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense Summary of remaining write-ins for Line 27 from overflow page Totals (Lines 2701 through 2703 plus 2798)(Line 27 above) Contingent Note Surplus Tax Sharing Agreement	17,000,018 	202,747 202,747 18,305,555 (31,940)
08.301. 08.302. 08.303. 08.399. 2701. 2702. 2703. 2798. 2799. 5301. 5302. 5303.	DETAILS OF WRITE-INS Funds Withheld Miscellaneous Income Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) Funds Withheld Miscellaneous Expense Summary of remaining write-ins for Line 27 from overflow page Totals (Lines 2701 through 2703 plus 2798)(Line 27 above) Cont ingent Note Surplus Tax Shar ing Agreement Summary of remaining write-ins for Line 53 from overflow page	17,000,018 	202,747 202,747 18,305,555 (31,940)

CASH FLOW

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		1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		6,678,434
2.	Net investment income		
3.	Miscellaneous income	16,999,874	144
4.	Total (Lines 1 through 3)	63, 123, 146	52,189,264
5.	Benefit and loss related payments		(7, 158, 516)
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions		15,443,658
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	25,480,514	8,285,142
11.	Net cash from operations (Line 4 minus Line 10)	37,642,632	43,904,122
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets	,	13,315
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		2,459,315
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		2,731,859
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets	,	
	13.6 Miscellaneous applications	1,910,394	
	13.7 Total investments acquired (Lines 13.1 to 13.6)	112,984,526	25,204,548
14.	Net increase/(decrease) in contract loans and premium notes	1,338,405	(41,450)
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(65,049,234)	(22,431,239)
40	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		(781,530)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(781,530)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(27,406,602)	20,691,353
19.	Cash, cash equivalents and short-term investments:		20,001,000
13.	19.1 Beginning of year	38 391 962	
	19.2 End of year (Line 18 plus Line 19.1)	10,985,360	38,391,962
		,000,000	00,001,002

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Restructuring of investments - bonds	(3,356,114)	
20.0002. Restructuring of investments - 01A	(104,141)	
20.0003 Settled Ceded reinsurance obligation		
		-, -,-

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cape Verity I, Inc. ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

-			SIS OF OPERATIONS BT LINES OF BUSINESS - SUMMART							
		1	2	3	4	5	6	7	8 Other Lines of	9 YRT Mortality
		Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Business	Risk Only
1.	Premiums and annuity considerations for life and accident and health contracts	(384,525)	(384,525).							
2.	Considerations for supplementary contracts with life contingencies		XXX	XXX			XXX	XXX		XXX
	Net investment income									
4.	Amortization of Interest Maintenance Reserve (IMR)	1,090,091								
5.	Separate Accounts net gain from operations excluding unrealized gains or losses							XXX		
6.	Commissions and expense allowances on reinsurance ceded							XXX		
7.	Reserve adjustments on reinsurance ceded							XXX		
8.	Miscellaneous Income:									
	8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts							xxx		
	8.2 Charges and fees for deposit-type contracts							XXX		
	8.3 Aggregate write-ins for miscellaneous income	. 17,000,018	17,000,018							
9.	Totals (Lines 1 to 8.3)	. 63.905.333	63,905,333							
10.	Death benefits	, ,						XXX		
-	Matured endowments (excluding guaranteed annual pure endowments)						XXX			
	Annuity benefits			XXX			XXX			XXX
13.	Disability benefits and benefits under accident and health contracts									
	Coupons, guaranteed annual pure endowments and similar benefits									
14.	Surrender benefits and withdrawals for life contracts				•					
-	Group conversions									
16.	Interest and adjustments on contract or deposit-type contract funds				• ••••••					
	, , , ,				• ••••••			XXX		
	Payments on supplementary contracts with life contingencies	40,007,400	40,007,400		• ••••••		XXX	XXX		
19.	Increase in aggregate reserves for life and accident and health contracts		16,387,430					XXX		
	Totals (Lines 10 to 19)							XXX		
21.	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)									xxx
22.	Commissions and expense allowances on reinsurance assumed	1,556,149						XXX		
23.	General insurance expenses and fraternal expenses		(1,910,390)							
24.	Insurance taxes, licenses and fees, excluding federal income taxes									
25.	Increase in loading on deferred and uncollected premiums							XXX		
26.	Net transfers to or (from) Separate Accounts net of reinsurance						[XXX		
	Aggregate write-ins for deductions									
	Totals (Lines 20 to 27)		41,903,558							
	Net gain from operations before dividends to policyholders, refunds to members and		,,							
	federal income taxes (Line 9 minus Line 28)				•				• • • • • • • • • • • • • • • • • • • •	
	Dividends to policyholders and refunds to members	·						XXX		
	Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)									
	Federal income taxes incurred (excluding tax on capital gains)	. 6,937,181	6,937,181							
33.	Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	15,064,594	15.064.594							
34.	Policies/certificates in force end of year	13.920	13,920				1	XXX		
54.	DETAILS OF WRITE-INS	10,920	10,020					~~~		
00.001										
	Funds Withheld Miscellaneous Income	, ,			•					
			••••••		•• •••••••					
08.303.			•••••••							
	Summary of remaining write-ins for Line 8.3 from overflow page				•		-		·	
	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	17,000,018	17,000,018							
		•								
2702.		•								
2703.							-			
2798.	Summary of remaining write-ins for Line 27 from overflow page									
2799.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)									
-										

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)

	, , , , , , , , , , , , , . ,												
		1	2	3	4	5	6	7 Universal Life With Secondary	8	9 Variable	10 Credit Life	11 Other Individual	12 YRT Mortality
		Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Guarantees	Variable Life	Universal Life	(c)	Life	Risk Only
1.	Premiums for life contracts (a)	(384,525)						(384,525)					
	Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Net investment income												
	Amortization of Interest Maintenance Reserve (IMR)												
	Separate Accounts net gain from operations excluding unrealized gains or												
	losses												
6.	Commissions and expense allowances on reinsurance ceded												
7.	Reserve adjustments on reinsurance ceded												
8.	Miscellaneous Income:												
	8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts												
	8.2 Charges and fees for deposit-type contracts												
	8.3 Aggregate write-ins for miscellaneous income	17,000,018						17,000,018					
9.	Totals (Lines 1 to 8.3)	63,905,333						63,905,333					
	Death benefits										1		İ
	Matured endowments (excluding guaranteed annual pure endowments)												
	Annuity benefits	XXX	XXX		XXX			XXX					XXX
	Disability benefits and benefits under accident and health contracts												
	Coupons, guaranteed annual pure endowments and similar benefits												
	Surrender benefits and withdrawals for life contracts	, -,						, .,	•••••	•••••			
	Group conversions				•••••	••••••	•••••		•••••	•••••			•••••
	Interest and adjustments on contract or deposit-type contract funds			•••••									•••••
	Payments on supplementary contracts with life contingencies												
	Increase in aggregate reserves for life and accident and health contracts	16,387,430						16,387,430					
20.	Totals (Lines 10 to 19)	42,257,799						42,257,799					
21.	Commissions on premiums, annuity considerations and deposit-type												
	contract funds (direct business only)												XXX
22.	Commissions and expense allowances on reinsurance assumed												
23.	General insurance expenses	(1,910,390)						(1,910,390)					
24.	Insurance taxes, licenses and fees, excluding federal income taxes												
	Increase in loading on deferred and uncollected premiums												
	Net transfers to or (from) Separate Accounts net of reinsurance												
	Aggregate write-ins for deductions												
	Totals (Lines 20 to 27)	41.903.558						41,903,558					
-		41,303,330		-				41,303,330		-			
29.	Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)												
30.	Dividends to policyholders and refunds to members												
	Net gain from operations after dividends to policyholders, refunds to									l .	1		1
	members and before federal income taxes (Line 29 minus Line 30)												
32.	Federal income taxes incurred (excluding tax on capital gains)	6,937,181						6,937,181					
	Net gain from operations after dividends to policyholders, refunds to												
	members and federal income taxes and before realized capital gains or				1								
1	(losses) (Line 31 minus Line 32)	15,064,594						15,064,594					
34.	Policies/certificates in force end of year	13,920						13,920					
	DETAILS OF WRITE-INS	.,						- ,					
08 301	Funds Withheld Miscellaneous Income												
08.301.													
08.302.						•							
				•	•	•• ••••••••••••••••••••••••					•	•	
	Summary of remaining write-ins for Line 8.3 from overflow page	17.000.018						17.000.018					
	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	17,000,018		+	+			17,000,018		+			
2701.				•	•	•• ••••••					•		
2702.													
2703.													
2798.	Summary of remaining write-ins for Line 27 from overflow page												
	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)												
(a) Include	premium amounts for preneed plans included in Line 1											-	

(a) Include premium amounts for preneed plans included in Line 1

Analysis of Operations by Lines of Business - Group Life Insurance

ΝΟΝΕ

Analysis of Operations by Lines of Business - Individual Annuities ${\color{black}{N \mbox{ O} \mbox{ N} \mbox{ E}}}$

Analysis of Operations by Lines of Business - Group Annuities ${\color{black} N \ O \ N \ E}$

Analysis of Operations by Lines of Business - Accident and Health $N\ O\ N\ E$

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - INDIVIDUAL LIFE INSURANCE ^(a)

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life With Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life ^(b) (N/A Fratermal)	Other Individual Life	YRT Mortality Risk Only
Involving Life or Disability Contingencies (Reserves)												
(Net of Reinsurance Ceded)												
1. Reserve December 31 of prior year	1,525,814,050						1,525,814,050					
2. Tabular net premiums or considerations	(384,525)						(384,525)					
3. Present value of disability claims incurred												
4. Tabular interest	59,645,269											
5. Tabular less actual reserve released												
6. Increase in reserve on account of change in valuation basis												
6.1 Change in excess of VM-20 deterministic/stochastic reserve over												
net premium reserve		XXX								XXX		
7. Other increases (net)	(8,081,800)						(8,081,800)					
8. Totals (Lines 1 to 7)	1,576,992,994						1,576,992,994					
9. Tabular cost												
10. Reserves released by death												
11. Reserves released by other terminations (net)	7,763,608						7,763,608					
12. Annuity, supplementary contract and disability payments involving												
life contingencies												
13. Net transfers to or (from) Separate Accounts												
14. Total Deductions (Lines 9 to 13)	34,791,514						34,791,514					
15. Reserve December 31 of current year	1,542,201,480						1,542,201,480					
Cash Surrender Value and Policy Loans												
16. CSV Ending balance December 31, current year	509,679,683						509,679,683					
17. Amount Available for Policy Loans Based upon Line 16 CSV												
a) Indicate if blocks of business in run-off that comprise less than 5% of pre-	miums and less that	in 5% of recerve an	d loans liability are	and a second second second	atorial blocks of bu	isings and which	columns are affected	he				

Analysis of Increase in Reserves During the Year - Group Life Insurance

ΝΟΝΕ

Analysis of Increase in Reserves During the Year - Individual Annuities $N\ O\ N\ E$

Analysis of Increase in Reserves During the Year - Group Annuities $N\ O\ N\ E$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cape Verity I, Inc. EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)	(a)41,723,427	
1.3	Bonds of affiliates	(a) 165,397	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)147,210	145,875
4.	Real estate		
5	Contract loans		
6	Cash, cash equivalents and short-term investments	(e)3,027,996	
7	Derivative instruments		
8.	Other invested assets	106,593	106,593
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	45,190,574	46,199,749
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		46,199,749
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		

(a) Includes \$	1, 150, 387	accrual of discount less \$ 2,524,525	amortization of premium and less \$1,642,936	paid for accrued interest on purchases.
(b) Includes \$		accrual of discount less \$	amortization of premium and less \$	paid for accrued dividends on purchases.
(c) Includes \$		accrual of discount less \$20,286	amortization of premium and less \$	paid for accrued interest on purchases.
(d) Includes \$		for company's occupancy of its own building	s; and excludes \$ interest on encur	mbrances.
(e) Includes \$		accrual of discount less \$	amortization of premium and less \$	paid for accrued interest on purchases.
(f) Includes \$		accrual of discount less \$	amortization of premium.	
	and Separate Acco		investment taxes, licenses and fees, excluding fede	ral income taxes, attributable to
(h) Includes \$		interest on surplus notes and \$	interest on capital notes.	
(i) Includes \$		depreciation on real estate and \$	depreciation on other invested assets	

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
			2	0		5
				Total Realized	Change in	Change in Unrealized
		Realized Gain (Loss)	Other Realized	Capital Gain (Loss)	Unrealized	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	(1,569,745)	(18,611)	(1,588,356)	(1,236,244)	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(1.569.745)	(18.611)	(1.588.356)	(1.236.244)	
	DETAILS OF WRITE-INS	(1,000,110)	(10,011)	(1,000,000)	(1,200,211)	
0901.						
0902.						
0902.						
0903.	Summary of remaining write-ins for Line 9 from					
0990.	overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)					

EXHIBIT - 1 PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

		1	2	3	4 Individual	5	6	7	8 Other Lines of
		Total	Individual Life	Group Life	Annuities	Group Annuities	Accident & Health	Fraternal	Business
	FIRST YEAR (other than single)								
1.	Uncollected								
2.	Deferred and accrued								
3.	Deferred, accrued and uncollected:								
	3.1 Direct								
	3.2 Reinsurance assumed								
	3.3 Reinsurance ceded								
	3.4 Net (Line 1 + Line 2)								
1	Advance								
	Line 3.4 - Line 4								
	Collected during year:								
0.	6.1 Direct								
	6.2 Reinsurance assumed								
	6.3 Reinsurance ceded								
_	6.4 Net								
7.	Line 5 + Line 6.4	••••••							
8.	Prior year (uncollected + deferred and accrued - advance)								·····
9.	First year premiums and considerations:								
	9.1 Direct								
	9.2 Reinsurance assumed								
	9.3 Reinsurance ceded								
	9.4 Net (Line 7 - Line 8)								
	SINGLE								
10.	Single premiums and considerations: 10.1 Direct								
	10.2 Reinsurance assumed							•••••	
	10.3 Reinsurance ceded							•••••	
	10.4 Net								
11.	Uncollected								
12.	Deferred and accrued								
13.	Deferred, accrued and uncollected: 13.1 Direct								
	13.2 Reinsurance assumed								
	13.3 Reinsurance ceded								
	13.4 Net (Line 11 + Line 12)								
	Advance								
	Line 13.4 - Line 14							•••••	
16.	Collected during year:								
	16.1 Direct								
	16.2 Reinsurance assumed								
	16.3 Reinsurance ceded								
	16.4 Net								
	Line 15 + Line 16.4								
18.	Prior year (uncollected + deferred and accrued - advance)								
19.	Renewal premiums and considerations: 19.1 Direct								
	19.7 Billect								[
	19.2 Reinsurance ceded								[
	19.4 Net (Line 17 - Line 18)	(384.525)	(384,525)						[
	TOTAL	(364,323)	(004,020)						ł
20.	Total premiums and annuity considerations:								
	20.1 Direct								·····
	20.2 Reinsurance assumed								
	20.3 Reinsurance ceded								······
	20.4 Net (Lines 9.4 + 10.4 + 19.4)	(384,525)	(384,525)		1	1	1	1	1

EXHIBIT - 1 PART 2 - POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

		1	2	3	4 Individual	5	6	7	8 Other Lines of
		Total	Individual Life	Group Life	Annuities	Group Annuities	Accident & Health	Fraternal	Business
	POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED (included in Part 1)								
21.	To pay renewal premiums								
22.	All other								
	REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23.	First year (other than single):								
	23.1 Reinsurance ceded								
	23.2 Reinsurance assumed								
	23.3 Net ceded less assumed								
24.	Single:								
	24.1 Reinsurance ceded								
	24.2 Reinsurance assumed								
	24.3 Net ceded less assumed								
25.	Renewal:								
	25.1 Reinsurance ceded								
	25.2 Reinsurance assumed	1 , 556 , 149							
	25.3 Net ceded less assumed	. (1,556,149)	(1,556,149)						
26.	Totals:								
	26.1 Reinsurance ceded (Page 6, Line 6)								
	26.2 Reinsurance assumed (Page 6, Line 22)	. 1,556,149	1,556,149						
	26.3 Net ceded less assumed	(1,556,149)	(1,556,149)						
	COMMISSIONS INCURRED (direct business only)								
27.	First year (other than single)								
28.	Single								
29.	•								
30.	Deposit-type contract funds								
31.	Totals (to agree with Page 6, Line 21)								

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cape Verity I, Inc. EXHIBIT 2 - GENERAL EXPENSES

	-			ance		5	6	7
		1		and Health	4			
		Life	2 Cost Containment	3 All Other	All Other Lines of Business	Investment	Fraternal	Total
1. Re	ent							
	v							
				•••••			•••••	•••••
	ontributions for benefit plans for agents			•••••		••••••	•••••	••••••
	ayments to employees under non-funded benefit							
	plans			•••••		•••••	•••••	•••••
	ayments to agents under non-funded benefit							
	blans			•••••	•••••	•••••	•••••	
	ther employee welfare			•••••	•••••		•••••	•••••
				•••••	•••••	•••••	•••••	••••••
4.2 Me	edical examination fees							
4.3 Ins	spection report fees							
4.4 Fe	ees of public accountants and consulting							
а	actuaries							
	pense of investigation and settlement of policy							
С	claims							
5.1 Tra	aveling expenses							
5.2 Ad	dvertising							
5.3 Po	ostage, express, telegraph and telephone							
	inting and stationery							
	ost or depreciation of furniture and equipment							
	ental of equipment			•••••			•••••	
				•••••		••••••	•••••	••••••
	ost or depreciation of EDP equipment and							
	software			•••••	•••••	•••••	•••••	
			•••••	•••••	•••••		•••••	••••••
	ureau and association fees							•••••
6.3 Ins	surance, except on real estate							
6.4 Mi	iscellaneous losses	(1,910,390)						(1,910,3
6.5 Co	ollection and bank service charges							
	undry general expenses							
	roup service and administration fees							
	gency expense allowance			•••••	•••••	•••••	•••••	
	gents' balances charged off (less \$							
	recovered)							
8.1 Of	fficial publication (Fraternal Benefit Societies							
		XXX	XXX	XXX	XXX	XXX		
	pense of supreme lodge meetings (Fraternal							
	Benefit Societies Only)		XXX	XXX	XXX	XXX		
9.1 Re	eal estate expenses							
9.2 Inv	vestment expenses not included elsewhere							
9.3 Ag	ggregate write-ins for expenses							
10. Ge	eneral expenses incurred	(1,910,390)					(b)	(a) (1,910,
							(0)	(a) (1,010,
	eneral expenses unpaid Dec. 31, current year							
				•••••		••••••	•••••	••••••
	mounts receivable relating to uninsured plans,							
p	prior year		•••••	•••••	•••••		•••••	••••••
	mounts receivable relating to uninsured plans,							
15 C	current year							
	eneral expenses paid during year (Lines 10+11-	(1 010 200)						(1,910,
	2-13+14)	(1,910,390)						(1,910,
	ETAILS OF WRITE-INS							
9.303								
9.398. Su	ummary of remaining write-ins for Line 9.3 from							
	overflow page							
	otals (Lines 09.301 through 09.303 plus 09.398)							1
	Line 9.3 above)				1		1	
(1								
	management fees of \$	to affiliates	and \$	to n	on-affiliates			

 5. Religious\$
 ;6. Membership \$
 ;7. Other\$
 ;8. Total\$

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

		Insurance			4	5	6
		1	2	3			
			Accident and	All Other Lines			
		Life	Health	of Business	Investment	Fraternal	Total
1.	Real estate taxes						
2.	State insurance department licenses and fees						
3.	State taxes on premiums						
4.	Other state taxes, including \$						
	for employee benefits						
5.	U.S. Social Security taxes						
6.	All other taxes						
7.	Taxes, licenses and fees incurred						
8.	Taxes, licenses and fees unpaid Dec. 31, prior year						
9.	Taxes, licenses and fees unpaid Dec. 31, current year						
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)						

EXHIBIT 4 - DIVIDENDS OR REFUNDS

1. Applied to pay renewal premiums	
3. Applied to provide paid-up additions	
4. Applied to provide paid-up annuities	
5. Total Lines 1 through 4	· · · · · · · · · · · · · · · · · · ·
6. Paid in cash 7. Left on deposit 8. Aggregate write-ins for dividend or refund options	
7. Left on deposit	······
8. Aggregate write-ins for dividend or refund options	
9. Total Lines 5 through 8	
10. Amount due and unpaid	
11. Provision for dividends or refunds payable in the following tendar and round and refunds a second se	
12. Terminal dividends	
13. Provision for deferred dividend contracts	
14. Amount provisionally held for deferred dividend contract op til de n Line (3	
15. Total Lines 10 through 14	
16. Total from prior year	
17. Total dividends or refunds (Lines 9 + 15 - 16)	
DETAILS OF WRITE-INS	
0801.	
0802.	
0803.	
0898. Summary of remaining write-ins for Line 8 from overflow page	
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)	

1	2	3	4	5 Credit (Group and	6
Valuation Standard	Total (a)	Industrial	Ordinary	Individual)	Group
LIFE INSURANCE:					
0100001. 1980 CSO ANB 4.00% CRVM 2006-2008	1,002,750,077				
0100002. 1980 CSO ANB 4.50% CRVM 2005					
0100003. 2001 CSO ANB 4.00% CRVM 2008					
0100004. 2001 CSO Pref ANB 4.00% CRVM 2008			, ,		
199997. Totals (Gross)	1,491,691,292		1,491,691,292		
199998. Reinsurance ceded					
199999. Life Insurance: Totals (Net)	1,491,691,292		1,491,691,292		
ANNUITIES (excluding supplementary contracts with life contingencies):					
0200001		XXX		XXX	
299997. Totals (Gross)		XXX		XXX	
299998. Reinsurance ceded		XXX		XXX	
0299999. Annuities: Totals (Net) SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES: 0300001		XXX		XXX	
0399997. Totals (Gross)					
0399998. Reinsurance ceded					
0399999. SCWLC: Totals (Net)					
ACCIDENTAL DEATH BENEFITS: 0400001					
0499997. Totals (Gross)					
0499998. Reinsurance ceded					
0499999. Accidental Death Benefits: Totals (Net)					
DISABILITY-ACTIVE LIVES: 0500001.					
0599997. Totals (Gross)					
0599998. Reinsurance ceded					
0599999. Disability-Active Lives: Totals (Net)					
DISABILITY-DISABLED LIVES:					
0600001.					
0699997. Totals (Gross)					
0699998. Reinsurance ceded					
0699999. Disability-Disabled Lives: Totals (Net)					
MISCELLANEOUS RESERVES:					
0700001. For excess of valuation net premuims over corresponding gross premuims on respective policies, computed according to the standard of valuation required by this state					
0799997. Totals (Gross)	50,510,188		50,510,188		
0799998. Reinsurance ceded					
0799999. Miscellaneous Reserves: Totals (Net)	50,510,188		50,510,188		
			·····		
09999999. Totals (Net) - Page 3, Line 1	1,542,201,480		1,542,201,480		

EXHIBIT 5 - INTERROGATORIES

1.1	Has the reporting entity ever issued both participating and non-participating contracts?		Vac I		1	No	rvi	1
1.1	If not, state which kind is issued.	•	Yes [1	INO		1
1.2	Assumed Business Only							
2.1	Does the reporting entity at present issue both participating and non-participating contracts?		Yes [1	No	r v 1	1
2.1	If not, state which kind is issued.	•	162 [1	NU		1
2.2	Assumed Business Only							
3.	Assumed bus mess only		Yes [v	1	No	r 1	1
0.	If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in	•	163 [Λ	1	NU		1
	the instructions.							
4.	Has the reporting entity any assessment or stipulated premium contracts in force?		Yes []	No	[X]]
	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?		Yes []	No	[X]]
	6.1 If so, state the amount of 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?		Yes [1	No	[X]	1
	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? 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?		Yes []	No	[X]]
	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 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1	Valuatio	4	
	2	3	Increase in Actuarial
			Reserve Due to
Description of Valuation Class	Changed Erom	Changed To	Change
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
9999999 - Total (Column 4, only)			

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts

ΝΟΝΕ

Exhibit 7 - Deposit-Type Contracts

Exhibit 8 - Contract Claims - Part 1 - Liability End of Current Year **NONE**

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

		Z - Incurred During	, · · · ·		_		-	
	1	2	3	4 Individual	5	6	7	8 Other Lines of
	Total	Individual Life (a)	Group Life (b)	Annuities	Group Annuities	Accident & Health	Fraternal	Business
1. Settlements During the Year:								
1.1 Direct								
1.2 Reinsurance assumed								
1.3 Reinsurance ceded								
1.4 Net								
2. Liability December 31, current year from Part 1:								
2.1 Direct								
2.2 Reinsurance assumed								
2.3 Reinsurance ceded								
2.4 Net								
3. Amounts recoverable from reinsurers December 31, current year								
4. Liability December 31, prior year:								
4.1 Direct								
4.2 Reinsurance assumed								
4.3 Reinsurance ceded								
4.4 Net								
5. Amounts recoverable from reinsurers December 31, prior year								
6. Incurred Benefits								
6.1 Direct								
6.2 Reinsurance assumed								
6.3 Reinsurance ceded								
6.4 Net	18,106,761	18,106,761						
a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$	in Line 1.	.1, \$	in Line 1.4.	·	•	-	·	
	\$ in Line 6.	.1, and \$	in Line 6.4.					
b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$	in Line 1.	.1, \$	in Line 1.4.					
	\$ in Line 6.	1, and \$	in Line 6.4.					
c) Includes \$	efits							

(c) Includes \$ premiums waived under total and permanent disability benefits.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cape Verity I, Inc. EXHIBIT OF NON-ADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			(00:12 00:17)
	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments			
0.	(Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			2,317,574
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other-than-invested assets			
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			2,317,574
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)	103,260,659	105,578,233	2,317,574
20.	DETAILS OF WRITE-INS	100,200,000	100,010,200	2,017,014
1101.				
1101.				
1103.	Summary of remaining write inc for Line 11 from everflow page			
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)			
2501.	Accounts Receivable - Miscellaneous			
2502.				
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

Cape Verity I, Inc. ("Cape Verity I" or "the Company") is a special purpose captive organized under the laws of the State of Iowa, and is a whollyowned subsidiary of Accordia Life and Annuity Company ("Accordia"). The accompanying financial statements of Cape Verity I, Inc. are presented on the basis of accounting practices prescribed or permitted by the Insurance Division, Department of Commerce, of the State of Iowa (Iowa Department). The National Association of Insurance Commissioners ("NAIC") Accounting Practices & Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the Iowa Department.

Pursuant to Iowa Administrative Code ("IAC") Section 191-99.11(3), *Limited Purpose Subsidiary Life Insurance Company*, the Company has included as an admitted asset the outstanding principal amount of a Variable Funding Puttable Note (contingent note) serving as collateral for reinsurance credit taken by an affiliated cedant in connection with a reinsurance agreement entered into between the Company and the affiliated cedant. The contingent note was issued by CVI Issuer LLC, and is held for the benefit of the affiliated cedant. The contingent note is not included as a risk-based asset in the Company's risk-based capital calculation.

A reconciliation of the Company's net income (loss) and statutory surplus between practices prescribed and permitted by the State of Iowa and NAIC SAP is shown below:

	SSAP #	F/S Page	F/S Line #	2024	2023
Net Income					
(1) State basis (Page 4, Line 35, Columns 1 & 2)	XXX	ХХХ	XXX	\$ 14,850,624	\$(12,571,381).
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	ХХХ	XXX	\$ 14,850,624	\$(12,571,381).
Surplus					
(5) State basis (Page 3, Line 38, Columns 1 & 2)	XXX	ХХХ	XXX	\$ 201,915,695	\$ 165,462,014
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
	SSAP 4	3		632,421,671	621,238,047
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	ХХХ	XXX	\$(430,505,976).	\$(455,776,033).
If the Company had not been permitted to include the conting					

If the Company had not been permitted to include the contingent note in surplus, the Company's risk-based capital would have been below Mandatory Control Level.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. Reinsurance treaties that do not meet the definition of risk transfer are recorded under the rules of deposit accounting as prescribed in Statement of Statutory Accounting Principles ("SSAP") No. 61R – *Life, Deposit-Type and Accident and Health Reinsurance* and are carried as a deposit liability, net income and expenses are shown in the aggregate write in line on the summary of operations. Expenses incurred in connection with acquiring new insurance business, including the acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies, as applicable:

- (1) Short-term investments that have original maturities of greater than three months and less than twelve months at date of purchase are carried at amortized cost, which approximates fair value.
- (2) Bonds not backed by other loans are stated at amortized cost or fair value, using the modified scientific method, in accordance with the NAIC *Purposes and Procedures* Manual of the Capital Markets and Investment Analysis Office.
- (3) The Company does not have any common stock.
- (4) The Company does not have any preferred stock.
- (5) Mortgage loans are stated at amortized cost or fair value, in accordance with the NAIC *Purposes and Procedures* Manual of the Capital Markets and Investment Analysis Office.
- (6) Loan-backed bonds and structured securities are stated at amortized cost using the interest method including anticipated prepayments at the date of purchase in accordance with SSAP 43-R - *Loan-backed and Structured Securities*. Changes in prepayment speeds and estimated cash flows from the original purchase assumptions are evaluated quarterly and are accounted for on the prospective basis.
- (7) Investments in subsidiaries, controlled and affiliated entities Not Applicable
- (8) The Company does not have any investments in joint ventures.
- (9) The Company does not have any derivative instruments.
- (10) The Company has no accident and health business and therefore no premium deficiency calculation.
- (11) The Company has no accident and health business and therefore no unpaid losses or loss adjustment expenses.
- (12) The Company does not carry any fixed assets.
- (13) The Company does not have any pharmaceutical rebate receivables.

1. Summary of Significant Accounting Policies and Going Concern (Continued)

D. Going Concern

There is no substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
 - (1) There were no new mortgage loans in the year ended December 31, 2024.
 - (2) The maximum percentage of any one loan to the value of the security at the time of the loan, exclusive for insured or guaranteed or purchase money mortgages was 49.59%.
 - (3) Taxes, assessments and any amounts advanced and not included in mortgage loan total None
 - (4) Age analysis of mortgage loans and identification of mortgage loans in which the insurer is a participant or co-lender in a mortgage loan agreement

As of December 31, 2024 and December 31, 2023 mortgage loans totaled \$2,909,452 and \$3,211,170, respectively, with all non-insured commercial mortgages under 30 days past due.

- (5) Investment in impaired loans with or without allowance for credit losses and impaired loans subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan Not Applicable
- (6) Investment in impaired loans average recorded investment, interest income recognized, recorded investment on nonaccrual status and amount of interest income recognized using a cash-basis method of accounting None
- (7) Allowance for credit losses Not Applicable
- (8) Mortgage loans derecognized as a result of foreclosure Not Applicable
- (9) Policy for recognizing interest income and impaired loans Not Applicable
- B. Debt Restructuring Not Applicable

C. Reverse Mortgages - Not Applicable

- D. Loan-Backed Securities
 - (1) Loan-backed and structured securities ("LBASS") are valued and reported in accordance with Statement of Statutory Accounting Principles ("SSAP") 43R Loan-Backed and Structured Securities. Prepayment assumptions are primarily obtained from external sources or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The prospective adjustment method is used on most non-agency LBASS. Fair values are based on independent pricing sources. The Company reviews securities at least quarterly for other-than-temporary impairments ("OTTI") using current cash flow assumptions. The Company has recognized an OTTI charge on loan-backed securities of \$18,611 and \$365,286 for the years ended December 31, 2024, and year ended December 31, 2023, respectively.
 - (2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI) None
 - (3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities

(1)	(2)	(3)	(4)	(5)	(6)	(7)
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI		Recognized OTTI	Amortized Cost After OTTI	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
25151KAC3.	\$ 3,302,860	\$ 3,284,249	\$ 18,611	\$ 3,284,249	\$ 3,284,249	09/30/2024
Total			\$ 18,611			

(4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss

a.	The aggregate amount of unrealized losses:	
	1. Less than 12 months.	\$(540,529)
	2. 12 months or longer	(3,526,208)
b.	The aggregate related fair value of securities with unrealized losses:	
	1. Less than 12 months.	\$ 6,262,229
	2. 12 months or longer	

(5) The Company evaluates whether credit impairment exists by considering primarily the following factors: a) changes in the financial condition, credit rating, and near term prospects of the issuer, b) whether the issuer is current on contractually obligated interest and principal payments, c) changes in the financial condition of the security's underlying collateral, d) the payment structure of the security and e) the length of time and extent to which the fair value has been less than amortized cost of the security.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable

5. Investments (Continued)

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- 0. 5GI Securities None

(1) (2)

- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees

	General Account	Separate Account
Number of CUSIPs		
Aggregate amount of investment income	\$ 84,746	\$

- R. Reporting Entity's Share of Cash Pool by Asset Type Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets

The Company has no investments in joint venture, partnerships or limited liability companies that exceeded 10% of total admitted assets as of December 31, 2024, and December 31, 2023, respectively.

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies

The Company recognizes impairments when it is probable that it will be unable to recover the carrying amount of the investment or there is evidence indicating inability of the investee to sustain earnings that would justify the carrying value of the investment. The Company did not have any impairments in joint ventures, partnerships, or limited liability companies for the year ended December 31, 2024, and year ended December 31, 2023, respectively.

7. Investment Income

The Company did not have due and accrued income over 90 days past due that was excluded from surplus as of December 31, 2024, and December 31, 2023, respectively.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross	\$ 11,281,245
2. Nonadmitted	\$
3. Admitted	\$ 11,281,245 .

D. The aggregate deferred interest - None

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

8. Derivative Instruments - Not Applicable

9. Income Taxes

A. Components of the Net Deferred Tax Asset/(Liability)

The net deferred tax asset/(liability) at December 31, 2024, and the change from the prior year-end are comprised of the following components:

(1) Change between years by tax character

			2024			2023			Change	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a)	Gross deferred tax assets	\$ 137,989,805	\$ 2,897,488	\$ 140,887,293	\$ 137,735,127	\$ 2,764,066	\$ 140,499,193 .	\$ 254,678 .	\$ 133,422	\$ 388,100
(b)	Statutory valuation allowance adjustments									
(c)	Adjusted gross deferred tax assets (1a - 1b)	137,989,805	2,897,488	140,887,293	137,735,127		140,499,193			
(d)	Deferred tax assets nonadmitted	100,730,022	2,530,637	103,260,659	103,659,862	1,918,371	105,578,233		612,266	(2,317,574).
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 37,259,783	\$	\$ 37,626,634	\$ 34,075,265	\$ 845,695	\$ 34,920,960 .	\$ 3,184,518 .	\$(478,844).	\$ 2,705,674
(f)	Deferred tax liabilities	11,289,803		11,289,803 .	13,665,046		13,665,046			
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 25,969,980	\$ 366,851	\$ 26,336,831 .	\$ 20,410,219	\$ 845,695	\$ 21,255,914	\$ 5,559,761	\$(478,844).	\$ 5,080,917 .

The ultimate realization of deferred tax assets depends on the generation of future taxable income during the periods in which the temporary differences are deductible and prior to the expiration of capital loss, net operating loss and tax credit carry-forwards. Management considers the scheduled reversal of deferred tax liabilities (including the impact of available carry-back and carry-forward periods), projected taxable income, and tax planning strategies in making this assessment. Management believes it is more likely than not that all deferred tax assets will be realized based on projected taxable income and available tax planning strategies.

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

		2024			2023			Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks.	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)				20,410,219 .			5,559,760	(478,844).	5,080,916 .
 Adjusted gross deferred tax assets expected to be realized following the balance sheet date 	132,748,619		133,115,470 .	125,647,250 .		126,492,945	7,101,369		6,622,525 .
 Adjusted gross deferred tax assets allowed per limitation threshold 		XXX	26,336,830 .	XXX	xxx	21,255,914			5,080,916 .
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	11,289,803		11,289,803 .	13,665,046 .		13,665,046	(2,375,243).		(2,375,243).
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 37,259,782</u>	\$	\$ 37,626,633 .	\$ 34,075,265	\$ 845,695 .	\$ 34,920,960	\$ 3,184,517	\$(478,844).	\$ 2,705,673 .
(3) Ratio used as b	asis of admiss	sibility							

	2024	2023
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1,830.218 %.	1,596.178 %.
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 209,786,130	\$ 173,104,318

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

				2024 2023		Ch	ange		
				(1)	(2)	(3)	(4)	(5)	(6)
				Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
		1.	Adjusted gross DTAs amount from Note 9A1(c)	\$ 137,989,805	\$ 2,897,488	\$ 137,735,127	\$ 2,764,066	5 \$ 254,678	\$ 133,422
		2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		12.700 %			%	
		3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 37,259,783	\$	\$ 34,075,265	\$ 845,69	5 \$ 3,184,518	\$(478,844)
		4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	52.100 %	100.000 %	59.900 %	100.000	%	%
	(b	o) Use	e of reinsurance-related tax-planning strat	tegies					
		Do	es the company's tax-planning strategies	include the use	of reinsurance	?			YES
В.	Regar	ding D	eferred Tax Liabilities That Are Not Reco	gnized					
	There	are no	temporary differences for which deferre	d tax liabilities a	are not recogniz	ed.			
C.	Major	Comp	onents of Current Income Taxes Incurred						
							(1)	(2)	(3)
	Curre	ent inco	ome taxes incurred consist of the following	major compone	nts:		2024	2023	Change (1-2)
	1.	Current	t Income Tax						
		(a) Fe	ederal			\$	6,937,181 . \$	S 29,573 .	\$ 6,907,608
		• •	preign						
		(c) Sı	ubtotal (1a+1b)			\$	6,937,181	29,573 .	\$ 6,907,608

(e) Utilization of capital loss carry-forwards.....

9. Income Taxes (Continued)

			(1) 2024	(2) 2023	(3) Change (1-2)
2.	Def	erred Tax Assets			
	(a)	Ordinary			
		(1) Discounting of unpaid losses	\$	\$	\$
		(2) Unearned premium reserve			
		(3) Policyholder reserves		32,527,825	254,676
		(4) Investments			
		(5) Deferred acquisition costs			2
		(6) Policyholder dividends accrual			
		(7) Fixed assets			
		(8) Compensation and benefits accrual			
		(9) Pension accrual			
		(10) Receivables - nonadmitted			
		(11) Net operating loss carry-forward			
		(12) Tax credit carry-forward			
		(13) Other		105,207,302	
		(99) Subtotal (Sum of 2a1 through 2a13)	\$ 137,989,805	\$ 137,735,127	\$ 254,678
	(b)	Statutory valuation allowance adjustment			
	(c)	Nonadmitted		103,659,862	(2,929,840)
	(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 37,259,783	\$ 34,075,265	\$ 3,184,518
	(e)	Capital			
	()	(1) Investments	\$ 2,721,639	\$ 2,764,066	\$(42,427).
		(2) Net capital loss carry-forward			
		(3) Real estate			
		(4) Other			
		(99) Subtotal (2e1+2e2+2e3+2e4)			
	(f)	Statutory valuation allowance adjustment			
	(g)	Nonadmitted			
	(g) (h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)			
	(i)	Admitted deferred tax assets (2d + 2h).			
	(1)			<u> </u>	φ 2,703,07 4
			(1)	(2)	(3)
			2024	2023	Change (1-2)
3.	Def	erred Tax Liabilities			
	(a)	Ordinary			
		(1) Investments	\$ 9,097,948	\$ 9,281,336	\$
		(2) Fixed assets			
		(3) Deferred and uncollected premium			
		(4) Policyholder reserves		4,383,710	(2,191,855)
		(5) Other			
		(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 11,289,803	\$ 13,665,046	\$(2,375,243).
	(b)	Capital			
		(1) Investments	\$	\$	\$
		(2) Real estate			
		(3) Other			
		(99) Subtotal (3b1+3b2+3b3)			
	(c)	Deferred tax liabilities (3a99 + 3b99)			
	. ,		<u> </u>		
4.	Net	deferred tax assets/liabilities (2i - 3c)	\$ 26,336,831	\$ 21,255,914	\$ 5,080,917 .

The change in deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Cu	urrent Period	 Prior Year	Change (Col. 1 - Col. 2)
Adjusted gross deferred tax assets	\$	140,887,292	\$ 140,499,193	\$
Total deferred tax liabilities		11,289,803	 13,665,045	(2,375,242)
Net deferred tax assets (liabilities)		129,597,489	 126,834,148	2,763,341
Statutory valuation allowance adjustment			 	
Net deferred tax assets (liabilities) after statutory valuation allowance		129,597,489	 126,834,148	2,763,341
Tax effect of unrealized gains (losses)			 	
Change in net deferred income tax			 	\$

9. Income Taxes (Continued)

D. Among the More Significant Book to Tax Adjustments

	2024	Effective Tax Rate
Provision computed at statutory rate	\$	21.000 %
IMR) -2.260
True-Ups		
Tax-Exempt Income		-0.094
DRE Income/(Loss)	2,057	0.010
Total	\$	18.655 %
	2024	Effective Tax Rate
Federal and foreign income taxes incurred	\$	32.037 %
Realized capital gains (losses) tax	(134,287	') -0.620
Change in net deferred income taxes		
Total statutory income taxes	\$ 4,039,552	18.655 %
	2023	Effective Tax Rate
Provision computed at statutory rate	\$	') 21.000 %.
IMR		
	(2,285,902	
True-Ups		
		-0.001
True-Ups Tax-Exempt Income DRE Income/(Loss))
True-Ups Tax-Exempt Income)
True-Ups Tax-Exempt Income DRE Income/(Loss)	69 (17,951 (7,392 <u>\$(4,957,873</u>)
True-Ups Tax-Exempt Income DRE Income/(Loss)		0 -0.001 0 0.142 0 0.059 0 39.338 % Effective Tax Rate
True-Ups Tax-Exempt Income DRE Income/(Loss) Total	69 (17,951 (7,392 <u>\$ (4,957,873</u> <u>2023</u> \$ 29,573	-0.001 0.142 0.059 39.338 % Effective Tax Rate -0.235 %
True-Ups Tax-Exempt Income DRE Income/(Loss) Total Federal and foreign income taxes incurred	69 (17,951 (7,392 <u>\$ (4,957,873</u> <u>2023</u> <u>\$ 29,573</u> (61,513 (4,925,933	-0.001) 0.142 2) 0.059 39.338 % Effective Tax Rate 3 -0.235 % 3) 0.488 2) 0.488 3) 39.084

E. Operating Loss and Tax Credit Carryforwards

- (1) At December 31, 2024, the Company does not have any net operating loss carry-forwards or foreign tax credits. At December 31, 2024, the company has a net capital loss carryforward amount of \$800K.
- (2) Income tax expense available for recoupment

As a result of recent tax reform (TCJA), the Company can no longer carry back ordinary future losses, but can still carryback capital losses.

- (3) Deposits admitted under IRS Code Section 6603 Not Applicable
- F. Consolidated Federal Income Tax Return
 - (1) The Company will file in a consolidated life/non-life federal income tax return with its parent, Global Atlantic Limited (Delaware), and its affiliates. The Company is a party to a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity within the consolidated group. Pursuant to this agreement, Accordia is obligated to perform all of the Company's tax sharing obligations and is entitled to accept all of the Company's tax sharing benefits. Accordingly, any current taxes payable or receivable of the Company are reflected by Accordia.
 - (2) The IRS routinely audits the Company's federal income tax returns, and when appropriate, provisions are made in the financial statements in anticipation of the results of these audits. The Company believes that its income tax filing positions and deductions will be sustained on audit, and does not anticipate any adjustments that will result in a material, adverse effect on the Company's financial condition, results of operations, or cash flow. Therefore, no reasonable estimate can be made for tax loss contingencies and none has been recorded.
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. On February 1, 2021, KKR & Co. Inc. ("KKR") indirectly acquired a majority interest in Cape Verity I, Inc. ("Cape Verity I") following the merger of Global Atlantic Financial Group Limited ("GAFGL") and Magnolia Merger Sub Limited, with GAFGL as the surviving entity of the merger transaction. Prior to the merger transaction, Magnolia Merger Sub Limited was a Bermuda exempted company, a direct wholly owned subsidiary of Magnolia Parent LLC (now known as The Global Atlantic Financial Group LLC or "TGAFGL") and an indirect subsidiary of KKR. Accordingly, TGAFGL is now the holding company of GAFGL and KKR is deemed the ultimate controlling person of Cape Verity I.

On January 2, 2024, KKR acquired all the remaining equity interest in Global Atlantic that KKR did not already own. As of January 2, 2024, KKR owns 100.0% of Global Atlantic.

Cape Verity I, Inc. was formed on August 15, 2013 and commenced business as a limited purpose subsidiary life insurance company domiciled and licensed in the state of Iowa. All outstanding shares of the Company's common stock are directly owned by Accordia, a stock life insurance company domiciled in the state of Iowa. All outstanding shares of Accordia are owned by Commonwealth Annuity and Life Insurance Company, an insurance company incorporated in the state of Massachusetts. Accordia carries the Company at its statutory net worth, as prescribed in the Securities Valuations Office Purposes and Procedures manual. Accordia is an indirect wholly owned subsidiary of TGAFGL.

The Company invests in asset backed securities and similar investments, some of which are issued by affiliated entities who are indirectly controlled by KKR. Those investments are disclosed in General Interrogatories 14.2, and in footnote 10B, if applicable.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

B. Detail of Transactions Greater than 1/2 of 1% of Total Admitted Assets:

During 2024, there were no transactions greater than ½ of 1% of total admitted assets.

During 2023, there were no transactions greater than $\frac{1}{2}$ of 1% of total admitted assets.

- C. Transactions With Related Party Who Are Not Reported on Schedule Y None
- D. Amounts Due to or From Related Parties

The Company had \$0 and \$0 receivables due from affiliates as of December 31, 2024 and December 31, 2023, respectively. The Company had \$0 and \$144 payable due to affiliates as of December 31, 2024 and December 31, 2023, respectively. All intercompany balances to or from parent, subsidiaries, and affiliates are settled within 30 days of their incurrence under the terms of the intercompany expense sharing agreements.

E. Management, Service Contracts, Cost Sharing Arrangement

The Company has entered into administration, shared services, management services, and investment management services agreements with related parties. These affiliates provide legal, compliance, technology, operations, financial reporting, human resources, and risk management services. The Company did not record expenses for these agreements as of December 31, 2024.

- F. Guarantees or Contingencies Not Applicable
- G. Nature of Relationships that Could Affect Operations

The Company's various affiliated relationships and agreement/transactions are discussed above in Note 10. The operating results and financial position of the Company as reported in these financial statements would not be significantly different from those that would have been obtained if the Company were autonomous.

- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments Not Applicable
- N. Investment in Insurance SCAs Not Applicable
- 0. SCA and SSAP No. 48 Entity Loss Tracking Not Applicable
- 11. Debt
 - A. Debt, Including Capital Notes Not Applicable
 - B. FHLB (Federal Home Loan Bank) Agreements Not Applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Company has 25,000 shares authorized, issued and outstanding. All shares are common stock.
- B. The Company has no preferred stock authorized.
- C. The payment of dividends by the Company to its parent is regulated under lowa law. Under lowa law, the Company may pay dividends only from the earned surplus arising from its business and must receive the prior approval (or non-disapproval) of the lowa Insurance Commissioner to pay any dividend that would exceed certain statutory limitations.
- D. As of December 31, 2024, and December 31, 2023, no dividends were paid to Accordia.
- E. Iowa law provides that a Limited Purpose Subsidiary Life Insurance Company ("LPS") may pay dividends that do not decrease the capital of the LPS below the minimum capital and surplus requirements designated by the commissioner of the Iowa Department, provided that payment of such dividend would not jeopardize the ability of the LPS to fulfill its obligations.
- F. The unassigned surplus is held for the benefit of the Company's shareholder.
- G. There were no unpaid advances to surplus.
- H. Stock Held for Special Purposes
- No shares of stock are held by the Company, including stock of affiliated companies, for special purposes.
- I. There were no changes in balances of special surplus.
- J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented or reduced by unrealized gains and (losses), net of capital gains tax, was (\$1,266,362.65) and (\$30,118.21) on December 31, 2024, and December 31, 2023, respectively.

- K. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments

Unfavorable economic conditions may contribute to an increase in the number of insurance companies that are under regulatory supervision. This may result in an increase in mandatory assessments by state guaranty funds, or voluntary payments by solvent insurance companies to cover losses to policyholders of insolvent or rehabilitated companies. Mandatory assessments, which are subject to statutory limits, can be partially recovered through a reduction in future premium taxes in some states. The Company is not able to reasonably estimate the potential impact of any such future assessments or voluntary payments.

- (2) Assets (Liabilities) recognized from paid and accrued premium tax offsets and policy surcharges None
- (3) Guaranty fund liabilities and assets related to long-term care insolvencies Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits Not Applicable
- E. Joint and Several Liabilities Not Applicable
- F. All Other Contingencies Not Applicable
- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales Not Applicable
- B. Transfer and Servicing of Financial Assets Not Applicable
- C. Wash Sales Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

There were no transfers between Levels 1 and 2 for the twelve months ending December 31, 2024.

- A. Fair Value Measurement Not Applicable
- B. Other Fair Value Disclosures

No additional disclosures are required pertaining to fair value measurement.

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 881,776,071	\$ 1,034,192,653	\$	\$ 879,107,010	\$ 2,669,061	\$	\$
CML	2,847,044	2,909,452			2,847,044		
OIA	1,295,923				1,295,923		
Cash and equivalents	10,985,360	10,985,360	10,985,360				
Total Assets	896,904,398	1,048,199,683	10,985,360	879,107,010	6,812,028		

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV None

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures

The Company is the holder of a contingent note security utilized to enable the Company to secure statutory reserve credit for the reinsurance ceded to the Company under its reinsurance agreement. Total outstanding principal of the contingent note as of December 31, 2024, was \$632,421,671.

The Company previously completed a conversion to a new life insurance administration system. In a limited number of cases, as a result of the conversion, the Company is using estimates for certain policyholder balances recorded in the financial statements. Any variances to the estimates will be recorded in future periods if estimates are revised or no longer utilized.

The Company's largest single life insurance policy face value as of December 31, 2024, is \$10,942,636.

D. Business Interruption Insurance Recoveries

The Company did not have any business interruption insurance recoveries for the twelve months ended December 31, 2024 and for the year ended December 31, 2023, respectively.

E. State Transferable and Non-Transferable Tax Credits - Not Applicable

21. Other Items (Continued)

F. Subprime-Mortgage-Related Risk Exposure

- (1) While the Company holds no direct investments in subprime mortgage loans, the Company may have limited exposure to subprime borrowers through direct investments in primarily investment grade subprime residential mortgage-backed securities. The Company's definition of subprime is predominantly based on borrower statistics from a residential pool of mortgages. Included in the statistics evaluated is the average credit score of the borrower, the loan-to-value ratio, the debt-to-income statistics, and the diversity of all these statistics across the borrower profile. As is true for all securities in the Company's portfolio, the entire mortgage-backed asset portfolio is reviewed for impairments at least quarterly. Additionally, reviews of specific mortgage-backed securities are made on a periodic basis by reviewing both the unrealized gain/loss as well as changes to the underlying statistics. Included in the analysis are current delinquency and default statistics, as well as the current and original levels of subordination on the security.
- (2) Direct exposure through investments in subprime mortgage loans Not Applicable
- (3) Direct exposure through other investments Not Applicable
- (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage Not Applicable
- G. Retained Assets Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts Not Applicable
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy Not Applicable
- J. Reporting Net Negative (Disallowed) Interest Maintenance Reserve (IMR) Not Applicable

22. Events Subsequent

Type I - Recognized Subsequent Events - No Type I subsequent events to report.

Type II - Non-recognized Subsequent Events - No Type II subsequent events to report.

Subsequent events have been considered through February 21, 2025.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes() No(X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance Not Applicable
- C. Commutation of Reinsurance Reflected in Income and Expenses Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- E. Reinsurance of Variable Annuity Contracts with an Affiliated Captive Reinsurer Not Applicable
- F. Reinsurance Agreement with an Affiliated Captive Reinsurer Not Applicable
- G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework Not Applicable

Annual Statement for the Year 2024 of the Cape Verity I, Inc.

Notes to the Financial Statements

23. Reinsurance (Continued)

H. Reinsurance Credit - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company does not have any retrospectively rated contracts or contract subject to redetermination.

- A. Method Used to Estimate Not Applicable
- B. Method Used to Record Not Applicable
- C. Amount and Percent of Net Retrospective Premiums Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? <u>NO</u>

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance Not Applicable

25. Change in Incurred Losses and Loss Adjustment Expenses - None

26. Intercompany Pooling Arrangements - Not Applicable

- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable

30. Premium Deficiency Reserves - Not Applicable

31. Reserves for Life Contracts and Annuity Contracts

- 1. The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. The reserve for surrender values promised in excess of the legally computed reserves is shown in Exhibit 5, Section G, line 2.
- 2. Mean reserves for substandard policies are determined by computing the regular mean reserve for the policy and holding in addition one half of the extra premium charge for the year.
- As of December 31, 2024, the Company had \$633,455,257 of insurance in force for which the gross premiums were less than the net premiums according to the standard of valuation set by the State of Iowa. Reserves to cover the above shortfall in premium totaled \$50,510,188 at December 31, 2024, are calculated annually, and were included in reserves on Page 3, line 1 (Exhibit 5, Section G).
- The tabular interest at December 31, 2024, (Page 7, Line 4), tabular less actual reserve released (Page 7, Line 5) and tabular cost (Page 7, Line 9) have been determined by formula as described in the NAIC instructions for Page 7.
- 5. The tabular interest on funds not involving life contingencies (Page 7, Part B, Line 3) has been determined in a manner consistent with that used for this item in Part A.
- 6. Details for Other Changes

There is no significant change in reserves showing on Exhibit 7, Line 4, or the "Other Increases (net)" line on Page 7, Line 7, as of December 31, 2024

32. Analysis of Annuity Actuarial Reserves and Deposit-Type Contract Liabilities by Withdrawal Characteristics - Not Applicable

33. Analysis of Life Actuarial Reserves by Withdrawal Characteristics

A. General Account

B. C. D.

				Account Value	Cash Value	Reserve
(1	1)	Subj	ect to discretionary withdrawal, surrender values or policy loans:			
		a.	Term Policies with Cash Value	\$	\$	\$
		b.	Universal Life			
		C.	Universal Life with Secondary Guarantees			
		d.	Indexed Universal Life			
		e.	Indexed Universal Life with Secondary Guarantees	509,714,999	509,679,683	1,491,691,29
		f.	Indexed Life			
		g.	Other Permanent Cash Value Life Insurance			
		h.	Variable Life			
		i.	Variable Universal Life			
		j.	Miscellaneous Reserves			
(2	2)	Not s	subject to discretionary withdrawal or no cash values			
		a.	Term Policies without Cash Value	XXX	XXX	
		b.	Accidental Death Benefits	ХХХ	ХХХ	
		C.	Disability – Active Lives	XXX	ХХХ	
		d.	Disability – Disabled Lives	ХХХ	ХХХ	
		e.	Miscellaneous Reserves	ХХХ	ХХХ	50,510,18
(3	3)	Tota	l (gross: direct + assumed)	509,714,999	509,679,683	1,542,201,48
(4	4)	Rein	surance Ceded			
(5	5)	Tota	l (net) (3) - (4)	\$ 509,714,999	\$ 509,679,683	\$ 1,542,201,48
Se	epar	ate Ac	count with Guarantees - Not Applicable			
			count Nonguaranteed - Not Applicable			
			on of Total Life Insurance Reserves			
Ne		cinatic				
						Amount
L 1			dent & Health Annual Statement: bit 5, Life Insurance Section, Total (net)			¢ 1 //01 601 20
2			bit 5, Accidental Death Benefits Section, Total (net)			
2			bit 5, Disability – Active Lives Section, Total (net)			
3 4			bit 5, Disability – Disabled Lives Section, Total (net)			
4 5			bit 5, Miscellaneous Reserves Section, Total (net)			
5			total (1+2+3+4+5)			
						Ş 1,542,201,48
			ccounts Annual Statement:			
7			bit 3, Line 0199999, Column 2			
8			bit 3, Line 0499999, Column 2			
9			bit 3, Line 0599999, Column 2			
	0.		total (7+8+9)			
1	1.	Com	bined Total (6+10)			Ş 1,542,201,48

34. Premiums and Annuity Considerations Deferred and Uncollected - Not Applicable

35. Separate Accounts - Not Applicable

36. Loss/Claim Adjustment Expenses - Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of wi is an insurer?	
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes[X] No[] N/A[]
1.3	State Regulating?	lowa
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [X] No []
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	0001404912
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	
2.2	If yes, date of change:	
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made	12/31/2019
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2019
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	06/24/2021
3.4	By what department or departments? Iowa Insurance Division	
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	Yes [] No [] N/A [X]
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [] No [] N/A [X]
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or core a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business?	
4.2	4.12 renewals? During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affili	
	receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	
	4.21 sales of new business? 4.22 renewals?	
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC.	Yes [] No [X]
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	
	1 2 3 Name of Entity NAIC Company Code State of Domicile	
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspender revoked by any governmental entity during the reporting period?	
6.2	If yes, give full information	
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	
7.2	If yes,	
	 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 	<u>100.0</u> %
	1 2 Nationality Type of Entity	

Bermuda Corporation

GENERAL INTERROGATORIES

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X] 8.1 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

Is the company affiliated with one or more banks, thrifts or securities firms? 8.3 Yes [X] No [] If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal 8.4

regulator

	1	2	3	4	5	6	
	Affiliate Name	Location (City, State)	FRB	occ	FDIC		
	REDI Global Technologies LLC	New York, NY	NO	NO	NO	YES	
	Epoch Securities, Inc.			N0	NO	YES	
	Mercer Allied Company, L.P			NO	NO		
	Global Atlantic Investment Advisors LLC			N0		-	
	Global Atlantic Distributors, LLC			NO		-	
	KKR Credit Advisors (Singapore) Pte. Ltd			NO			
	KKR Registered Advisor LLC			NO	NO		
	Kohlberg Kravis Roberts & Co. L.P.					YES	
	FS/KKR Advisor, LLC			NO	NO	YES YES	•
	KKR Credit Advisors (US) LLC KKR Capital Markets LLC			NO			
	KKR Capital Markets II LLC						-
	KKR Alternative Investment Management Unlimited Company	Dublin, Ireland	N0		NO	YES	
	Is the reporting entity a depository institution holding company with s Federal Reserve System or a subsidiary of the depository institution If response to 8.5 is no, is the reporting entity a company or subsidia Federal Reserve Board's capital rule?	significant insurance operations as defined by th holding company?ary of a company that has otherwise been made	e Board of Go	overnors	of	Yes [] No [X] N/A
	What is the name and address of the independent certified public ad	ccountant or accounting firm retained to conduct	the annual a	udit?		1	
	Deloitte & Touche LLP 699 Walnut Street, Ste. 1800, Des Moines, I Has the insurer been granted any exemptions to the prohibited non- requirements as allowed in Section 7H of the Annual Financial Report law or regulation?	audit services provided by the certified independ orting Model Regulation (Model Audit Rule), or s	dent public ac ubstantially s	countan	it ate	Vec 1] No [
	If the response to 10.1 is yes, provide information related to this exe	mption:				100 [J NU [
	Has the insurer been granted any exemptions related to the other re	quirements of the Annual Financial Reporting M	lodel Regulat	ion as			
	allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?					Yes [] No [
Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?							
		ice with the domiciliary state insurance laws?			Yes [X] No [] N/A
	If the response to 10.5 is no or n/a, please explain.] No [] N/A
	If the response to 10.5 is no or n/a, please explain.	porting entity or actuary/consultant associated v rtification?	vith an actuar	ial consi	ulting] No [] N/A
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cer	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines	vith an actuar , IA 50309	ial consi	ulting		-
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cet Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines	vith an actuar , IA 50309	ial consi	ulting		-
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cet Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of real	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly	vith an actuar , IA 50309 ??	ial consu	ulting	Yes [-
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cer Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company parcels involved	vith an actuar , IA 50309 ??	ial const	ulting	Yes [] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cet Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company parcels involved	vith an actuar , IA 50309 ?	ial consu	ulting	Yes [] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cet Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITY	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company parcels involved	vith an actuar , IA 50309 ?		ulting	Yes [] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cel Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITY What changes have been made during the year in the United States	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company parcels involved adjusted carrying value ITIES ONLY: a manager or the United States trustees of the re	vith an actuar , IA 50309 ?	ial consu	ulting	Yes [] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/cet Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTION What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company parcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loo	ial consu	ulting	Yes [\$] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the re firm) of the individual providing the statement of actuarial opinion/cet Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTING What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures du	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company barcels involved adjusted carrying value TTIES ONLY: a manager or the United States trustees of the re g entity through its United States Branch on risks uring the year?	vith an actuar , IA 50309 ? eporting entity s wherever loo	ial consu ? cated?	ulting	Yes [\$ Yes [] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of real 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTIT What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures du If answer to (13.3) is yes, has the domiciliary or entry state approved	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company barcels involved adjusted carrying value ITIES ONLY: manager or the United States trustees of the re g entity through its United States Branch on risks uring the year?	vith an actuar , IA 50309 ? eporting entity s wherever loo	ial consi ? cated?	ulting	Yes [\$ Yes [Yes [] No [] No [] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures du If answer to (13.3) is yes, has the domiciliary or entry state approved Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, w a. Honest and ethical conduct, including the ethical handling of actuar	porting entity or actuary/consultant associated v trification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company parcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loo or persons p	ial consu	ulting	Yes [\$ Yes [Yes [] No [] No [] No [] No [] N/A
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures d If answer to (13.3) is yes, has the domiciliary or entry state approved Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, w a. Honest and ethical conduct, including the ethical handling of actuar relationships; b. Full, fair, accurate, timely and understandable disclosure in the pe c. Compliance with applicable governmental laws, rules and regulation	porting entity or actuary/consultant associated v trification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company barcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loo or persons p onal and profe	ial consu	ulting	Yes [\$ Yes [Yes [] No [] No [] No [] No [] N/A
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of real 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures du If answer to (13.3) is yes, has the domiciliary or entry state approved Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, w a. Honest and ethical conduct, including the ethical handling of actuar relationships; b. Full, fair, accurate, timely and understandable disclosure in the period.	porting entity or actuary/consultant associated v trification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company barcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loo or persons p onal and profe	ial consu	ulting	Yes [\$ Yes [Yes [] No [] No [] No [] No [] N/A
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures du If answer to (13.3) is yes, has the domiciliary or entry state approved Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, w a. Honest and ethical conduct, including the ethical handling of actuar relationships; b. Full, fair, accurate, timely and understandable disclosure in the per c. Compliance with applicable governmental laws, rules and regulati d. The prompt internal reporting of violations to an appropriate persor e. Accountability for adherence to the code.	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company barcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loo or persons p onal and profe	ial consu	ulting	Yes [\$ Yes [] No [Yes [X] No [] No [] No [] N/A] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures du If answer to (13.3) is yes, has the domiciliary or entry state approved Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, w a. Honest and ethical conduct, including the ethical handling of actuar relationships; b. Full, fair, accurate, timely and understandable disclosure in the per c. Compliance with applicable governmental laws, rules and regulati d. The prompt internal reporting of violations to an appropriate persor e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company barcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loo or persons p onal and profe	ial consu	ulting	Yes [\$ Yes [] No [Yes [X] No [] No [] No [] N/A] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters Bryan Nelson, Senior Vice President, Chief Actuary and Appointed A Does the reporting entity own any securities of a real estate holding 12.11 Name of rea 12.12 Number of p 12.13 Total book/a If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI What changes have been made during the year in the United States Does this statement contain all business transacted for the reporting Have there been any changes made to any of the trust indentures du If answer to (13.3) is yes, has the domiciliary or entry state approved Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, w a. Honest and ethical conduct, including the ethical handling of actuar relationships; b. Full, fair, accurate, timely and understandable disclosure in the per c. Compliance with applicable governmental laws, rules and regulati d. The prompt internal reporting of violations to an appropriate persor e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:	porting entity or actuary/consultant associated v trification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company parcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loo or persons p onal and profe and entity; GAFG's Board t and Ethics," iames of KKR ded; and (6) a	of Direct (2) a new Second	ulting 	Yes [\$ Yes [] No [Yes [X] No [] No [] No [] N/A] No [
	If the response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ceters of a real estate holding in the reporting entity own any securities of a real estate holding 12.11 Name of react 12.12 Number of p 12.13 Total book/ceters of the reporting entity own any securities of a real estate holding 12.11 Name of react 12.12 Number of p 12.13 Total book/ceters of the reporting entity own any securities of a real estate holding 12.11 Name of react 12.12 Number of p 12.13 Total book/ceters of the reporting the year in the United States 12.13 Total book/ceters of the reporting that changes have been made during the year in the United States 12 no the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, wa. Honest and ethical conduct, including the ethical handling of actuar relationships; b. Full, fair, accurate, timely and understandable disclosure in the per compliance with applicable governmental laws, rules and regulatied. The prompt internal reporting of violations to an appropriate person e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:	porting entity or actuary/consultant associated v rtification? Actuary 215 10th Street, Ste. 1100, Des Moines company or otherwise hold real estate indirectly al estate holding company barcels involved	vith an actuar , IA 50309 ? eporting entity s wherever loc or persons p onal and profe ng entity; GAFG's Board and Ethics," laames of KKR ded; and (6) a	of Direc (2) a new se	Ves [yes] yes [yes] yes [yes] yes] ye	Yes [* Yes [Yes [] No [Yes [X Yes [X] No [

GENERAL INTERROGATORIES

2	Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?			
	bank of the Lett	er of Credit and describe the circumstances in which	the Letter of Credit is triggered.	
	1 American Bankers Association	2	3	4
	(ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
		ВОА	RD OF DIRECTORS	
	thereof?		ed upon either by the board of directors or a subordinate committee	Yes [X] No [
	thereof?		roceedings of its board of directors and all subordinate committees	Yes [X] No [
	part of any of its	officers, directors, trustees or responsible employees	board of directors or trustees of any material interest or affiliation on the s that is in conflict or is likely to conflict with the official duties of such	Yes [X] No [
	Has this statem	ont been proported using a basis of accounting other t	FINANCIAL than Statutory Accounting Principles (e.g., Generally Accepted	
	Accounting Prin	ciples)?	, exclusive of policy loans): 20.11 To directors or other officers	Yes [] No [∷ ∝
		aned during the year (inclusive of Separate Accounts,	20.12 To stockholders not officers	
			20.12 To stockholders not oncers 20.13 Trustees, supreme or grand (Fraternal Only)	
	Total amount of policy loans):	loans outstanding at the end of year (inclusive of Sep	parate Accounts, exclusive of 20.21 To directors or other officers	\$
			20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal Only)	
	Were any asset obligation being	s reported in this statement subject to a contractual of reported in the statement?	bligation to transfer to another party without the liability for such	
		amount thereof at December 31 of the current year:	21.21 Rented from others	\$
			21.22 Borrowed from others	
			21.23 Leased from others	
	Does this stater	nent include payments for assessments as described ation assessments?	21.24 Other in the Annual Statement Instructions other than guaranty fund or	
	If answer is yes:		22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses	§
			22.23 Other amounts paid	
	If yes, indicate a	any amounts receivable from parent included in the Pa	iaries or affiliates on Page 2 of this statement?	Yes [] No [>
	Does the insure 90 days?	r utilize third parties to pay agent commissions in which	ch the amounts advanced by the third parties are not settled in full within	Yes [] No []
	If the response	to 24.1 is yes, identify the third-party that pays the age	ents and whether they are a related party.	
			Is the Third-Party Agent	

INVESTMENT

GENERAL INTERROGATORIES

25.02	If no, give full and complete information, relating thereto						
25.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)						
25.04	For the reporting entity's securities lending program, report amount of collate Instructions.			\$			
25.05	For the reporting entity's securities lending program, report amount of collate	eral for other programs		\$			
25.06	Does your securities lending program require 102% (domestic securities) an outset of the contract?	nd 105% (foreign securities) from the counterparty at the	Yes [] No []	N/A	[X]
25.07	Does the reporting entity non-admit when the collateral received from the co	ounterparty falls below 100%?	Yes [] No []	N/A	[X]
25.08	Does the reporting entity or the reporting entity's securities lending agent util conduct securities lending?		Yes [] No []	N/A	[X]
25.09	For the reporting entity's securities lending program state the amount of the	following as of December 31 of the current year:					
26.1	25.091 Total fair value of reinvested collateral assets report 25.092 Total book/adjusted carrying value of reinvested coll 25.093 Total payable for securities lending reported on the l Were any of the stocks, bonds or other assets of the reporting entity owned control of the reporting entity or has the reporting entity sold or transferred a	lateral assets reported on Schedule DL, Parts 1 and 2 liability page at December 31 of the current year not exclusively under the	\$ \$	\$			
	force? (Exclude securities subject to Interrogatory 21.1 and 25.03).	any assets subject to a put option contract that is currently in		Yes []	No [X]
26.2	If yes, state the amount thereof at December 31 of the current year:	 26.21 Subject to repurchase agreements	ents e - ledged to sets	\$ \$			
26.3	For category (26.26) provide the following:						
	1 Nature of Restriction	2 Description		Am	3 ount		
27.1	Does the reporting entity have any hedging transactions reported on Schedu	ıle DB?		Yes []	No [X]
27.2	If yes, has a comprehensive description of the hedging program been made If no, attach a description with this statement.						
LINES 2	7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:						
27.3	Does the reporting entity utilize derivatives to hedge variable annuity guaran	tees subject to fluctuations as a result of interest rate sensit	ivity?	Yes []	No [X]
27.4	27.42 Permitte	accounting provision of SSAP No. 108 accounting practice ccounting guidance		-]	No [No [No []]]
27.5	 By responding YES to 27.41 regarding utilizing the special accounting provis following: The reporting entity has obtained explicit approval from the domicili Hedging strategy subject to the special accounting provisions is cor Actuarial certification has been obtained which indicates that the here reserves and provides the impact of the hedging strategy within the Financial Officer Certification has been obtained which indicates that Hedging Strategy within VM-21 and that the Clearly Defined Hedgin its actual day-to-day risk mitigation efforts. 	ary state. nsistent with the requirements of VM-21. edging strategy is incorporated within the establishment of V Actuarial Guideline Conditional Tail Expectation Amount. at the hedging strategy meets the definition of a Clearly Defi	M-21 ned	Yes []	No []
28.1	Were any preferred stocks or bonds owned as of December 31 of the currer issuer, convertible into equity?			Yes []	No [X]
28.2	If yes, state the amount thereof at December 31 of the current year			\$			

Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

29.

1	2
Name of Custodian(s)	Custodian's Address
US Bank, N.A	1025 Connecticut Avenue NW, Suite 517, Washington DC 20036

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... 29.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

Yes [] No [X]

Yes [] No [X]

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
Internal Global Atlantic Investment Team	I
Goldman Sachs Asset Management CLO, Corp	U
Kohlberg Kravis Roberts & Co. L.P	Α

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., Yes [] No [X] designated with a "U") manage more than 10% of the reporting entity's invested assets?

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
				Investment
				Management
Central Registration				Agreement
Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	(IMA) Filed
1399770	Kohlberg Kravis Roberts & Co. L.P	K3NEK11EF7N3JVJE7V46		DS
107738	Goldman Sachs Asset Management CLO, Corp	5493000C7DKPYVE0MA87		0S

Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? 30.1

30.2 If yes, complete the following schedule:

2 1 3 Book/Adjusted CUSIP # Name of Mutual Fund Carrying Value 30.2999 - Total

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual	
		Fund's Book/Adjusted	
		Carrying Value	
	Name of Significant Holding of the	Attributable to the	Date of
Name of Mutual Fund (from above table)	Mutual Fund	Holding	Valuation

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value (-), or
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds	1,034,192,653		(152,416,583)
31.2 Preferred stocks			
31.3 Totals	1,034,192,653	881,776,070	(152,416,583)

31.4 Describe the sources or methods utilized in determining the fair values:

Fair values are generally derived using external independent pricing vendors and validated by comparing to broker quotes, recent open market trades and/or internally developed pricing models. 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X] If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? 322 Yes [] No [] If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair 32.3 value for Schedule D. 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No [] 33.2 If no, list exceptions: 34 By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security: a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available b. Issuer or obligor is current on all contracted interest and principal payments. c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities? Yes [] No [X] By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements 35. of each self-designated PLGI security: a. The security was either: i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities"). b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security. c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal and available for examination by state insurance regulators. d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation. Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X] By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated 36. FF fund a. The shares were purchased prior to January 1, 2019. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019 d. The fund only or predominantly holds bonds in its portfolio. e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO. f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X] 37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following: a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties. c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review. d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments
GENERAL INTERROGATORIES

38.1	Does the reporting entity directly hold cryptocurrencies?			Ye	s []	No [X]
38.2	If the response to 38.1 is yes, on what schedule are they reported?						
39.1	Does the reporting entity directly or indirectly accept cryptocurrencies as payments for	premiums on policies?		Ye	s []	No [X]
39.2		liately converted to U.S. dollars			-]]	No[] No[]
39.3	If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of	of premiums or that are held di	rectly.		-		
	1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepte Paymer Premiu	nt of			
40.1 40.2	OTHER Amount of payments to trade associations, service organizations and statistical or rati List the name of the organization and the amount paid if any such payment represente service organizations, and statistical or rating bureaus during the period covered by the	ng bureaus, if any?					
	1 Name	Δ	2 mount Paid				
41.1	Amount of payments for legal expenses, if any?			\$			
41.2	List the name of the firm and the amount paid if any such payment represented 25% of during the period covered by this statement.	or more of the total payments f	or legal expenses				
	1 Name	Δ	2 mount Paid				
42.1	Amount of payments for expenditures in connection with matters before legislative bo	dies, officers, or departments of	of government, if ar	ny?\$			
42.2	List the name of the firm and the amount paid if any such payment represented 25% c connection with matters before legislative bodies, officers, or departments of governm						
	1 Name	А	2 mount Paid				

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Ac 1.1	cident and Health Companies/Fraternal Benefit Societies: Does the reporting entity have any direct Medicare Supplement Insurance in force?.			Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only.			\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Ex 1.31 Reason for excluding:			\$	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not i	ncluded in Item (1.2) above		\$	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.			\$	
1.6	Individual policies:	Most current three yea	···		
		1.61 Total premium ea		\$	
		1.62 Total incurred clai			
		1.63 Number of covere			
		All years prior to most	current three years:		
		1.64 Total premium ea	-	\$	
		1.65 Total incurred clai	ms	\$	
		1.66 Number of covere			
1.7	Group policies:	Most current three year	'S:		
		1.71 Total premium ea			
		1.72 Total incurred clai	ms	\$	
		1.73 Number of covere			
		All years prior to most	current three years:		
		1.74 Total premium ea	rned	\$	
		1.75 Total incurred clai	ms	\$	
		1.76 Number of covere	d lives		
2.	Health Test:		•		
		1 Current Year Pric	2 or Year		
	2.1 Premium Numerator				
	2.2 Premium Denominator				
	2.3 Premium Ratio (2.1/2.2)				
	2.3 Premium Ratio (2.1/2.2)				
	2.5 Reserve Denominator				
	2.6 Reserve Ratio (2.4/2.5)				
	2.0 Reserve Railo (2.4/2.5)				
3.1	Does this reporting entity have Separate Accounts?			Yes [] No [X]
3.2	If yes, has a Separate Accounts statement been filed with this Department?		Veo [1 No [1 N/A F V
5.2] NO [] N/A [X
3.3	What portion of capital and surplus funds of the reporting entity covered by assets in distributable from the Separate Accounts to the general account for use by the general			\$	
3.4	State the authority under which Separate Accounts are maintained:				
3.5	Was any of the reporting entity's Separate Accounts business reinsured as of Decen	nber 31?		Yes [] No [X]
3.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as	s of December 31?		Yes [] No [X]
3.7	If the reporting entity has assumed Separate Accounts business, how much, if any, re Accounts reserve expense allowances is included as a negative amount in the liabilit (net)"?	y for "Transfers to Separate Accounts	due or accrued		
4.	For reporting entities having sold annuities to another insurer where the insurer purch claimant (payee) as the result of the purchase of an annuity from the reporting entity		lease of liability from	the	
4.1 4.2	Amount of loss reserves established by these annuities during the current year:	-		\$	
4.2	List are name and rocation or the insurance company purchasing the annulties and th	to statement value on the purchase of	ate of the annulues.		
	1		2		
			Statement Va		
			on Purchase D of Annuities		
	P&C Insurance Company And Location		(i.e., Present Va		

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

5.1	Do you act as a custodian for health savings accourt	nts?					Yes [] No	[X]
5.2	If yes, please provide the amount of custodial funds	held as of the re	eporting date				\$	
5.3	Do you act as an administrator for health savings ad	counts?					Yes [] No	[X]
5.4	If yes, please provide the balance of funds administ	ered as of the re	porting date				\$	
6.1 6.2	Are any of the captive affiliates reported on Schedul If the answer to 6.1 is yes, please provide the follow		orized reinsurers?			Yes [] No []	N/A [X]
	1	2	3	4		Supporting Reserve		
	Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	5 Letters of Credit	6 Trust Agreements	7 Other	
7.	Provide the following for individual ordinary life insuceded).	7.1 Direct Pre 7.2 Total Incu	emium Written Irred Claims			ance assumed or	.\$	
		*Ordir	nary Life Insurance	Includes				
	Term (whether full ur							
	Whole Life (whether Variable Life (with or	O ,		ig, jet issue, "short	t form app")			
	Universal Life (with o							
	Variable Universal Li	fe (with or withou	it secondary guara	ntee)				
8.	Is the reporting entity licensed or chartered, register	ed, qualified, eliç	gible or writing bus	iness in at least tw	vo states?		Yes [] No	[X]
8.1	If no, does the reporting entity assume reinsurance the reporting entity?	business that co	vers risks residing	in at least one sta	te other than the st	ate of domicile of	Yes [X] No	[]
9.	 Reporting entities admitting net negative (disallower a. Fixed income investments generating IMR losses b. IMR losses for fixed income related derivatives at accordance with a reporting entity's derivative us reversed to IMR and amortized in lieu of being re c. Any deviation to (a) was either because of a temp transaction, that mechanically made the cause of d. Asset sales that were generating admitted negati including, but not limited to excess withdrawals a 	comply with the re all in accordar e plans and refle cognized as real porary and transit IMR losses not ve IMR were not	reporting entity's of nee with prudent ar ct symmetry with h ized gains upon de tory timing issue or reflective of reinve compelled by liqui	documented invest ad documented ris istorical treatment erivative terminatio related to a speci stment activities.	tment or liability ma k management pro t in which unrealize n. fic event, such as a	cedures, in d derivative gains w a reinsurance		
	Is the reporting entity admitting net negative (disallo			e criteria?		Yes [] No []	N/A [X]
10.	Provide the current-year amounts at risk for the follo Individual and Industri						Amount a	at Risk
	10.01 Modified Coinsurance							
	10.02 Modified Coinsurance	Ceded Reserves					.\$	
	Individual and Industria	al Life Policies W	/ith Pricing Flexibil	ity			Amount a	at Risk
	10.03 Net Amount (Direct + A						.\$1,633	, 377 , 167
	10.04 Exhibit 5 Life Reserves							
	10.05 Separate Account Exh		`	,				
	10.06 Net Modified Coinsurat							
	10.07 Life Reserves (10.04 +	,						
	10.08 Life Net Amount at Ris	k (10.03 - 10.07)					.\$141	,685,876
	Individual and Industri			· · ·			Amount a	
	10.09 Net Amount (Direct + A		,					
	10.10 Exhibit 5 Life Reserves	•	,					
	10.11 Separate Account Exh 10.12 Net Modified Coinsura		•	,				
	10.12 Net Modified Consurat 10.13 Life Reserves (10.10 +		,					
	10.13 Life Net Amount at Ris	,						
		,						

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

	Group and Credit Life (Excluding FEGLI/SGLI)	Amount at Risk
	Modified Coinsurance Assumed Reserves\$	
10.16	Modified Coinsurance Ceded Reserves\$	
	Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms 36 Months and Under	Amount of Risk
10.17	Net Amount (Direct + Assumed - Ceded) in Force\$	
	Exhibit 5 Life Reserves (Direct + Assumed - Ceded)	
10.19	Separate Account Exhibit 3 Life Reserves (Direct + Assumed - Ceded)\$	
10.20	Net Modified Coinsurance Reserves (Assumed - Ceded)\$	
10.21	Life Reserves (10.18 + 10.19 + 10.20)	
10.22	Life Net Amount at Risk (10.17 - 10.21)\$	
	Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms Over 36 Months	Amount of Risk
10.23	Net Amount (Direct + Assumed - Ceded) in Force\$	
10.24	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)\$	
10.25	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)\$	
10.26	Net Modified Coinsurance Reserves (Assumed - Ceded)\$	
10.27	Life Reserves (10.24 + 10.25 + 10.26)\$	
10.28	Life Net Amount at Risk (10.23 - 10.27)\$	
	Group and Credit Permanent Life (Excluding FEGLI/SGLI) with Pricing Flexibility	Amount of Risk
10.29	Net Amount (Direct + Assumed - Ceded) in Force\$	
10.30	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)\$	
10.31	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)\$	
10.32	Net Modified Coinsurance Reserves (Assumed - Ceded)\$	
10.33	Life Reserves (10.30 + 10.31 + 10.32)	
10.34	Life Net Amount at Risk (10.29 - 10.33)\$	

Life, Accident and Health Companies Only:

11.1	Are personnel or facilities of this reporting entity used by another entity or en by this reporting entity (except for activities such as administration of jointly u studies)?	underwritten group	contracts and joint mortality or morbidity		es []	No [X]
11.2	Net reimbursement of such expenses between reporting entities:							
			11.21 Paid	\$.				
			11.22 Received	\$.				
12.1	Does the reporting entity write any guaranteed interest contracts?			Y	es []	No [X]
12.2	If yes, what amount pertaining to these lines is included in:							
			12.21 Page 3, Line 1	\$.				
			12.22 Page 4, Line 1	\$.				
13.	For stock reporting entities only:							
13.1	Total amount paid in by stockholders as surplus funds since organization of	the reporting entity	:	\$.				
14.	Total dividends paid stockholders since organization of the reporting entity:							
			14.11 Cash					
			14.12 Stock	\$.				
15.1	Does the reporting entity reinsure any Workers' Compensation Carve-Out be	usiness defined as:		Y	es []	No [X]
	Reinsurance (including retrocessional reinsurance) assumed by life and hea benefits of the occupational illness and accident exposures, but not the emp written as workers' compensation insurance.							
15.2	If yes, has the reporting entity completed the Workers' Compensation Carve	-Out Supplement to	o the Annual Statement?	Y	es []	No []
15.3	If 15.1 is yes, the amounts of earned premiums and claims incurred in this s	tatement are:						
		1	2 3					
		Reinsurance Assumed	Reinsurance Net Ceded Retained					
	15.31 Earned premium							
	15.32 Paid claims							

 15.33 Claim liability and reserve (beginning of year)

 15.34 Claim liability and reserve (end of year)

 15.35 Incurred claims

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

15.4	If reinsurance assumed included amounts with attachment points below \$1,000,000, the distributio	n of the amounts	reported in Lines 15.31 and
	15.34 for Column (1) are:		

		1	2					
	Attachment	Earned	Claim Liability					
	Point	Premium	and Reserve					
	15.41 <\$25,000 .							
	15.42 \$25,000 - 99,999 .							
	15.45 \$1,000,000 or more .							
15.5	What portion of earned premium reported in 15.31, Column 1 was assumed from pools?			\$				
Fraterna	al Benefit Societies Only:							
					_			
16. 17.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work How often are meetings of the subordinate branches required to be held?	-	-	-]	No []	
18.	How are the subordinate branches represented in the supreme or governing body?							
19.	What is the basis of representation in the governing body?							
20.1	How often are regular meetings of the governing body held?							
20.2	When was the last regular meeting of the governing body held?							
20.3	When and where will the next regular or special meeting of the governing body be held?							
20.4	How many members of the governing body attended the last regular meeting?							
20.5	How many of the same were delegates of the subordinate branches?							
21.	How are the expenses of the governing body defrayed?							
22.	When and by whom are the officers and directors elected?							
23.	What are the qualifications for membership?							
24.	What are the limiting ages for admission?							
25.	What is the minimum and maximum insurance that may be issued on any one life?							
26.	Is a medical examination required before issuing a benefit certificate to applicants?]	No []	
27.	Are applicants admitted to membership without filing an application with and becoming a member]	
28.1	Are notices of the payments required sent to the members?] No [] N/A	[]
28.2	If yes, do the notices state the purpose for which the money is to be used?			Yes []	No []	
29.	What proportion of first and subsequent year's payments may be used for management expense							
	29.11 First Year							%
	29.12 Subsequent Years		-					%
30.1 30.2	Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or paym If so, what amount and for what purpose?				-	-]	
31.1	Does the reporting entity pay an old age disability benefit?			-]	No []	
31.2	If yes, at what age does the benefit commence?							
32.1 32.2	Has the constitution or have the laws of the reporting entity been amended during the year? If yes, when?			Yes []	No []	
33.	Have you filed with this Department all forms of benefit certificates issued, a copy of the constitu	ution and all of the laws,	rules and regulations					
34.1	in force at the present time?			Yes []	No []	
34.2	account of meeting attained age or membership requirements? If so, was an additional reserve included in Exhibit 5?		Vee [Yes [-	No []	,
34.3	If yes, explain		res [] No [] N/A	L	1
35.1	Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society,				1	No I	1	
35.2	If yes, was there any contract agreement, or understanding, written or oral, expressed or implied director, trustee, or any other person, or firm, corporation, society or association, received or is t emolument, or compensation of any nature whatsoever in connection with, on an account of suc	d, by means of which an to receive any fee, comm ch reinsurance, amalgar	y officer, nission, nation,	•	-	-	-	_
20	absorption, or transfer of membership or funds?] No [] N/A	l]
36.	Has any present or former officer, director, trustee, incorporator, or any other persons, or any firr claims of any nature whatsoever against this reporting entity, which is not included in the liabilitie			Yes [1	No [1	
37.1	Does the reporting entity have outstanding assessments in the form of liens against policy benef			Yes []		i	
37.2	If yes, what is the date of the original lien and the total outstanding balance of liens that remain i				,			

	Outstanding
Date	Lien Amount

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6. \$000 omitted for amounts of life insurance

		\$000 omitted for am				
		1 2024	2 2023	3 2022	4 2021	5 2020
	Life Insurance in Force	2024	2020	2022	2021	2020
	(Exhibit of Life Insurance)					
1.	Ordinary - whole life and endowment (Line 34, Col. 4)	1 600 077	1 600 716	1 704 001	1 700 000	1 701 660
2.		1,033,377	1,003,710	1,704,301	1,732,393	1,781,008
Ζ.	4)			1		
3.	Credit life (Line 21, Col. 6)					
4.	Group, excluding FEGLI/SGLI (Line 21, Col. 9 less					
-	Lines 43 & 44, Col. 4)					
5. 6	Industrial (Line 21, Col. 2)					
6. 7.	FEGLI/SGLI (Lines 43 & 44, Col. 4) Total (Line 21, Col. 10)	1,633,377	1,683,716	1,704,362	1,732,393	1,781,668
	Total in force for which VM-20	1,000,077	1,000,710	1,704,002	1,702,000	1,701,000
7.1	deterministic/stochastic reserves are calculated					
	New Business Issued					
	(Exhibit of Life Insurance)					
8.	Ordinary - whole life and endowment (Line 34, Col.					
0	2)					
9. 10.	Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) Credit life (Line 2, Col. 6)					
10.	Group (Line 2, Col. 9)					
12.	Industrial (Line 2, Col. 2)					
13.	Total (Line 2, Col. 10)					
	Premium Income - Lines of Business					
	(Exhibit 1 - Part 1)					
14.	Individual life (Line 20.4, Col. 2)	(384,525)	1, 148, 580	4,761,855	7,654,169	9,960,369
15.	Group life (Line 20.4, Col. 3)					
16.	Individual annuities (Line 20.4, Col. 4)					
17.	Group annuities (Line 20.4, Col. 5)					
18.	Accident & Health (Line 20.4, Col. 6)					
19. 20.	Other lines of business (Line 20.4, Col. 8) Total	(294 525)	1 1/9 590	4 761 955	7 654 160	0 060 260
20.	Balance Sheet (Pages 2 & 3)	(304,525)	1, 140, 300			
21	Total admitted assets excluding Separate Accounts					
21.	business (Page 2, Line 26, Col. 3)		1,713,260,700	1,684,360,500	1,602,676,633	1,544,326,374
22.	Total liabilities excluding Separate Accounts					
	business (Page 3, Line 26)	1,562,108,016	1,547,798,686	1,524,586,484	1,471,498,082	1,438,255,574
23.	Aggregate life reserves (Page 3, Line 1)	1,542,201,480	1,525,814,050	1,487,795,858	1,440,626,687	1,406,311,640
23.1	Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1					
24.						
2 4 . 25.	Deposit-type contract funds (Page 3, Line 2)					
26.	Asset valuation reserve (Page 3, Line 24.01)	7 870 434	7 642 306	7 198 656	6 099 321	5 406 454
27.	Capital (Page 3, Lines 29 and 30)					2.500.000
28.	Surplus (Page 3, Line 37)	199,415,695	162,962,014			
	Cash Flow (Page 5)					
29.	Net Cash from Operations (Line 11)	37,642,632	43,904,122	47,452,928	41,805,660	
	Risk-Based Capital Analysis					
30.	Total adjusted capital				137,277,872	
31.	Authorized control level risk - based capital	11,462,357	10,844,924	10,852,322	10,523,424	
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3)					
	x 100.0					
32.	Bonds (Line 1)					
33.	Stocks (Lines 2.1 and 2.2)					
34.	Mortgage loans on real estate(Lines 3.1 and 3.2)					0.5
35.	Real estate (Lines 4.1, 4.2 and 4.3)			····· ····		
36.	Cash, cash equivalents and short-term investments (Line 5)	1.0	27	17		
37.	(Line 5) Contract loans (Line 6)	I.U I 1		······································		
38.	Derivatives (Page 2, Line 7)					
39.	Other invested assets (Line 8)					
40.	Receivables for securities (Line 9)			0.1		0.0
41.	Securities lending reinvested collateral assets (Line					-
	10)					
42.	Aggregate write-ins for invested assets (Line 11)					
43.	Cash, cash equivalents and invested assets	100.0	100.0	100.0	100.0	100.0
	(Line 12)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
44.	Affiliated bonds (Schedule D Summary, Line 12,					
	Col. 1)			5,112,693	1,381,771	
45.	Affiliated preferred stocks (Schedule D Summary,					
	, ,					
46.	Affiliated common stocks (Schedule D Summary					
47.	Affiliated short-term investments (subtotal included					
41.	in Schedule DA Verification, Col. 5, Line 10)					
48.	Affiliated mortgage loans on real estate					
49.	All other affiliated	112,218	162,496	153,562		
50.	Total of above Lines 44 to 49			5,266,255	1,381,771	
51.	Total Investment in Parent included in Lines 44 to					
	49 above					

FIVE-YEAR HISTORICAL DATA (Continued)

		(Cont	inued)			
		1 2024	2 2023	3 2022	4 2021	5 2020
	Total Nonadmitted and Admitted Assets	100,000,070		101 001 710	101 100 000	105 050 0
52. 53.	Total nonadmitted assets (Page 2, Line 28, Col. 2) Total admitted assets (Page 2, Line 28, Col. 3)	103,260,659		101,081,712		
55.	Investment Data				1,002,070,003	
54.	Net investment income (Exhibit of Net Investment Income)	46 100 740	44 247 711	42 162 412	46 654 964	41 000 2
55.	Peolized capital gains (losses) (Page 4 ine 34					
	Column 1)	(213,970)	(3,328,002)			
56.	Unrealized capital gains (losses) (Page 4, Line 38, Column 1)	(1,236,244)		(30, 118)		
57.	Total of above Lines 54, 55 and 56	44,749,535				
58.	Benefits and Reserve Increases (Page 6) Total contract/certificate benefits - life (Lines 10, 11, 12,					
50.	13 14 and 15 Col 1 minus Lines 10 11 12 13 14					
59.	and 15, Cols. 6, 7 and 8)	25,870,369				
59.	14, Col. 6)					
60.	Increase in life reserves - other than group and annuities (Line 19, Col. 2)	10 007 400	20 010 100	44,000,001	24 215 040	00 001 7
61.	Increase in A & H reserves (Line 19, Col. 6)					
62.	Dividends to policyholders and refunds to members					
	(Line 30, Col. 1)					
63.	Insurance expense percent (Page 6, Col. 1, Lines 21,					
	22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0		140 4	36.3	24.2	10
64.	Lapse percent (ordinary only) [(Exhibit of Life					
	Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life		1.0	17	2.0	0
65.	A & H loss percent (Schedule H Part 1 Lines 5 and 6					
	Col. 2)					
66.	A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2)					
67.	A & H expense percent excluding cost containment					
	expenses (Schedule H, Pt. 1, Line 10, Col. 2)					
68.	Incurred losses on prior years' claims - comprehensive					
00					XXX	XXX
69.	Prior years' claim liability and reserve - comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 3)				xxx	xxx
70.	Incurred losses on prior years' claims-health other than					
	comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 1 less Col. 3)				XXX	xxx
71.	Prior years' claim liability and reserve-health other than					
	comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 3)				XXX	XXX
	Net Gains From Operations After Dividends to					
	Policyholders, Refunds to Members, Federal					
	Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line					
	33)					
72. 73.	Individual industrial life (Page 6.1, Col. 2)					
74.	Individual term life (Page 6.1, Col. 4)					
75.	Individual indexed life (Page 6.1, Col. 5)					
76. 77.	Individual universal life (Page 6.1, Col. 6)					
	(Page 6.1, Col. 7)			(16,829,725)		5,283,3
78. 79.	Individual variable life (Page 6.1, Col. 8) Individual variable universal life (Page 6.1, Col. 9)					
80.	Individual variable driversal file (Fage 6.1, Col. 10)					
81.	Individual other life (Page 6.1, Col. 11)					
82. 83.	Individual YRT mortality risk only (Page 6.1, Col. 12) Group whole life (Page 6.2, Col. 2)					
84.	Group term life (Page 6.2, Col. 3)					
85.	Group universal life (Page 6.2, Col. 4)					
86. 87.	Group variable life (Page 6.2, Col. 5) Group variable universal life (Page 6.2, Col. 6)					
88.	Group credit life (Page 6.2, Col. 7)					
89. 90.	Group other life (Page 6.2, Col. 8) Group YRT mortality risk only (Page 6.2, Col. 9)					
90. 91.						
92.	Individual deferred indexed annuities (Page 6.3, Col. 3)					
93.	Individual deferred variable annuities with guarantees (Page 6.3, Col. 4)					
94.	Individual deferred variable annuities without					
95.	guarantees (Page 6.3, Col. 5)					
90.	annuitization) (Page 6.3, Col. 6)					
96.	Individual other annuities (Page 6.3, Col. 7)					
97. 98.						
99.	Group deferred variable annuities with guarantees					
100						
100.	Group deferred variable annuities without guarantees (Page 6.4, Col. 5)					
101.	Group life contingent payout (immediate and					
102.	annuitization) (Page 6.4, Col. 6) Group other annuities (Page 6.4, Col. 7)					
103.	A & H-comprehensive individual (Page 6.5, Col. 2)					
104. 105						
105. 106.						
107.	A & H-dental only (Page 6.5, Col. 6)					
108.	A & H-Federal employees health benefits plan (Page 6.5, Col. 7)					
109.						
110.	A & H-Title XIX Medicaid (Page 6.5, Col. 9)					
111. 112						
112. 113.						
114.	A & H-other (Page 6.5, Col. 13)					
115.	Aggregate of all other lines of business (Page 6, Col. 8)					
116.	Fraternal (Page 6, Col. 7)	15,064,594	(9,243,379)	(16,829,725)	21.087.221	5,283,3
117.	Total (Page 6, Col. 1)					

requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

	(\$000 Omitted for Amounts of Life Insurance) Industrial Ordinary Credit Life (Group and Individual) Group									
		Istrial		inary	Credit Life (Grou	up and Individual)		Group	-	10
	1	2	3	4	5 Number of Individual				9	
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	Policies and Group Certificates	Amount of Insurance	Policies	Certificates	Amount of Insurance	Total Amount of Insurance
1. In force end of prior year				1.683.716			1 0110103	Certinoutes		
2. Issued during year			, -	, -,						, -,
3. Reinsurance assumed										
4. Revived during year										
5. Increased during year (net)										
 Subtotals, Lines 2 to 5 										
			XXX		XXX		XXX			
8. Aggregate write-ins for increases										
9. Totals (Lines 1 and 6 to 8)										
Deductions during year:				1,030,730						1,030,75
10. Death										
						•••••••••••••••••••••••••••••••••••••••				
11. Maturity						•••••				•••••
12. Disability			•••••			•••••			•••	
13. Expiry				00,000						
14. Surrender						•••••••				
15. Lapse			134	14,553		•••••••••••••••••••••••••••••••••••••••				14,55
16. Conversion			•••••			•••••••••••••••••••••••••••••••••••••••	XXX	XXX		
17. Decreased (net)										8,62
18. Reinsurance										
19. Aggregate write-ins for decreases										
20. Totals (Lines 10 to 19)										
21. In force end of year (b) (Line 9 minus Line 20)			13,920							
22. Reinsurance ceded end of year	XXX		XXX		XXX		XXX	XXX		
23. Line 21 minus Line 22	XXX		XXX	1,633,377	XXX	(a)	XXX	XXX		1,633,37
DETAILS OF WRITE-INS										
301										
302										
303										
398. Summary of remaining write-ins for Line 8 from overflow page.										
399. TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)										
901										
902										
903										
998. Summary of remaining write-ins for Line 19 from overflow										
page 999. TOTALS (Lines 1901 through 1903 plus 1998) (Line 19			1	1	1	1		1	1	1

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates, Amount \$

If not, how are such expenses met?

.....

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance) (Continued) ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Indu	strial	Ordi	ary	
	1	2	3	4	
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	
24. Additions by dividends	X		XXX		
25. Other paid-up insurance					
26. Debit ordinary insurance		(

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

			uring Year in Line 2)	In Force End of Year (Included in Line 21)		
		1	2	3	4	
	Term Insurance Excluding Extended Term Insurance	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	
27.	Term policies - decreasing					
28.	Term policies - other					
29.	Other term insurance - decreasing			XXX		
30.	Other term insurance	XXX		XXX		
31.	Totals (Lines 27 to 30)					
	Reconciliation to Lines 2 and 21:					
32.	Term additions	XXX		XXX		
33.	Totals, extended term insurance		VVV			
34.	Totals, whole life and endowment			13,920	1,633,377	
35.	Totals (Lines 31 to 34)			13,920	1,633,377	

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

		Issued Du (Included	uring Year in Line 2)	In Force End of Year (Included in Line 21)		
		1 Non-Participating	2 Participating	3 Non-Participating	4 Participating	
36	Industrial					
37.	Ordinary					
38.	Credit Life (Group and Individual)					
39.	Group					
40.	Totals (Lines 36 to 39)			1,633,377		

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

		Cred	lit Life	Gro	oup
		1 Lumbe Individ licie Gro	2	3	4
		Ce it s	<i>i</i> surance	Number of Certificates	Amount of Insurance
41.	Amount of insurance included in Line 2 ceded to the rest in the second s	XX		XXX	
42.	Number in force end of year if the number under under sis ted on a pro-rata basis				xxx
43.	Federal Employees' Group Life Insurance included in Line 21				
44.	Servicemen's Group Life Insurance included in Line 21				
45.	Group Permanent Insurance included in Line 21				



	BASI	F	CA	:UL/		ORI	ARY	RM	CE
47.	State basis of calculation of (47.1) decreasing ter wife and children under Family, Parent and Chil 47.1	n,	vran .,	con icie	led in Fa nd riders	r Ini ud	Mor a⊾ e.	ge l	tection, etc., policies and riders and of (47.2) term insurance on
	47.2								

POLICIES WITH DISABILITY PROVISIONS

		Industrial		Ordinary			Credit	Group		
		1	2	3	4	5	6	7	8	
								Number of		
		Number of		Number of		Number of		Certifi-	Amount of Ins	
	Disability Provisions	Policies	Amount of Insurance	Policies	Amount of Insurance	Policies	Amount of Insurance	cates	rance	
48.	Waiver of Premium			638						
49.	Disability Income									
50.	Extended Benefits			XXX	XXX					
51.	Other									
52.	Total		(a)	638	(a) 57,691		(a)		(a)	

(a) See the Annual Audited Financial Reports section of the annual statement instructions

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES SUPPLEMENTARY CONTRACTS

		Ordi	nary	Group		
		1	2	3	4	
		Involving Life	Not Involving Life	Involving Life	Not Involving Life	
		Contingencies	Contingencies	Contingencies	Contingencies	
1.	In force end of prior year					
2.	Issued during year					
3.	Reinsurance assumed					
4.	Increased during year (net)					
5.	Total (Lines 1 to 4)					
	Deductions during year:					
6.	Decreased (net)					
7.	Reinsurance ceded					
8.	Totals (Lines 6 and 7)					
9.	In force end of year (line 5 minus line 8)					
10.	Amount on deposit				(a)	
11.	Income now payable					
12.	Amount of income payable	(a)	(a)	(a)	(a)	

ANNUITIES

		Ord	inary	Gr	oup
		1	2	3	4
		Immediate	Deferred	Contracts	Certificates
1.	In force end of prior year				
2.	Issued during year				
3.	Reinsurance assumed				
4.	Increased during year (net)				
5.	Totals (Lines 1 to 4)				
	Deductions during year:				
6.	Decreased (net)				
7.	Reinsurance ceded				
8.	Decreased (net)				
9.	In force end of year (line 5 minus line 8)	7			
	Income now payable:				
10.	Amount of income payable	(a)	XXX	XXX	(a)
	Deferred fully paid:				
11.	Account balance	XXX	(a)	XXX	(a)
	Deferred not fully paid:				
12.	Account balance	XXX	(a)	XXX	(a)

ACCIDENT AND HEALTH INSURANCE

		Gro	pup	Cre	edit	Other		
		1	2	3	4	5	6	
		Certificates	Premiums in Force	Policies	Premiums in Force	Policies	Premiums in Force	
1.	In force end of prior year							
2.	Issued during year							
3.	Reinsurance assumed							
4.	Increased during year (net)		XXX		XXX		XXX	
5.	Totals (Lines 1 to 4)		XXX		~~~~		XXX	
	Deductions during year:							
6.	Conversions		XX	XX		XXX	XXX	
7.	Decreased (net)				XXX		XXX	
8.	Reinsurance ceded		XXX				XXX	
9.	Totals (Lines 6 to 8)		XXX		XXX		XXX	
10.	In force end of year (line 5							
	minus line 9)		(a)		(a)		(a)	

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

		1	2
			Dividend
		Deposit Funds	Accumulations
		Contracts	Contracts
1.	In force end of prior year		
2.	Issued during year		
3.	Reinsurance assumed		
4.	Increased during year (net)		
5.	Totals (Lines 1 to 4)		
	Deductions During Year:		
6.	Decreased (net)		
7.	Reinsurance ceded		
8.	Totals (Lines 6 and 7)		
9.	In force end of year (line 5 minus line 8)		
10.	Amount of account balance	(a)	(a)

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cape Verity I, Inc. SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

				ates and Territo	Direct Busir	ness Only		
		1		ontracts	4	5	6	7
	States, Etc.	Active Status (a)	2 Life Insurance Premiums	3 Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5 (b)	Deposit-Type Contracts
	Alabama AL	N						
	Alaska AK Arizona AZ	N						
	Arizona AZ Arkansas AR	N						
	California CA	N						
	Colorado CO	N						
7.	Connecticut CT	N						
	Delaware DE	N						
	District of Columbia DC	N						
	Florida FL Georgia GA	N		•••••			•••••	
	Georgia GA Hawaii HI	N						
	Idaho ID	N						
14.	Illinois IL	N						
	Indiana IN	N						
	Iowa IA	L						
	Kansas KS	N						
	Kentucky KY Louisiana	N						
	Louisiana LA Maine ME	N						
	Maryland MD	N						
	Massachusetts MA	N						
23.	Michigan MI	N						
	Minnesota MN	N						
	Mississippi MS	N						
	Missouri MO	N						
	Montana MT Nebraska NF	N						
	Nebraska NE Nevada NV	N						
	New Hampshire NH	N						
	New JerseyNJ	N						
32.	New Mexico NM	N						
	New York NY	N						
	North Carolina NC	N						
	North Dakota ND	N		•••••		•••••		
	Ohio OH Oklahoma OK	N						
	Oklahoma OK Oregon OR	N						
	Pennsylvania PA	N						
	Rhode IslandRI	N						
41.	South Carolina SC	N						
	South Dakota SD	N						
	Tennessee TN	N						
	Texas TX Utah UT	N						
	Utah UT Vermont VT	N		•••••				
	Virginia VA	N						
	Washington WA	N						
	West Virginia WV	N						
	Wisconsin WI	N						
	Wyoming WY	N						
	American Samoa AS	N						
	Guam GU Puerto Rico PR	N						
	U.S. Virgin Islands	N						
	Northern Mariana Islands MP	N						
	Canada CAN	N						
58.	Aggregate Other Alien OT	XXX						
	Subtotal	XXX						
90.	Reporting entity contributions for employee benefits	~~~						
91.	plans Dividends or refunds applied to purchase paid-up	XXX						
	additions and annuities	XXX						
92.	Dividends or refunds applied to shorten endowment							
93.	or premium paying period Premium or annuity considerations waived under	XXX						
55.	disability or other contract provisions	xxx						
	Aggregate or other amounts not allocable by State	XXX						
	Totals (Direct Business)	XXX	(004,505)				(004,505)	
	Plus reinsurance assumed	XXX						
	Totals (All Business) Less reinsurance ceded	XXX XXX	(384,525)				(384,525)	
	Totals (All Business) less Reinsurance Ceded	XXX XXX	(384,525)		 (c)		(384,525)	
	DETAILS OF WRITE-INS		(001,020)		x-7		(001,020)	
58001.		xxx						
58002.		XXX						
58003.		XXX						
58998.	Summary of remaining write-ins for Line 58 from	xxx						
58999.	overflow page Totals (Lines 58001 through 58003 plus	^^^						
	58998)(Line 58 above)	XXX						
9401.		XXX						
9402.		XXX						
9403.	Summary of remaining write-ins for Line 94 from	XXX						
	ourmary or remaining write-ins for Line 94 from		1		1	1		
9498.	overflow page	XXX						
	overflow page Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)	xxx xxx						

 1. C - Dicensed of Chained - Dicensed insufance camer of connicied RRG.
 4. C - Qualined - Qualined of accreticed reinsurer.

 2. R - Registered - Non-domiciled RRGs.
 5. N - Sone of the above - Not allowed to write business in the state.

 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.
 5. N - None of the above - Not allowed to write business in the state.

 (b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations
 Premium and annuity consideratoins were allocated to state according to the mailing address of the policyholder.

 (c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 6, or with Schedule H, Part 1, Line 1, indicate which: Exhibit 1, Lines 6.4, 10.4, and 16.4, Col. 6.



1

¹KKR controlled entities also qualify as affiliates and are accounted for and reported as such, in accordance with SSAP25

²Includes Kohlberg Kravis Roberts & Co. L.P., an SEC-registered adviser and investment manager of the holding company group.

³The Global Atlantic Financial Group LLC is owned 100% by KKR Magnolia Holdings LLC.

Global Atlantic Global Atlantic Limited (Delaware) **Global Atlantic Financial Global Atlantic Re Limited** GA Partner Solutions Holding GA Global Solutions LLC **Company Bermuda Limited** (FEIN: 98-1090868) Company LLC **GA Partner Solutions LLC Global Atlantic Assurance Limited** (FEIN: 98-1090868) GA Iris LLC³ EXL Solar HoldCo, LLC Forethought Life Insurance Company (Insurer - IN | NAIC No. 91642 | FEIN: GA Iris FinCo LLC See 1 🗲 06-1016329) Stellar Renewable Power LLC **GA Iris Re Limited** Solis LLC Parasol Renewable Energy LLC²

¹Certain subsidiaries included in the organizational chart own additional legal entities which have been omitted for clarity of presentation. ²Parasol Renewable Energy LLC is 80% owned by Solis LLC, and 20% owned by Global Atlantic Re Limited. ³GA Iris LLC is 30% owned by GA Partner Solutions LLC, and 70% owned by third-party investors. **1.1**

12/31/24



¹Certain subsidiaries included in the organizational chart own additional legal entities which have been omitted for clarity of presentation.

52.2



¹Certain subsidiaries included in the organizational chart own additional legal entities which have been omitted for clarity of presentation.

1.3





