



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Golden Rule Insurance Company

NAIC Group Code 0707 0707 NAIC Company Code 62286 Employer's ID Number 37-6028756
(Current) (Prior)

Organized under the Laws of Indiana, State of Domicile or Port of Entry IN

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []

Incorporated/Organized 06/17/1959 Commenced Business 06/23/1961

Statutory Home Office 7440 Woodland Drive Indianapolis, IN, US 46278
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7440 Woodland Drive Indianapolis, IN, US 46278
(Street and Number) (City or Town, State, Country and Zip Code)
317-290-8100
(Area Code) (Telephone Number)

Mail Address 7440 Woodland Drive Indianapolis, IN, US 46278
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7440 Woodland Drive Indianapolis, IN, US 46278
(Street and Number) (City or Town, State, Country and Zip Code)
317-290-8100
(Area Code) (Telephone Number)

Internet Website Address goldenrule.com

Statutory Statement Contact Stephen Jack Wells 608-783-8610
(Name) (Area Code) (Telephone Number)
stephen_j_wells@uhc.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

President, Chief Executive Officer, Chair Patrick Francis Carr Vice President, Chief Financial Officer Jeremy Michael Schoettle
Vice President, Secretary Richard Charles Sullivan Treasurer Peter Marshall Gill

OTHER

Nyle Brent Cottingham, Vice President John Frederick Frank, Vice President James Mark Gabriel, Senior Vice President
Heather Anastasia Lang, Assistant Secretary James Elmer Prochnow, Vice President Jessica Leigh Zuba #, Assistant Secretary

DIRECTORS OR TRUSTEES

Patrick Francis Carr John Frederick Frank James Mark Gabriel
Jeremy Michael Schoettle Richard Charles Sullivan

State of Indiana SS:
County of Marion

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

Patrick Francis Carr
Patrick Francis Carr
President, Chief Executive Officer, Chair

Richard Charles Sullivan
Richard Charles Sullivan
Vice President, Secretary

Jeremy Michael Schoettle
Jeremy Michael Schoettle
Vice President, Chief Financial Officer

Subscribed and sworn to before me this 22 day of January 2020
Margaret McCotter

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....





ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	255,318	0	18,221	0	273,539
2. Annuity considerations	16,425	0	0	0	16,425
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	271,743	0	18,221	0	289,964
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	969,153	0	0	0	969,153
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	467,733	0	0	0	467,733
12. Surrender values and withdrawals for life contracts	347,388	0	0	0	347,388
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,784,274	0	0	0	1,784,274
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	7,525	0	0	0	0	0	0	1	7,525
17. Incurred during current year	7	961,628	0	0	0	0	0	0	7	961,628
Settled during current year:										
18.1 By payment in full	8	969,153	0	0	0	0	0	0	8	969,153
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	8	969,153	0	0	0	0	0	0	8	969,153
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	8	969,153	0	0	0	0	0	0	8	969,153
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	367	39,957,106	0 (a)	0	0	7,265,000	0	0	367	47,222,106
21. Issued during year	91	4,220,000	0	0	0	0	0	0	91	4,220,000
22. Other changes to in force (Net)	(158)	(13,014,063)	0	0	0	(792,000)	0	0	(158)	(13,806,063)
23. In force December 31 of current year	300	31,163,042	0 (a)	0	0	6,473,000	0	0	300	37,636,042

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	12,277,967	12,231,914	0	7,039,605	7,488,680
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,683,699	2,723,574	0	1,644,523	1,663,119
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	190,869	191,734	0	12,642	37,900
25.5 All other (b)	1,765,176	1,775,517	0	778,620	812,861
25.6 Totals (sum of Lines 25.1 to 25.5)	4,639,744	4,690,824	0	2,435,785	2,513,879
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,917,711	16,922,738	0	9,475,390	10,002,559

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,681 and number of persons insured under indemnity only products 1,717



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	12,906	0	0	0	12,906
2. Annuity considerations	6,814	0	0	0	6,814
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	19,720	0	0	0	19,720
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	54,914	0	0	0	54,914
12. Surrender values and withdrawals for life contracts	4,623	0	0	0	4,623
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	59,537	0	0	0	59,537
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	31	8,617,693	0	0	0	0	0	0	31	8,617,693
21. Issued during year	4	105,000	0	0	0	0	0	0	4	105,000
22. Other changes to in force (Net)	(8)	(1,735,697)	0	0	0	0	0	0	(8)	(1,735,697)
23. In force December 31 of current year	27	6,986,996	0	0	0	0	0	0	27	6,986,996

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	290	293	0	2	2
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	355,544	362,657	0	141,207	147,549
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	15,858	16,042	0	0	910
25.5 All other (b)	75,802	76,893	0	25,955	25,259
25.6 Totals (sum of Lines 25.1 to 25.5)	447,204	455,592	0	167,161	173,718
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	447,494	455,885	0	167,163	173,720

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons
 insured under indemnity only products 200 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 28,335 and number of persons insured under indemnity only products 3,353



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	319,283	0	20,531	0	339,814
2. Annuity considerations	65,606	0	0	0	65,606
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	384,889	0	20,531	0	405,420
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	840,596	0	0	0	840,596
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	177,413	0	0	0	177,413
12. Surrender values and withdrawals for life contracts	203,553	0	0	0	203,553
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,221,562	0	0	0	1,221,562
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	907,375	0	0	0	0	0	0	5	907,375
Settled during current year:										
18.1 By payment in full	4	840,596	0	0	0	0	0	0	4	840,596
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	840,596	0	0	0	0	0	0	4	840,596
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	840,596	0	0	0	0	0	0	4	840,596
19. Unpaid Dec. 31, current year (16+17-18.6)	1	66,779	0	0	0	0	0	0	1	66,779
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	405	64,378,213	0 (a)	0	11	7,706,000	0	0	416	72,084,213
21. Issued during year	24	1,060,000	0	0	0	0	0	0	24	1,060,000
22. Other changes to in force (Net)	(79)	(12,430,791)	0	0	0	(1,457,000)	0	0	(79)	(13,887,791)
23. In force December 31 of current year	350	53,007,422	0 (a)	0	11	6,249,000	0	0	361	59,256,422

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,649,244	13,627,069	0	8,723,820	9,508,349
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,139,794	1,165,439	0	614,745	562,271
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	79,973	80,041	0	6,946	16,842
25.5 All other (b)	726,469	729,103	0	293,974	239,128
25.6 Totals (sum of Lines 25.1 to 25.5)	1,946,236	1,974,583	0	915,665	818,241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,595,480	15,601,652	0	9,639,485	10,326,591

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,700 and number of persons insured under indemnity only products 634 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF California
 NAIC Group Code 0707

DURING THE YEAR 2019
 NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	858,772	0	0	0	858,772
2. Annuity considerations	(51,915)	0	0	0	(51,915)
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	806,857	0	0	0	806,857
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,078	0	0	0	1,078
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	238	0	0	0	238
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,317	0	0	0	1,317
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,317	0	0	0	1,317
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,385,560	0	0	0	3,385,560
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	2,487,375	0	0	0	2,487,375
12. Surrender values and withdrawals for life contracts	1,922,862	0	0	0	1,922,862
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	7,795,798	0	0	0	7,795,798
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	344,701	0	0	0	0	0	0	4	344,701
17. Incurred during current year	12	3,596,341	0	0	0	0	0	0	12	3,596,341
Settled during current year:										
18.1 By payment in full	13	3,385,560	0	0	0	0	0	0	13	3,385,560
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	13	3,385,560	0	0	0	0	0	0	13	3,385,560
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	13	3,385,560	0	0	0	0	0	0	13	3,385,560
19. Unpaid Dec. 31, current year (16+17-18.6)	3	555,482	0	0	0	0	0	0	3	555,482
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	724	148,639,129	0	(a) 0	0	0	0	0	724	148,639,129
21. Issued during year	1	25,000	0	0	0	0	0	0	1	25,000
22. Other changes to in force (Net)	(121)	(43,657,115)	0	0	0	0	0	0	(121)	(43,657,115)
23. In force December 31 of current year	604	105,007,014	0	(a) 0	0	0	0	0	604	105,007,014

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,174	10,803	0	2,252	4,625
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	79,784	81,781	0	30,331	30,484
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	2,225	2,206	0	0	0
25.5 All other (b)	3,981,269	3,993,436	0	1,730,282	1,807,819
25.6 Totals (sum of Lines 25.1 to 25.5)	4,063,278	4,077,423	0	1,760,612	1,838,303
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,073,452	4,088,226	0	1,762,864	1,842,928

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 13 and number of persons insured under indemnity only products 75 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	506,032	0	4,641	0	510,672
2. Annuity considerations	13,066	0	0	0	13,066
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	519,098	0	4,641	0	523,739
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	474	0	0	0	474
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	474	0	0	0	474
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	474	0	0	0	474
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,801,160	0	0	0	1,801,160
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	503,764	0	0	0	503,764
12. Surrender values and withdrawals for life contracts	627,712	0	0	0	627,712
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	2,932,636	0	0	0	2,932,636
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	172,647	0	0	0	0	0	0	.1	172,647
17. Incurred during current year	.4	1,628,513	0	0	0	0	0	0	.4	1,628,513
Settled during current year:										
18.1 By payment in full	.5	1,801,160	0	0	0	0	0	0	.5	1,801,160
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	.5	1,801,160	0	0	0	0	0	0	.5	1,801,160
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	.5	1,801,160	0	0	0	0	0	0	.5	1,801,160
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.611	103,266,012	0 (a)	0	0	1,002,000	0	0	.611	104,268,012
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(.81)	(16,963,873)	0	0	0	(87,000)	0	0	(.81)	(17,050,873)
23. In force December 31 of current year	530	86,302,139	0 (a)	0	0	915,000	0	0	530	87,217,139

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	15,447,514	15,416,510	0	13,687,012	13,725,596
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	8,498,796	8,160,915	0	2,305,842	2,574,552
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	386,309	383,215	0	49,494	76,509
25.5 All other (b)	6,858,863	6,858,010	0	3,938,623	4,075,927
25.6 Totals (sum of Lines 25.1 to 25.5)	15,743,967	15,402,140	0	6,293,958	6,726,988
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,191,482	30,818,650	0	19,980,970	20,452,584

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,812 and number of persons insured under indemnity only products 6,511



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 18



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware
 NAIC Group Code 0707

DURING THE YEAR 2019
 NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	100,529	0	0	0	100,529
2. Annuity considerations	1,534	0	0	0	1,534
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	102,064	0	0	0	102,064
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	384,881	0	0	0	384,881
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	69,059	0	0	0	69,059
12. Surrender values and withdrawals for life contracts	262,355	0	0	0	262,355
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	716,294	0	0	0	716,294
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	384,881	0	0	0	0	0	0	2	384,881
Settled during current year:										
18.1 By payment in full	2	384,881	0	0	0	0	0	0	2	384,881
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	384,881	0	0	0	0	0	0	2	384,881
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	384,881	0	0	0	0	0	0	2	384,881
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	122	18,712,405	0 (a)	0	0	0	0	0	122	18,712,405
21. Issued during year	14	705,000	0	0	0	0	0	0	14	705,000
22. Other changes to in force (Net)	(30)	(2,628,145)	0	0	0	0	0	0	(30)	(2,628,145)
23. In force December 31 of current year	106	16,789,260	0 (a)	0	0	0	0	0	106	16,789,260

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(1,257)	(1,201)	0	52	31
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,057,966	1,019,353	0	269,568	247,910
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	42,139	42,523	0	2,058	6,141
25.5 All other (b)	572,299	582,385	0	235,997	166,875
25.6 Totals (sum of Lines 25.1 to 25.5)	1,672,404	1,644,261	0	507,623	420,926
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,671,146	1,643,060	0	507,675	420,957

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 165 and number of persons insured under indemnity only products 591



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	46,823	0	0	0	46,823
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	46,823	0	0	0	46,823
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	34,534	0	0	0	34,534
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	18,609	0	0	0	18,609
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	53,143	0	0	0	53,143
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	34,534	0	0	0	0	0	0	1	34,534
Settled during current year:										
18.1 By payment in full	1	34,534	0	0	0	0	0	0	1	34,534
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	34,534	0	0	0	0	0	0	1	34,534
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	34,534	0	0	0	0	0	0	1	34,534
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	34	4,638,222	0 (a)	0	0	0	0	0	34	4,638,222
21. Issued during year	13	430,000	0	0	0	0	0	0	13	430,000
22. Other changes to in force (Net)	(19)	(1,689,238)	0	0	0	0	0	0	(19)	(1,689,238)
23. In force December 31 of current year	28	3,378,984	0 (a)	0	0	0	0	0	28	3,378,984

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,425	5,429	0	31	(326)
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	18,887	18,648	0	5,775	6,079
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	15,224	15,410	0	0	1,841
25.5 All other (b)	170,129	170,080	0	84,496	91,734
25.6 Totals (sum of Lines 25.1 to 25.5)	204,240	204,138	0	90,271	99,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	209,665	209,567	0	90,302	99,329

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons
 insured under indemnity only products 14 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,701,232	0	173,417	0	1,874,649
2. Annuity considerations	145,842	0	0	0	145,842
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,847,074	0	173,417	0	2,020,491
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	262	0	0	0	262
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	262	0	0	0	262
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	262	0	0	0	262
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,498,479	0	18,000	0	4,516,479
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	1,830,988	0	0	0	1,830,988
12. Surrender values and withdrawals for life contracts	3,113,323	0	0	0	3,113,323
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	9,442,789	0	18,000	0	9,460,789
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	581,059	0	0	0	0	0	0	4	581,059
17. Incurred during current year	16	4,227,392	0	0	1	18,000	0	0	17	4,245,392
Settled during current year:										
18.1 By payment in full	17	4,498,479	0	0	1	18,000	0	0	18	4,516,479
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	17	4,498,479	0	0	1	18,000	0	0	18	4,516,479
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	17	4,498,479	0	0	1	18,000	0	0	18	4,516,479
19. Unpaid Dec. 31, current year (16+17-18.6)	3	309,972	0	0	0	0	0	0	3	309,972
POLICY EXHIBIT										
20. In force December 31, prior year	2,592	340,871,463	0	(a) 0	0	80,006,000	0	0	2,592	420,877,463
21. Issued during year	481	23,225,000	0	0	0	0	0	0	481	23,225,000
22. Other changes to in force (Net)	(808)	(70,731,060)	0	0	0	(14,541,000)	0	0	(808)	(85,272,060)
23. In force December 31 of current year	2,265	293,365,403	0	(a) 0	0	65,465,000	0	0	2,265	358,830,403

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	232,503,896	230,804,907	0	143,865,559	154,711,685
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	2,414
25.2 Guaranteed renewable (b)	22,415,050	22,725,515	0	9,874,027	9,953,282
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,928,378	1,932,886	0	226,820	480,956
25.5 All other (b)	16,691,975	16,756,121	0	8,724,356	9,066,427
25.6 Totals (sum of Lines 25.1 to 25.5)	41,035,403	41,414,522	0	18,825,203	19,503,079
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	273,539,299	272,219,429	0	162,690,763	174,214,764

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 69,145 and number of persons insured under indemnity only products 12,228



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	678,320	0	4,410	0	682,730
2. Annuity considerations	15,720	0	0	0	15,720
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	694,040	0	4,410	0	698,449
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	672	0	0	0	672
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	672	0	0	0	672
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	672	0	0	0	672
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,046,415	0	0	0	1,046,415
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	469,942	0	0	0	469,942
12. Surrender values and withdrawals for life contracts	485,820	0	0	0	485,820
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	2,002,177	0	0	0	2,002,177
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	37,588	0	0	0	0	0	0	1	37,588
17. Incurred during current year	8	1,008,827	0	0	0	0	0	0	8	1,008,827
Settled during current year:										
18.1 By payment in full	9	1,046,415	0	0	0	0	0	0	9	1,046,415
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	9	1,046,415	0	0	0	0	0	0	9	1,046,415
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	9	1,046,415	0	0	0	0	0	0	9	1,046,415
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	1,024	118,000,783	0	(a) 0	0	1,469,000	0	0	1,024	119,469,783
21. Issued during year	237	9,455,000	0	0	0	0	0	0	237	9,455,000
22. Other changes to in force (Net)	(444)	(37,974,608)	0	0	0	70,000	0	0	(444)	(37,904,608)
23. In force December 31 of current year	817	89,481,175	0	(a) 0	0	1,539,000	0	0	817	91,020,175

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,159,139	3,127,849	0	3,382,134	3,219,368
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	7,835,086	7,927,840	0	3,091,768	1,416,370
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,261,169	1,230,364	0	362,471	480,043
25.5 All other (b)	47,551,610	46,867,531	0	22,300,562	25,089,132
25.6 Totals (sum of Lines 25.1 to 25.5)	56,647,866	56,025,736	0	25,754,801	26,985,545
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	59,807,004	59,153,585	0	29,136,935	30,204,914

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 15,503 and number of persons insured under indemnity only products 5,071



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	111,462	0	0	0	111,462
2. Annuity considerations	(226,357)	0	0	0	(226,357)
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	(114,894)	0	0	0	(114,894)
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	662,921	0	0	0	662,921
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	1,084,479	0	0	0	1,084,479
12. Surrender values and withdrawals for life contracts	546,484	0	0	0	546,484
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	2,293,884	0	0	0	2,293,884
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	211,779	0	0	0	0	0	0	2	211,779
17. Incurred during current year	2	451,142	0	0	0	0	0	0	2	451,142
Settled during current year:										
18.1 By payment in full	4	662,921	0	0	0	0	0	0	4	662,921
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	662,921	0	0	0	0	0	0	4	662,921
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	662,921	0	0	0	0	0	0	4	662,921
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	113	15,462,464	0	(a) 0	0	0	0	0	113	15,462,464
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(3)	(466,418)	0	0	0	0	0	0	(3)	(466,418)
23. In force December 31 of current year	110	14,996,045	0	(a) 0	0	0	0	0	110	14,996,045

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(1,521)	(1,396)	0	116	117
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	392,186	391,051	0	62,019	60,661
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	10,275	10,217	0	23,162	23,374
25.5 All other (b)	110,827	111,947	0	41,242	42,502
25.6 Totals (sum of Lines 25.1 to 25.5)	513,289	513,214	0	126,422	126,537
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	511,767	511,819	0	126,538	126,654

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 279



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	28,845	0	0	0	28,845
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	28,845	0	0	0	28,845
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	143,491	0	0	0	143,491
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	64,454	0	0	0	64,454
12. Surrender values and withdrawals for life contracts	26,995	0	0	0	26,995
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	234,940	0	0	0	234,940
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	49,471	.0	.0	.0	.0	.0	.0	.1	49,471
17. Incurred during current year	.3	159,995	.0	.0	.0	.0	.0	.0	.3	159,995
Settled during current year:										
18.1 By payment in full	.3	143,491	.0	.0	.0	.0	.0	.0	.3	143,491
18.2 By payment on compromised claims	.0	0	.0	.0	.0	.0	.0	.0	.0	0
18.3 Totals paid	.3	143,491	.0	.0	.0	.0	.0	.0	.3	143,491
18.4 Reduction by compromise	.0	0	.0	.0	.0	.0	.0	.0	.0	0
18.5 Amount rejected	.0	0	.0	.0	.0	.0	.0	.0	.0	0
18.6 Total settlements	.3	143,491	.0	.0	.0	.0	.0	.0	.3	143,491
19. Unpaid Dec. 31, current year (16+17-18.6)	1	65,975	0	0	0	0	0	0	1	65,975
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	56	7,532,941	0	(a) 0	.0	0	.0	.0	56	7,532,941
21. Issued during year	.0	0	.0	.0	.0	0	.0	.0	.0	0
22. Other changes to in force (Net)	(5)	(1,497,724)	.0	.0	.0	0	.0	.0	(5)	(1,497,724)
23. In force December 31 of current year	51	6,035,217	0	(a) 0	0	0	0	0	51	6,035,217

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,556	1,260	0	382	257
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	650,944	654,405	0	210,500	207,883
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	10,212	9,694	0	4,822	4,822
25.5 All other (b)	134,551	135,216	0	57,847	62,018
25.6 Totals (sum of Lines 25.1 to 25.5)	795,707	799,316	0	273,170	274,723
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	797,263	800,575	0	273,552	274,980

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 462 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois
 NAIC Group Code 0707

DURING THE YEAR 2019
 NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,930,433	0	50,594	0	1,981,027
2. Annuity considerations	133,327	0	0	0	133,327
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,063,760	0	50,594	0	2,114,354
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	49,119	0	0	0	49,119
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,111	0	0	0	2,111
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	51,230	0	0	0	51,230
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	51,230	0	0	0	51,230
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,281,790	0	0	0	5,281,790
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	2,300,602	0	0	0	2,300,602
12. Surrender values and withdrawals for life contracts	3,738,573	0	0	0	3,738,573
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	11,320,964	0	0	0	11,320,964
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	9	433,618	0	0	0	0	0	0	9	433,618
17. Incurred during current year	70	5,195,082	0	0	0	0	0	0	70	5,195,082
Settled during current year:										
18.1 By payment in full	73	5,281,790	0	0	0	0	0	0	73	5,281,790
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	73	5,281,790	0	0	0	0	0	0	73	5,281,790
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	73	5,281,790	0	0	0	0	0	0	73	5,281,790
19. Unpaid Dec. 31, current year (16+17-18.6)	6	346,910	0	0	0	0	0	0	6	346,910
POLICY EXHIBIT										
20. In force December 31, prior year	3,947	395,915,627	0 (a)	0	95	18,973,000	0	0	4,042	414,888,627
21. Issued during year	160	9,055,000	0	0	0	0	0	0	160	9,055,000
22. Other changes to in force (Net)	(618)	(83,849,153)	0	0	(5)	(4,230,000)	0	0	(623)	(88,079,153)
23. In force December 31 of current year	3,489	321,121,474	0 (a)	0	90	14,743,000	0	0	3,579	335,864,474

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	62,603,187	64,466,507	0	37,144,460	39,078,171
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	343	384	0	10	10
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	11,081,114	11,201,360	0	3,784,875	3,531,590
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	859,877	857,891	0	80,962	181,712
25.5 All other (b)	6,519,043	6,548,655	0	2,976,073	3,147,893
25.6 Totals (sum of Lines 25.1 to 25.5)	18,460,033	18,607,905	0	6,841,909	6,861,195
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,063,564	83,074,796	0	43,986,379	45,939,376

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 17,776 and number of persons insured under indemnity only products 6,726



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	917,603	0	41,669	0	959,273
2. Annuity considerations	104,259	0	0	0	104,259
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,021,863	0	41,669	0	1,063,532
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,309	0	0	0	2,309
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,039	0	0	0	2,039
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,348	0	0	0	4,348
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	4,348	0	0	0	4,348
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,342,407	0	18,000	0	3,360,407
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	1,696,961	0	0	0	1,696,961
12. Surrender values and withdrawals for life contracts	(55,513)	0	0	0	(55,513)
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	4,983,854	0	18,000	0	5,001,854
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	5	478,700	0	0	0	0	0	0	5	478,700
17. Incurred during current year	14	2,876,974	0	0	1	18,000	0	0	15	2,894,974
Settled during current year:										
18.1 By payment in full	17	3,342,407	0	0	1	18,000	0	0	18	3,360,407
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	17	3,342,407	0	0	1	18,000	0	0	18	3,360,407
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	17	3,342,407	0	0	1	18,000	0	0	18	3,360,407
19. Unpaid Dec. 31, current year (16+17-18.6)	2	13,267	0	0	0	0	0	0	2	13,267
POLICY EXHIBIT										
20. In force December 31, prior year	1,347	177,236,588	0	(a) 0	0	18,864,000	0	0	1,347	196,100,588
21. Issued during year	76	3,295,000	0	0	0	0	0	0	76	3,295,000
22. Other changes to in force (Net)	(239)	(33,730,640)	0	0	0	(3,920,000)	0	0	(239)	(37,650,640)
23. In force December 31 of current year	1,184	146,800,948	0	(a) 0	0	14,944,000	0	0	1,184	161,744,948

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	45,218,463	45,381,382	0	28,991,439	28,716,416
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	2,720
25.2 Guaranteed renewable (b)	3,246,802	3,295,318	0	1,575,936	900,922
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	290,261	289,342	0	14,421	51,076
25.5 All other (b)	3,363,385	3,385,042	0	1,659,646	1,717,702
25.6 Totals (sum of Lines 25.1 to 25.5)	6,900,449	6,969,703	0	3,250,003	2,672,420
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,118,911	52,351,084	0	32,241,442	31,388,837

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 14,174 and number of persons insured under indemnity only products 2,039 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	463,144	0	9,979	0	473,122
2. Annuity considerations	103,257	0	0	0	103,257
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	566,400	0	9,979	0	576,379
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,032,123	0	50,000	0	2,082,123
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	311,125	0	0	0	311,125
12. Surrender values and withdrawals for life contracts	1,114,252	0	0	0	1,114,252
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	3,457,500	0	50,000	0	3,507,500
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	42,881	0	0	0	0	0	0	2	42,881
17. Incurred during current year	11	2,064,570	0	0	1	50,000	0	0	12	2,114,570
Settled during current year:										
18.1 By payment in full	11	2,032,123	0	0	1	50,000	0	0	12	2,082,123
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	11	2,032,123	0	0	1	50,000	0	0	12	2,082,123
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	11	2,032,123	0	0	1	50,000	0	0	12	2,082,123
19. Unpaid Dec. 31, current year (16+17-18.6)	2	75,328	0	0	0	0	0	0	2	75,328
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	754	97,461,050	0 (a)	0	0	4,865,000	0	0	754	102,326,050
21. Issued during year	27	915,000	0	0	0	0	0	0	27	915,000
22. Other changes to in force (Net)	(108)	(14,604,108)	0	0	0	(1,271,000)	0	0	(108)	(15,875,108)
23. In force December 31 of current year	673	83,771,942	0 (a)	0	0	3,594,000	0	0	673	87,365,942

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,221,933	13,232,832	0	9,478,195	9,676,714
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,274,814	1,293,713	0	430,081	185,241
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	111,840	112,483	0	7,825	22,245
25.5 All other (b)	875,228	877,742	0	377,657	379,810
25.6 Totals (sum of Lines 25.1 to 25.5)	2,261,881	2,283,938	0	815,564	587,296
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,483,815	15,516,770	0	10,293,759	10,264,010

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,635 and number of persons insured under indemnity only products 773 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	127,324	0	1,210	0	128,534
2. Annuity considerations	7,417	0	0	0	7,417
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	134,741	0	1,210	0	135,951
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	509,845	0	0	0	509,845
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	133,671	0	0	0	133,671
12. Surrender values and withdrawals for life contracts	62,444	0	0	0	62,444
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	705,959	0	0	0	705,959
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	1	0	0	0	0	0	0	0	1
17. Incurred during current year	1	509,845	0	0	0	0	0	0	1	509,845
Settled during current year:										
18.1 By payment in full	1	509,845	0	0	0	0	0	0	1	509,845
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	509,845	0	0	0	0	0	0	1	509,845
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	509,845	0	0	0	0	0	0	1	509,845
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1	0	0	0	0	0	0	0	1
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	225	26,107,081	0 (a)	0	0	490,000	0	0	225	26,597,081
21. Issued during year	30	1,230,000	0	0	0	0	0	0	30	1,230,000
22. Other changes to in force (Net)	(66)	(5,584,660)	0	0	0	(50,000)	0	0	(66)	(5,634,660)
23. In force December 31 of current year	189	21,752,422	0 (a)	0	0	440,000	0	0	189	22,192,422

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	456,509	460,595	0	282,557	291,105
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	62,415	62,163	0	45,177	56,899
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	184,636	185,587	0	15,891	33,706
25.5 All other (b)	7,018,636	7,064,962	0	4,015,282	4,084,838
25.6 Totals (sum of Lines 25.1 to 25.5)	7,265,687	7,312,713	0	4,076,350	4,175,443
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,722,195	7,773,307	0	4,358,908	4,466,548

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,794 and number of persons insured under indemnity only products 29



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	644,021	0	0	0	644,021
2. Annuity considerations	3,641	0	0	0	3,641
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	647,663	0	0	0	647,663
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	760	0	0	0	760
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	760	0	0	0	760
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	760	0	0	0	760
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,211,621	0	0	0	1,211,621
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	225,707	0	0	0	225,707
12. Surrender values and withdrawals for life contracts	627,592	0	0	0	627,592
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	2,064,921	0	0	0	2,064,921
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	65,456	0	0	0	0	0	0	.1	65,456
17. Incurred during current year	11	1,147,165	0	0	0	0	0	0	11	1,147,165
Settled during current year:										
18.1 By payment in full	11	1,211,621	0	0	0	0	0	0	11	1,211,621
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	11	1,211,621	0	0	0	0	0	0	11	1,211,621
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	11	1,211,621	0	0	0	0	0	0	11	1,211,621
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,000	0	0	0	0	0	0	1	1,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	586	76,167,189	0 (a)	0	0	0	0	0	586	76,167,189
21. Issued during year	30	1,430,000	0	0	0	0	0	0	30	1,430,000
22. Other changes to in force (Net)	(98)	(13,544,767)	0	0	0	0	0	0	(98)	(13,544,767)
23. In force December 31 of current year	518	64,052,422	0 (a)	0	0	0	0	0	518	64,052,422

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,714	7,608	0	26	257
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,423,303	1,056,705	0	964,178	883,767
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	134,948	134,785	0	14,696	28,645
25.5 All other (b)	5,933,771	5,810,172	0	1,482,415	1,818,288
25.6 Totals (sum of Lines 25.1 to 25.5)	7,492,022	7,001,661	0	2,461,288	2,730,700
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,499,736	7,009,270	0	2,461,314	2,730,958

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,928 and number of persons insured under indemnity only products 925 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana
 NAIC Group Code 0707

DURING THE YEAR 2019
 NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	293,294	0	177	0	293,472
2. Annuity considerations	43,535	0	0	0	43,535
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	336,829	0	177	0	337,007
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	225	0	0	0	225
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	225	0	0	0	225
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	225	0	0	0	225
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	991,918	0	0	0	991,918
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	443,408	0	0	0	443,408
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,435,326	0	0	0	1,435,326
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	424,382	0	0	0	0	0	0	3	424,382
17. Incurred during current year	4	581,351	0	0	0	0	0	0	4	581,351
Settled during current year:										
18.1 By payment in full	5	991,918	0	0	0	0	0	0	5	991,918
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	991,918	0	0	0	0	0	0	5	991,918
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	991,918	0	0	0	0	0	0	5	991,918
19. Unpaid Dec. 31, current year (16+17-18.6)	2	13,815	0	0	0	0	0	0	2	13,815
POLICY EXHIBIT										
20. In force December 31, prior year	607	88,587,148	0	0	0	0	0	0	607	88,587,148
21. Issued during year	56	2,865,000	0	0	0	0	0	0	56	2,865,000
22. Other changes to in force (Net)	(173)	(22,924,617)	0	0	0	150,000	0	0	(173)	(22,774,617)
23. In force December 31 of current year	490	68,527,531	0	0	0	150,000	0	0	490	68,677,531

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	359,800	348,608	0	251,527	237,854
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	3,426,914	3,478,959	0	1,432,549	1,429,449
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	196,773	196,745	0	(2,383)	28,064
25.5 All other (b)	8,689,096	8,183,540	0	3,418,845	3,640,941
25.6 Totals (sum of Lines 25.1 to 25.5)	12,312,783	11,859,244	0	4,849,012	5,098,455
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,672,582	12,207,852	0	5,100,539	5,336,309

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,953 and number of persons insured under indemnity only products 1,806



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	117,376	0	0	0	117,376
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	117,376	0	0	0	117,376
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	409,509	0	0	0	409,509
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	13,639	0	0	0	13,639
12. Surrender values and withdrawals for life contracts	94,912	0	0	0	94,912
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	518,060	0	0	0	518,060
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	435,889	0	0	0	0	0	0	2	435,889
Settled during current year:										
18.1 By payment in full	1	409,509	0	0	0	0	0	0	1	409,509
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	409,509	0	0	0	0	0	0	1	409,509
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	409,509	0	0	0	0	0	0	1	409,509
19. Unpaid Dec. 31, current year (16+17-18.6)	1	26,380	0	0	0	0	0	0	1	26,380
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	149	25,901,982	0 (a)	0	0	0	0	0	149	25,901,982
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(24)	(4,961,287)	0	0	0	0	0	0	(24)	(4,961,287)
23. In force December 31 of current year	125	20,940,695	0 (a)	0	0	0	0	0	125	20,940,695

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(265)	(265)	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,455,124	2,483,652	0	662,080	737,776
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	96,904	96,130	0	4,390	4,390
25.5 All other (b)	345,431	345,249	0	76,568	82,292
25.6 Totals (sum of Lines 25.1 to 25.5)	2,897,459	2,925,031	0	743,038	824,459
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,897,193	2,924,765	0	743,038	824,459

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 1,224



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	569,476	0	13,821	0	583,297
2. Annuity considerations	21,096	0	0	0	21,096
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	590,572	0	13,821	0	604,393
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,416,791	0	0	0	2,416,791
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	536,653	0	0	0	536,653
12. Surrender values and withdrawals for life contracts	1,285,664	0	0	0	1,285,664
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	4,239,108	0	0	0	4,239,108
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	5	311,638	0	0	0	0	0	0	5	311,638
17. Incurred during current year	5	2,262,241	0	0	0	0	0	0	5	2,262,241
Settled during current year:										
18.1 By payment in full	7	2,416,791	0	0	0	0	0	0	7	2,416,791
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	7	2,416,791	0	0	0	0	0	0	7	2,416,791
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	7	2,416,791	0	0	0	0	0	0	7	2,416,791
19. Unpaid Dec. 31, current year (16+17-18.6)	3	157,089	0	0	0	0	0	0	3	157,089
POLICY EXHIBIT										
20. In force December 31, prior year	758	117,996,573	0	0	0	4,768,000	0	0	758	122,764,573
21. Issued during year	187	10,800,000	0	0	0	0	0	0	187	10,800,000
22. Other changes to in force (Net)	(249)	(32,356,958)	0	0	0	8,000	0	0	(249)	(32,348,958)
23. In force December 31 of current year	696	96,439,615	0	0	0	4,776,000	0	0	696	101,215,615

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	9,379,888	9,441,589	0	7,474,722	7,919,528
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	11,617,794	11,727,125	0	4,798,281	5,489,808
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	375,914	376,458	0	11,984	49,907
25.5 All other (b)	3,312,777	3,333,443	0	1,426,436	1,465,009
25.6 Totals (sum of Lines 25.1 to 25.5)	15,306,485	15,437,025	0	6,236,701	7,004,724
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,686,373	24,878,614	0	13,711,423	14,924,252

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,454 and number of persons insured under indemnity only products 6,923



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	120,540	0	0	0	120,540
2. Annuity considerations	22,602	0	0	0	22,602
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	143,142	0	0	0	143,142
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	177,788	0	2,592	0	180,381
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	107,883	0	0	0	107,883
12. Surrender values and withdrawals for life contracts	275,800	0	0	0	275,800
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	561,471	0	2,592	0	564,063
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	132,104	0	0	0	0	0	0	.1	132,104
17. Incurred during current year	.1	45,684	0	0	1	2,592	0	0	.2	48,276
Settled during current year:										
18.1 By payment in full	.2	177,788	0	0	1	2,592	0	0	.3	180,381
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	.2	177,788	0	0	1	2,592	0	0	.3	180,381
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	.2	177,788	0	0	1	2,592	0	0	.3	180,381
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	187	48,688,520	0 (a)	0	0	0	0	0	187	48,688,520
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(56)	(17,963,670)	0	0	0	0	0	0	(56)	(17,963,670)
23. In force December 31 of current year	131	30,724,850	0 (a)	0	0	0	0	0	131	30,724,850

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,177	1,118	0	28,760	28,760
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	15,428	15,001	0	6,028	6,046
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	234	214	0	0	0
25.5 All other (b)	18,961	18,848	0	11,591	12,004
25.6 Totals (sum of Lines 25.1 to 25.5)	34,623	34,063	0	17,619	18,050
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,801	35,181	0	46,379	46,810

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 16 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,042,656	0	75,527	0	1,118,183
2. Annuity considerations	27,900	0	0	0	27,900
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,070,556	0	75,527	0	1,146,083
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	206	0	0	0	206
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	206	0	0	0	206
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	206	0	0	0	206
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,087,816	0	0	0	5,087,816
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	1,952,414	0	0	0	1,952,414
12. Surrender values and withdrawals for life contracts	2,175,960	0	0	0	2,175,960
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	9,216,189	0	0	0	9,216,189
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	769,308	0	0	0	0	0	0	7	769,308
17. Incurred during current year	11	4,449,942	0	0	0	0	0	0	11	4,449,942
Settled during current year:										
18.1 By payment in full	15	5,087,816	0	0	0	0	0	0	15	5,087,816
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	15	5,087,816	0	0	0	0	0	0	15	5,087,816
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	15	5,087,816	0	0	0	0	0	0	15	5,087,816
19. Unpaid Dec. 31, current year (16+17-18.6)	3	131,434	0	0	0	0	0	0	3	131,434
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,660	234,417,201	0	(a) 0	0	29,085,000	0	0	1,660	263,502,201
21. Issued during year	89	3,140,000	0	0	0	0	0	0	89	3,140,000
22. Other changes to in force (Net)	(320)	(42,377,595)	0	0	0	(6,872,000)	0	0	(320)	(49,249,595)
23. In force December 31 of current year	1,429	195,179,606	0	(a) 0	0	22,213,000	0	0	1,429	217,392,606

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	61,810,217	62,056,998	0	44,213,144	45,457,666
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,650,582	5,703,364	0	3,241,865	2,686,604
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	311,670	309,146	0	1,712	34,796
25.5 All other (b)	3,318,517	3,334,892	0	1,661,901	1,751,466
25.6 Totals (sum of Lines 25.1 to 25.5)	9,280,769	9,347,402	0	4,905,478	4,472,866
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	71,090,985	71,404,400	0	49,118,622	49,930,533

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 18,126 and number of persons insured under indemnity only products 3,560



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	372,804	0	0	0	372,804
2. Annuity considerations	57,233	0	0	0	57,233
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	430,037	0	0	0	430,037
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,697,600	0	0	0	1,697,600
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	716,896	0	0	0	716,896
12. Surrender values and withdrawals for life contracts	568,681	0	0	0	568,681
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	2,983,176	0	0	0	2,983,176
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	322,183	0	0	0	0	0	0	4	322,183
17. Incurred during current year	7	1,550,064	0	0	0	0	0	0	7	1,550,064
Settled during current year:										
18.1 By payment in full	8	1,697,600	0	0	0	0	0	0	8	1,697,600
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	8	1,697,600	0	0	0	0	0	0	8	1,697,600
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	8	1,697,600	0	0	0	0	0	0	8	1,697,600
19. Unpaid Dec. 31, current year (16+17-18.6)	3	174,647	0	0	0	0	0	0	3	174,647
POLICY EXHIBIT										
20. In force December 31, prior year	706	117,111,802	0	0	0	0	0	0	706	117,111,802
21. Issued during year	69	3,925,000	0	0	0	0	0	0	69	3,925,000
22. Other changes to in force (Net)	(168)	(27,128,638)	0	0	0	0	0	0	(168)	(27,128,638)
23. In force December 31 of current year	607	93,908,163	0	0	0	0	0	0	607	93,908,163

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,129	2,053	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,015,430	1,985,168	0	646,999	671,001
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	174,939	174,052	0	0	5,165
25.5 All other (b)	1,461,887	1,372,094	0	458,626	727,477
25.6 Totals (sum of Lines 25.1 to 25.5)	3,652,256	3,531,314	0	1,105,624	1,403,643
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,654,385	3,533,366	0	1,105,624	1,403,643

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,438 and number of persons insured under indemnity only products 1,562



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	162,109	0	24,965	0	187,074
2. Annuity considerations	19,408	0	0	0	19,408
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	181,516	0	24,965	0	206,482
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,321,727	0	0	0	1,321,727
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	45,694	0	0	0	45,694
12. Surrender values and withdrawals for life contracts	89,620	0	0	0	89,620
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,457,041	0	0	0	1,457,041
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	100,000	0	0	0	0	0	0	.1	100,000
17. Incurred during current year	4	1,221,727	0	0	0	0	0	0	4	1,221,727
Settled during current year:										
18.1 By payment in full	5	1,321,727	0	0	0	0	0	0	5	1,321,727
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	1,321,727	0	0	0	0	0	0	5	1,321,727
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	1,321,727	0	0	0	0	0	0	5	1,321,727
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	338	41,149,653	0	(a) 0	0	11,270,000	0	0	338	52,419,653
21. Issued during year	87	3,745,000	0	0	0	0	0	0	87	3,745,000
22. Other changes to in force (Net)	(135)	(9,974,811)	0	0	0	(2,418,000)	0	0	(135)	(12,392,811)
23. In force December 31 of current year	290	34,919,842	0	(a) 0	0	8,852,000	0	0	290	43,771,842

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	20,503,573	21,886,985	0	13,613,416	14,000,871
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,091,181	2,119,956	0	1,017,459	1,069,546
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	172,229	171,913	0	40,217	65,554
25.5 All other (b)	2,022,983	2,025,110	0	917,496	980,654
25.6 Totals (sum of Lines 25.1 to 25.5)	4,286,392	4,316,979	0	1,975,172	2,115,754
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,789,965	26,203,964	0	15,588,588	16,116,625

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7,651 and number of persons insured under indemnity only products 1,287 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	958,467	0	63,568	0	1,022,035
2. Annuity considerations	55,588	0	0	0	55,588
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,014,054	0	63,568	0	1,077,622
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,545	0	0	0	1,545
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,545	0	0	0	1,545
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,545	0	0	0	1,545
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,470,258	0	0	0	3,470,258
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	1,112,194	0	0	0	1,112,194
12. Surrender values and withdrawals for life contracts	1,569,694	0	0	0	1,569,694
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	6,152,147	0	0	0	6,152,147
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	447,254	0	0	0	0	0	0	5	447,254
17. Incurred during current year	14	3,254,728	0	0	0	0	0	0	14	3,254,728
Settled during current year:										
18.1 By payment in full	15	3,470,258	0	0	0	0	0	0	15	3,470,258
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	15	3,470,258	0	0	0	0	0	0	15	3,470,258
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	15	3,470,258	0	0	0	0	0	0	15	3,470,258
19. Unpaid Dec. 31, current year (16+17-18.6)	4	231,724	0	0	0	0	0	0	4	231,724
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,475	159,411,621	0 (a)	0	3	27,511,053	0	0	1,478	186,922,674
21. Issued during year	126	5,260,000	0	0	0	0	0	0	126	5,260,000
22. Other changes to in force (Net)	(295)	(26,599,116)	0	0	0	(4,358,000)	0	0	(295)	(30,957,116)
23. In force December 31 of current year	1,306	138,072,505	0 (a)	0	3	23,153,053	0	0	1,309	161,225,558

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	50,165,379	50,315,402	0	36,847,365	35,514,451
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,957,922	6,005,729	0	2,859,821	3,238,806
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	667,734	662,737	0	74,986	141,904
25.5 All other (b)	13,623,400	13,485,593	0	5,102,193	6,107,137
25.6 Totals (sum of Lines 25.1 to 25.5)	20,249,056	20,154,059	0	8,037,000	9,487,848
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70,414,435	70,469,461	0	44,884,365	45,002,299

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 19,320 and number of persons insured under indemnity only products 3,337 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,806	0	0	0	3,806
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,806	0	0	0	3,806
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	8,041	0	0	0	8,041
12. Surrender values and withdrawals for life contracts	7,356	0	0	0	7,356
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	15,397	0	0	0	15,397
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	12	1,956,574	0	0	0	0	0	0	12	1,956,574
21. Issued during year	1	25,000	0	0	0	0	0	0	1	25,000
22. Other changes to in force (Net)	(6)	(667,233)	0	0	0	0	0	0	(6)	(667,233)
23. In force December 31 of current year	7	1,314,341	0	0	0	0	0	0	7	1,314,341

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,013	1,061	0	107	131
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,395	2,363	0	500	794
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	116,383	114,976	0	45,734	45,754
25.5 All other (b)	1,248,135	1,229,719	0	450,239	502,942
25.6 Totals (sum of Lines 25.1 to 25.5)	1,366,913	1,347,057	0	496,472	549,490
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,367,926	1,348,118	0	496,580	549,621

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 814 and number of persons insured under indemnity only products 1



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	235,579	0	9,399	0	244,978
2. Annuity considerations	12,782	0	0	0	12,782
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	248,361	0	9,399	0	257,761
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	859,387	0	0	0	859,387
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	123,396	0	0	0	123,396
12. Surrender values and withdrawals for life contracts	151,251	0	0	0	151,251
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,134,034	0	0	0	1,134,034
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	106,670	0	0	0	0	0	0	3	106,670
17. Incurred during current year	2	799,549	0	0	0	0	0	0	2	799,549
Settled during current year:										
18.1 By payment in full	4	859,387	0	0	0	0	0	0	4	859,387
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	859,387	0	0	0	0	0	0	4	859,387
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	859,387	0	0	0	0	0	0	4	859,387
19. Unpaid Dec. 31, current year (16+17-18.6)	1	46,832	0	0	0	0	0	0	1	46,832
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	447	63,005,575	0	(a) 0	0	4,216,000	0	0	447	67,221,575
21. Issued during year	36	1,680,000	0	0	0	0	0	0	36	1,680,000
22. Other changes to in force (Net)	(99)	(11,561,209)	0	0	0	(1,631,000)	0	0	(99)	(13,192,209)
23. In force December 31 of current year	384	53,124,366	0	(a) 0	0	2,585,000	0	0	384	55,709,366

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	28,125,786	27,936,466	0	17,191,560	19,079,696
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	91	90	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,055,954	1,073,079	0	680,492	674,040
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	147,861	142,652	0	7,173	24,450
25.5 All other (b)	1,625,384	1,628,019	0	809,308	839,578
25.6 Totals (sum of Lines 25.1 to 25.5)	2,829,199	2,843,750	0	1,496,973	1,538,069
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,955,076	30,780,306	0	18,688,533	20,617,765

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,842 and number of persons insured under indemnity only products 589 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	58,566		0		87		0		58,653	
2. Annuity considerations	12,280		0		0		0		12,280	
3. Deposit-type contract funds	0		XXX		0		XXX		0	
4. Other considerations	0		0		0		0		0	
5. Totals (Sum of Lines 1 to 4)	70,846		0		87		0		70,933	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS										
Life insurance:										
6.1 Paid in cash or left on deposit	272		0		0		0		272	
6.2 Applied to pay renewal premiums	0		0		0		0		0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0		0		0		0		0	
6.4 Other	0		0		0		0		0	
6.5 Totals (Sum of Lines 6.1 to 6.4)	272		0		0		0		272	
Annuities:										
7.1 Paid in cash or left on deposit	0		0		0		0		0	
7.2 Applied to provide paid-up annuities	0		0		0		0		0	
7.3 Other	0		0		0		0		0	
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	
8. Grand Totals (Lines 6.5 plus 7.4)	272		0		0		0		272	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	0		0		0		0		0	
10. Matured endowments	0		0		0		0		0	
11. Annuity benefits	0		0		0		0		0	
12. Surrender values and withdrawals for life contracts	149,368		0		0		0		149,368	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	
14. All other benefits, except accident and health	0		0		0		0		0	
15. Totals	149,368		0		0		0		149,368	
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	118	17,198,211	0 (a)	0	0	30,000	0	0	118	17,228,211
21. Issued during year	32	1,405,000	0	0	0	0	0	0	32	1,405,000
22. Other changes to in force (Net)	(53)	(7,430,251)	0	0	0	0	0	0	(53)	(7,430,251)
23. In force December 31 of current year	97	11,172,960	0 (a)	0	0	30,000	0	0	97	11,202,960

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1		2		3		4		5	
	Direct Premiums		Direct Premiums Earned		Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business		Direct Losses Paid		Direct Losses Incurred	
24. Group Policies (b)	249,123		250,413		0		67,760		69,185	
24.1 Federal Employees Health Benefits Plan premium (b)	0		0		0		0		0	
24.2 Credit (Group and Individual)	0		0		0		0		0	
24.3 Collectively renewable policies/certificates (b)	0		0		0		0		0	
24.4 Medicare Title XVIII exempt from state taxes or fees	0		0		0		0		0	
Other Individual Policies:										
25.1 Non-cancelable (b)	0		0		0		0		0	
25.2 Guaranteed renewable (b)	2,800,052		2,820,227		0		1,094,797		1,168,013	
25.3 Non-renewable for stated reasons only (b)	0		0		0		0		0	
25.4 Other accident only	230,191		230,962		0		45,695		66,148	
25.5 All other (b)	9,293,902		9,374,373		0		7,385,253		7,552,742	
25.6 Totals (sum of Lines 25.1 to 25.5)	12,324,146		12,425,562		0		8,525,746		8,786,903	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,573,268		12,675,975		0		8,593,506		8,856,088	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,977 and number of persons insured under indemnity only products 1,435 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	164,963	0	0	0	164,963
2. Annuity considerations	8,824	0	0	0	8,824
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	173,787	0	0	0	173,787
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	442,250	0	0	0	442,250
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	209	0	0	0	209
12. Surrender values and withdrawals for life contracts	463,785	0	0	0	463,785
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	906,244	0	0	0	906,244
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	6	442,250	0	0	0	0	0	0	6	442,250
Settled during current year:										
18.1 By payment in full	6	442,250	0	0	0	0	0	0	6	442,250
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	6	442,250	0	0	0	0	0	0	6	442,250
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	6	442,250	0	0	0	0	0	0	6	442,250
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	167	27,906,666	0	(a) 0	0	0	0	0	167	27,906,666
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(33)	(7,287,013)	0	0	0	0	0	0	(33)	(7,287,013)
23. In force December 31 of current year	134	20,619,653	0	(a) 0	0	0	0	0	134	20,619,653

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	370	702	0	5	5
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	6,100	6,023	0	375	220
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	291	283	0	0	0
25.5 All other (b)	78,820	79,258	0	28,218	30,483
25.6 Totals (sum of Lines 25.1 to 25.5)	85,212	85,565	0	28,593	30,703
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	85,582	86,266	0	28,598	30,707

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 3 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	51,633	0	0	0	51,633
2. Annuity considerations	11,290	0	0	0	11,290
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	62,923	0	0	0	62,923
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	327,904	0	0	0	327,904
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	73,537	0	0	0	73,537
12. Surrender values and withdrawals for life contracts	43,668	0	0	0	43,668
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	445,109	0	0	0	445,109
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	327,904	0	0	0	0	0	0	5	327,904
Settled during current year:										
18.1 By payment in full	5	327,904	0	0	0	0	0	0	5	327,904
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	327,904	0	0	0	0	0	0	5	327,904
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	327,904	0	0	0	0	0	0	5	327,904
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	57	13,846,230	0 (a)	0	0	0	0	0	57	13,846,230
21. Issued during year	1	25,000	0	0	0	0	0	0	1	25,000
22. Other changes to in force (Net)	(9)	(2,565,279)	0	0	0	0	0	0	(9)	(2,565,279)
23. In force December 31 of current year	49	11,305,951	0 (a)	0	0	0	0	0	49	11,305,951

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,466	7,564	0	345	998
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	24,439	23,152	0	9,224	11,096
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	162	152	0	0	0
25.5 All other (b)	802,836	805,967	0	366,015	365,590
25.6 Totals (sum of Lines 25.1 to 25.5)	827,436	829,271	0	375,238	376,686
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	834,902	836,834	0	375,584	377,684

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6 and number of persons insured under indemnity only products 31 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	58,194	0	0	0	58,194
2. Annuity considerations	1,318	0	0	0	1,318
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	59,512	0	0	0	59,512
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	242,257	0	0	0	242,257
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	22,911	0	0	0	22,911
12. Surrender values and withdrawals for life contracts	130,587	0	0	0	130,587
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	395,755	0	0	0	395,755
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	101,652	0	0	0	0	0	0	2	101,652
17. Incurred during current year	2	140,605	0	0	0	0	0	0	2	140,605
Settled during current year:										
18.1 By payment in full	4	242,257	0	0	0	0	0	0	4	242,257
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	242,257	0	0	0	0	0	0	4	242,257
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	242,257	0	0	0	0	0	0	4	242,257
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	68	10,712,299	0	(a) 0	0	0	0	0	68	10,712,299
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(8)	(1,008,396)	0	0	0	0	0	0	(8)	(1,008,396)
23. In force December 31 of current year	60	9,703,903	0	(a) 0	0	0	0	0	60	9,703,903

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,678	4,006	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	40,048	41,741	0	28,936	22,935
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,014	955	0	0	7
25.5 All other (b)	91,612	92,125	0	26,507	28,019
25.6 Totals (sum of Lines 25.1 to 25.5)	132,674	134,821	0	55,443	50,961
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	136,352	138,827	0	55,443	50,961

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 15 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	32,904	0	0	0	32,904
2. Annuity considerations	3,809	0	0	0	3,809
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	36,713	0	0	0	36,713
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	60,963	0	0	0	60,963
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	29,719	0	0	0	29,719
12. Surrender values and withdrawals for life contracts	33,021	0	0	0	33,021
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	123,704	0	0	0	123,704
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	1	0	0	0	0	0	0	0	1
17. Incurred during current year	3	136,537	0	0	0	0	0	0	3	136,537
Settled during current year:										
18.1 By payment in full	2	60,963	0	0	0	0	0	0	2	60,963
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	60,963	0	0	0	0	0	0	2	60,963
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	60,963	0	0	0	0	0	0	2	60,963
19. Unpaid Dec. 31, current year (16+17-18.6)	1	75,575	0	0	0	0	0	0	1	75,575
POLICY EXHIBIT										
20. In force December 31, prior year	56	7,970,270	0	(a) 0	0	0	0	0	56	7,970,270
21. Issued during year	3	75,000	0	0	0	0	0	0	3	75,000
22. Other changes to in force (Net)	(9)	(1,103,438)	0	0	0	0	0	0	(9)	(1,103,438)
23. In force December 31 of current year	50	6,941,832	0	(a) 0	0	0	0	0	50	6,941,832

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	14,407	14,187	0	5,404	5,407
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	37,875	37,550	0	20,917	25,708
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	2,075	2,035	0	0	0
25.5 All other (b)	44,453	44,645	0	186,292	187,284
25.6 Totals (sum of Lines 25.1 to 25.5)	84,404	84,230	0	207,209	212,992
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	98,810	98,418	0	212,613	218,399

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 11 and number of persons insured under indemnity only products 31



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	626,455	0	7,903	0	634,358
2. Annuity considerations	35,921	0	0	0	35,921
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	662,376	0	7,903	0	670,278
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,237,246	0	150,000	0	2,387,246
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	358,548	0	0	0	358,548
12. Surrender values and withdrawals for life contracts	655,338	0	0	0	655,338
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	3,251,132	0	150,000	0	3,401,132
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	6	2,309,871	0	0	1	150,000	0	0	7	2,459,871
Settled during current year:										
18.1 By payment in full	5	2,237,246	0	0	1	150,000	0	0	6	2,387,246
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	2,237,246	0	0	1	150,000	0	0	6	2,387,246
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	2,237,246	0	0	1	150,000	0	0	6	2,387,246
19. Unpaid Dec. 31, current year (16+17-18.6)	1	72,625	0	0	0	0	0	0	1	72,625
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	918	103,116,686	0 (a)	0	0	4,950,000	0	0	918	108,066,686
21. Issued during year	183	8,665,000	0	0	0	0	0	0	183	8,665,000
22. Other changes to in force (Net)	(362)	(34,570,850)	0	0	0	(1,300,000)	0	0	(362)	(35,870,850)
23. In force December 31 of current year	739	77,210,836	0 (a)	0	0	3,650,000	0	0	739	80,860,836

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,637,683	8,820,172	0	7,054,266	7,261,769
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	8,241,308	8,380,116	0	3,356,302	3,229,221
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	972,663	971,786	0	168,881	274,078
25.5 All other (b)	33,140,424	32,618,075	0	12,000,840	15,000,994
25.6 Totals (sum of Lines 25.1 to 25.5)	42,354,395	41,969,977	0	15,526,023	18,504,293
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,992,078	50,790,149	0	22,580,288	25,766,062

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 16,490 and number of persons insured under indemnity only products 4,667 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	67,894	0	0	0	67,894
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	67,894	0	0	0	67,894
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	240,074	0	0	0	240,074
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	13,757	0	0	0	13,757
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	253,832	0	0	0	253,832
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	8	240,074	0	0	0	0	0	0	8	240,074
Settled during current year:										
18.1 By payment in full	8	240,074	0	0	0	0	0	0	8	240,074
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	8	240,074	0	0	0	0	0	0	8	240,074
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	8	240,074	0	0	0	0	0	0	8	240,074
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	85	12,151,253	0 (a)	0	0	0	0	0	85	12,151,253
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(13)	(2,090,587)	0	0	0	0	0	0	(13)	(2,090,587)
23. In force December 31 of current year	72	10,060,666	0 (a)	0	0	0	0	0	72	10,060,666

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	587	571	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	35,692	35,863	0	22,776	22,962
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	166	101	0	0	0
25.5 All other (b)	51,056	50,916	0	39,244	41,357
25.6 Totals (sum of Lines 25.1 to 25.5)	86,914	86,880	0	62,021	64,320
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	87,501	87,451	0	62,021	64,320

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 16 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	980,425	0	45,180	0	1,025,605
2. Annuity considerations	104,873	0	0	0	104,873
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,085,298	0	45,180	0	1,130,478
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	182	0	0	0	182
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	182	0	0	0	182
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	182	0	0	0	182
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,861,963	0	300,000	0	4,161,963
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	716,199	0	0	0	716,199
12. Surrender values and withdrawals for life contracts	1,283,661	0	0	0	1,283,661
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	5,861,823	0	300,000	0	6,161,823
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	332,476	0	0	0	0	0	0	6	332,476
17. Incurred during current year	15	3,673,458	0	0	2	300,000	0	0	17	3,973,458
Settled during current year:										
18.1 By payment in full	18	3,861,963	0	0	2	300,000	0	0	20	4,161,963
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	18	3,861,963	0	0	2	300,000	0	0	20	4,161,963
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	18	3,861,963	0	0	2	300,000	0	0	20	4,161,963
19. Unpaid Dec. 31, current year (16+17-18.6)	3	143,971	0	0	0	0	0	0	3	143,971
POLICY EXHIBIT										
20. In force December 31, prior year	1,846	250,229,058	0	(a) 0	0	18,743,000	0	0	1,846	268,972,058
21. Issued during year	198	8,270,000	0	0	0	0	0	0	198	8,270,000
22. Other changes to in force (Net)	(401)	(47,151,641)	0	0	0	(6,576,000)	0	0	(401)	(53,727,641)
23. In force December 31 of current year	1,643	211,347,416	0	(a) 0	0	12,167,000	0	0	1,643	223,514,416

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	73,579,795	73,061,313	0	50,683,251	53,610,121
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	3,558
25.2 Guaranteed renewable (b)	9,457,947	9,620,304	0	5,049,235	5,209,500
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	620,827	618,645	0	24,409	92,254
25.5 All other (b)	5,476,938	5,507,098	0	2,443,086	2,541,104
25.6 Totals (sum of Lines 25.1 to 25.5)	15,555,711	15,746,047	0	7,516,731	7,846,416
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,135,506	88,807,360	0	58,199,981	61,456,537

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 24,879 and number of persons insured under indemnity only products 4,607



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	235,739	0	20,554	0	256,294
2. Annuity considerations	19,176	0	0	0	19,176
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	254,915	0	20,554	0	275,470
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	378,500	0	0	0	378,500
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	8,925	0	0	0	8,925
12. Surrender values and withdrawals for life contracts	396,734	0	0	0	396,734
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	784,158	0	0	0	784,158
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	100,000	0	0	0	0	0	0	1	100,000
17. Incurred during current year	2	278,500	0	0	0	0	0	0	2	278,500
Settled during current year:										
18.1 By payment in full	3	378,500	0	0	0	0	0	0	3	378,500
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	378,500	0	0	0	0	0	0	3	378,500
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	378,500	0	0	0	0	0	0	3	378,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	439	73,090,599	0 (a)	0	0	9,227,000	0	0	439	82,317,599
21. Issued during year	33	1,785,000	0	0	0	0	0	0	33	1,785,000
22. Other changes to in force (Net)	(102)	(14,588,274)	0	0	0	(1,925,000)	0	0	(102)	(16,513,274)
23. In force December 31 of current year	370	60,287,325	0 (a)	0	0	7,302,000	0	0	370	67,589,325

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	19,950,555	20,172,476	0	14,323,452	13,813,859
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,881,895	1,919,464	0	769,614	704,131
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	163,217	161,408	0	6,759	27,290
25.5 All other (b)	1,754,400	1,685,328	0	654,615	701,786
25.6 Totals (sum of Lines 25.1 to 25.5)	3,799,512	3,766,200	0	1,430,989	1,433,206
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,750,067	23,938,675	0	15,754,441	15,247,065

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6,106 and number of persons insured under indemnity only products 1,050



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	85,441	0	0	0	85,441
2. Annuity considerations	1,360	0	0	0	1,360
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	86,801	0	0	0	86,801
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	376	0	0	0	376
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	376	0	0	0	376
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	376	0	0	0	376
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	390,234	0	0	0	390,234
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	401,758	0	0	0	401,758
12. Surrender values and withdrawals for life contracts	162,406	0	0	0	162,406
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	954,397	0	0	0	954,397
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	143,656	0	0	0	0	0	0	1	143,656
17. Incurred during current year	0	246,578	0	0	0	0	0	0	0	246,578
Settled during current year:										
18.1 By payment in full	1	390,234	0	0	0	0	0	0	1	390,234
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	390,234	0	0	0	0	0	0	1	390,234
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	390,234	0	0	0	0	0	0	1	390,234
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	137	24,796,274	0 (a)	0	0	0	0	0	137	24,796,274
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(14)	(4,121,330)	0	0	0	0	0	0	(14)	(4,121,330)
23. In force December 31 of current year	123	20,674,944	0 (a)	0	0	0	0	0	123	20,674,944

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,865	1,620	0	61	4
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	3,044,936	3,055,308	0	516,490	598,008
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	220,524	219,408	0	32,734	39,192
25.5 All other (b)	1,469,605	1,528,640	0	618,019	589,310
25.6 Totals (sum of Lines 25.1 to 25.5)	4,735,066	4,803,357	0	1,167,243	1,226,509
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,736,930	4,804,976	0	1,167,304	1,226,514

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1,977 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	839,602	0	20,193	0	859,795
2. Annuity considerations	5,147	0	0	0	5,147
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	844,749	0	20,193	0	864,942
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,930,975	0	50,000	0	1,980,975
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	528,576	0	0	0	528,576
12. Surrender values and withdrawals for life contracts	1,831,114	0	0	0	1,831,114
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	4,290,665	0	50,000	0	4,340,665
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	10	2,373,004	0	0	1	50,000	0	0	11	2,423,004
Settled during current year:										
18.1 By payment in full	5	1,930,975	0	0	1	50,000	0	0	6	1,980,975
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	1,930,975	0	0	1	50,000	0	0	6	1,980,975
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	1,930,975	0	0	1	50,000	0	0	6	1,980,975
19. Unpaid Dec. 31, current year (16+17-18.6)	5	442,029	0	0	0	0	0	0	5	442,029
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	758	95,551,478	0 (a)	0	0	8,266,000	0	0	758	103,817,478
21. Issued during year	156	8,460,000	0	0	0	0	0	0	156	8,460,000
22. Other changes to in force (Net)	(186)	(13,234,814)	0	0	0	(1,357,000)	0	0	(186)	(14,591,814)
23. In force December 31 of current year	728	90,776,664	0 (a)	0	0	6,909,000	0	0	728	97,685,664

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	26,088,217	25,179,350	0	15,968,211	16,327,046
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	7,611,696	7,663,972	0	2,445,470	2,733,610
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	457,030	453,669	0	8,808	64,720
25.5 All other (b)	3,796,100	3,819,263	0	1,525,811	1,593,510
25.6 Totals (sum of Lines 25.1 to 25.5)	11,864,827	11,936,903	0	3,980,089	4,391,840
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,953,044	37,116,253	0	19,948,300	20,718,886

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,576 and number of persons insured under indemnity only products 4,594



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	37,243	0	0	0	37,243
2. Annuity considerations	1,625	0	0	0	1,625
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	38,867	0	0	0	38,867
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	144,226	0	0	0	144,226
12. Surrender values and withdrawals for life contracts	192,954	0	0	0	192,954
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	337,179	0	0	0	337,179
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	50	8,891,696	0	0	0	0	0	0	50	8,891,696
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	415,363	0	0	0	0	0	0	(2)	415,363
23. In force December 31 of current year	48	9,307,059	0	0	0	0	0	0	48	9,307,059

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,099	1,100	0	59	59
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	554,444	559,033	0	121,556	170,459
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	17,529	17,434	0	0	0
25.5 All other (b)	100,426	100,360	0	34,401	37,156
25.6 Totals (sum of Lines 25.1 to 25.5)	672,398	676,827	0	155,957	207,615
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	673,497	677,927	0	156,015	207,674

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 418



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	279,373	0	23,569	0	302,942
2. Annuity considerations	16,389	0	0	0	16,389
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	295,762	0	23,569	0	319,331
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,235,428	0	0	0	1,235,428
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	183,580	0	0	0	183,580
12. Surrender values and withdrawals for life contracts	288,936	0	0	0	288,936
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,707,945	0	0	0	1,707,945
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	1,235,428	0	0	0	0	0	0	5	1,235,428
Settled during current year:										
18.1 By payment in full	5	1,235,428	0	0	0	0	0	0	5	1,235,428
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	1,235,428	0	0	0	0	0	0	5	1,235,428
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	1,235,428	0	0	0	0	0	0	5	1,235,428
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	470	68,476,814	0 (a)	0	0	11,428,000	0	0	470	79,904,814
21. Issued during year	59	2,330,000	0	0	0	0	0	0	59	2,330,000
22. Other changes to in force (Net)	(123)	(15,459,645)	0	0	0	(1,695,000)	0	0	(123)	(17,154,645)
23. In force December 31 of current year	406	55,347,169	0 (a)	0	0	9,733,000	0	0	406	65,080,169

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	23,939,523	24,099,776	0	19,966,745	20,286,263
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	3,268
25.2 Guaranteed renewable (b)	2,363,472	2,400,029	0	2,372,546	2,530,556
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	273,994	270,993	0	46,279	63,256
25.5 All other (b)	9,337,102	9,258,236	0	4,036,389	4,946,066
25.6 Totals (sum of Lines 25.1 to 25.5)	11,974,567	11,929,258	0	6,455,214	7,543,146
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,914,090	36,029,035	0	26,421,958	27,829,409

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,428 and number of persons insured under indemnity only products 1,438



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	156,054	0	0	0	156,054
2. Annuity considerations	20,710	0	0	0	20,710
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	176,764	0	0	0	176,764
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	260,211	0	0	0	260,211
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	284,945	0	0	0	284,945
12. Surrender values and withdrawals for life contracts	54,762	0	0	0	54,762
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	599,919	0	0	0	599,919
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	35,245	0	0	0	0	0	0	1	35,245
17. Incurred during current year	2	224,965	0	0	0	0	0	0	2	224,965
Settled during current year:										
18.1 By payment in full	3	260,211	0	0	0	0	0	0	3	260,211
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	260,211	0	0	0	0	0	0	3	260,211
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	260,211	0	0	0	0	0	0	3	260,211
19. Unpaid Dec. 31, current year (16+17-18.6)	0	(1)	0	0	0	0	0	0	0	(1)
POLICY EXHIBIT										
20. In force December 31, prior year	283	55,266,364	0	0	0	0	0	0	283	55,266,364
21. Issued during year	2	75,000	0	0	0	0	0	0	2	75,000
22. Other changes to in force (Net)	(33)	(4,044,056)	0	0	0	0	0	0	(33)	(4,044,056)
23. In force December 31 of current year	252	51,297,307	0	0	0	0	0	0	252	51,297,307

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,147	3,150	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	1,003
25.2 Guaranteed renewable (b)	25,790	27,345	0	32,088	27,833
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	18,227	17,653	0	121	1,160
25.5 All other (b)	227,267	220,196	0	129,033	178,419
25.6 Totals (sum of Lines 25.1 to 25.5)	271,284	265,195	0	161,242	208,415
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	274,431	268,344	0	161,242	208,415

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 187 and number of persons insured under indemnity only products 8



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 14,740 and number of persons insured under indemnity only products 2,124



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 35,593 and number of persons insured under indemnity only products 14,363



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	68,929	0	0	0	68,929
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	68,929	0	0	0	68,929
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	(170)	0	0	0	(170)
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	29,757	0	0	0	29,757
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	29,587	0	0	0	29,587
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	(1)	0	0	0	0	0	0	0	(1)
17. Incurred during current year	2	(170)	0	0	0	0	0	0	2	(170)
Settled during current year:										
18.1 By payment in full	2	(170)	0	0	0	0	0	0	2	(170)
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	(170)	0	0	0	0	0	0	2	(170)
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	(170)	0	0	0	0	0	0	2	(170)
19. Unpaid Dec. 31, current year (16+17-18.6)	0	(1)	0	0	0	0	0	0	0	(1)
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	94	22,401,335	0 (a)	0	0	0	0	0	94	22,401,335
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(10)	(3,571,756)	0	0	0	0	0	0	(10)	(3,571,756)
23. In force December 31 of current year	84	18,829,579	0 (a)	0	0	0	0	0	84	18,829,579

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,231	5,282	0	52,559	54,343
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,183,046	1,200,413	0	337,830	376,886
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	49,104	48,664	0	22,010	22,010
25.5 All other (b)	466,085	473,482	0	209,683	219,862
25.6 Totals (sum of Lines 25.1 to 25.5)	1,698,234	1,722,559	0	569,523	618,758
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,703,465	1,727,841	0	622,082	673,100

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons
 insured under indemnity only products 919



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Maturity and Settlements, and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0, current year \$ 0

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 4



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	785,242	0	22,046	0	807,288
2. Annuity considerations	47,249	0	0	0	47,249
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	832,491	0	22,046	0	854,537
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,224,779	0	0	0	2,224,779
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	1,210,240	0	0	0	1,210,240
12. Surrender values and withdrawals for life contracts	949,577	0	0	0	949,577
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	4,384,596	0	0	0	4,384,596
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	339,502	0	0	1	150,000	0	0	4	489,502
17. Incurred during current year	9	1,994,172	0	0	0	0	0	0	9	1,994,172
Settled during current year:										
18.1 By payment in full	9	2,224,779	0	0	0	0	0	0	9	2,224,779
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	9	2,224,779	0	0	0	0	0	0	9	2,224,779
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	9	2,224,779	0	0	0	0	0	0	9	2,224,779
19. Unpaid Dec. 31, current year (16+17-18.6)	3	108,895	0	0	1	150,000	0	0	4	258,895
POLICY EXHIBIT										
20. In force December 31, prior year	1,027	155,701,069	0	(a) 0	0	10,034,000	0	0	1,027	165,735,069
21. Issued during year	174	8,530,000	0	0	0	0	0	0	174	8,530,000
22. Other changes to in force (Net)	(269)	(33,153,717)	0	0	0	(1,969,000)	0	0	(269)	(35,122,717)
23. In force December 31 of current year	932	131,077,352	0	(a) 0	0	8,065,000	0	0	932	139,142,352

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	25,319,118	25,637,533	0	18,230,594	18,353,590
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	3,394,906	3,296,920	0	1,202,527	1,804,485
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	332,444	328,966	0	3,800	11,522
25.5 All other (b)	463,291	462,547	0	378,558	378,637
25.6 Totals (sum of Lines 25.1 to 25.5)	4,190,641	4,088,433	0	1,584,886	2,194,644
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,509,760	29,725,966	0	19,815,480	20,548,234

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,307 and number of persons insured under indemnity only products 2,432 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	156,613	0	0	0	156,613
2. Annuity considerations	3,502	0	0	0	3,502
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	160,114	0	0	0	160,114
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	205	0	0	0	205
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	205	0	0	0	205
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	205	0	0	0	205
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	460,402	0	0	0	460,402
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	60,014	0	0	0	60,014
12. Surrender values and withdrawals for life contracts	384,503	0	0	0	384,503
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	904,919	0	0	0	904,919
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	101,541	0	0	0	0	0	0	.1	101,541
17. Incurred during current year	4	358,861	0	0	0	0	0	0	4	358,861
Settled during current year:										
18.1 By payment in full	5	460,402	0	0	0	0	0	0	5	460,402
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	460,402	0	0	0	0	0	0	5	460,402
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	460,402	0	0	0	0	0	0	5	460,402
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	189	38,350,125	0	0	0	0	0	0	189	38,350,125
21. Issued during year	2	50,000	0	0	0	0	0	0	2	50,000
22. Other changes to in force (Net)	(27)	(13,375,355)	0	0	0	0	0	0	(27)	(13,375,355)
23. In force December 31 of current year	164	25,024,770	0	0	0	0	0	0	164	25,024,770

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,699	1,715	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	21,419	21,443	0	6,363	1,053
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	294	300	0	0	0
25.5 All other (b)	769,862	769,319	0	475,172	499,312
25.6 Totals (sum of Lines 25.1 to 25.5)	791,575	791,062	0	481,535	500,364
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	793,275	792,777	0	481,535	500,364

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 17



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,850 and number of persons insured under indemnity only products 357 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 14,143 and number of persons insured under indemnity only products 1,976



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0707

DURING THE YEAR 2019
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	18,126	0	0	0	18,126
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	18,126	0	0	0	18,126
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	150,000	0	0	0	150,000
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	3,054	0	0	0	3,054
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	153,054	0	0	0	153,054
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	150,000	0	0	0	0	0	0	1	150,000
Settled during current year:										
18.1 By payment in full	1	150,000	0	0	0	0	0	0	1	150,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	150,000	0	0	0	0	0	0	1	150,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	150,000	0	0	0	0	0	0	1	150,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	53	9,018,362	0 (a)	0	0	0	0	0	53	9,018,362
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(8)	(1,524,400)	0	0	0	0	0	0	(8)	(1,524,400)
23. In force December 31 of current year	45	7,493,962	0 (a)	0	0	0	0	0	45	7,493,962

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	184,927	184,248	0	1,584,304	1,793,407
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	283,529	286,118	0	106,154	98,718
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	96,016	93,476	0	44,479	44,641
25.5 All other (b)	4,308,111	4,315,572	0	2,825,720	3,228,864
25.6 Totals (sum of Lines 25.1 to 25.5)	4,687,656	4,695,166	0	2,976,353	3,372,223
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,872,583	4,879,414	0	4,560,657	5,165,630

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,327 and number of persons insured under indemnity only products 152 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam
 NAIC Group Code 0707

DURING THE YEAR 2019
 NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies 0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
 insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,724	0	0	0	2,724
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,724	0	0	0	2,724
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	11,000	0	0	0	11,000
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	11,000	0	0	0	11,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	13	2,480,252	0 (a)	0	0	0	0	0	13	2,480,252
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(3)	(1,265,000)	0	0	0	0	0	0	(3)	(1,265,000)
23. In force December 31 of current year	10	1,215,252	0 (a)	0	0	0	0	0	10	1,215,252

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(389)	16	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	16,493	16,326	0	1,601	2,999
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	445	460	0	0	0
25.5 All other (b)	1,237	1,171	0	1,256	1,284
25.6 Totals (sum of Lines 25.1 to 25.5)	18,175	17,957	0	2,856	4,283
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,785	17,973	0	2,856	4,283

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2019

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	22,131,926	0	857,880	0	22,989,805
2. Annuity considerations	1,187,695	0	0	0	1,187,695
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	23,319,620	0	857,880	0	24,177,500
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	61,133	0	0	0	61,133
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,195	0	0	0	5,195
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	66,327	0	0	0	66,327
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	66,327	0	0	0	66,327
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	74,385,049	0	738,592	0	75,123,641
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	25,263,829	0	0	0	25,263,829
12. Surrender values and withdrawals for life contracts	32,979,352	0	0	0	32,979,352
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	132,628,229	0	738,592	0	133,366,822
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	90	7,663,610	0	0	2	200,000	0	0	92	7,863,610
17. Incurred during current year	385	71,026,977	0	0	10	838,592	0	0	395	71,865,569
Settled during current year:										
18.1 By payment in full	411	74,385,049	0	0	10	738,592	0	0	421	75,123,641
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	411	74,385,049	0	0	10	738,592	0	0	421	75,123,641
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	411	74,385,049	0	0	10	738,592	0	0	421	75,123,641
19. Unpaid Dec. 31, current year (16+17-18.6)	64	4,305,538	0	0	2	300,000	0	0	66	4,605,538
POLICY EXHIBIT										
20. In force December 31, prior year	33,599	4,669,483,216	0	(a) 0	109	373,303,053	0	0	33,708	5,042,786,269
21. Issued during year	3,507	168,800,000	0	0	0	0	0	0	3,507	168,800,000
22. Other changes to in force (Net)	(7,966)	(1,009,506,819)	0	0	(5)	(76,286,000)	0	0	(7,971)	(1,085,792,819)
23. In force December 31 of current year	29,140	3,828,776,397	0	(a) 0	104	297,017,053	0	0	29,244	4,125,793,450

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,040,568,686	1,041,354,154	0	680,275,026	712,949,314
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	434	474	0	10	10
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	16,890
25.2 Guaranteed renewable (b)	176,803,458	176,812,368	0	74,420,271	74,474,828
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	14,618,068	14,552,223	0	1,640,460	3,240,732
25.5 All other (b)	236,895,278	235,239,389	0	112,770,029	123,828,329
25.6 Totals (sum of Lines 25.1 to 25.5)	428,316,805	426,603,981	0	188,830,760	201,560,779
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,468,885,924	1,467,958,608	0	869,105,796	914,510,103

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 379,904 and number of persons insured under indemnity only products 104,584

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	4,154,858
2. Current year's realized pre-tax capital gains/(losses) of \$1,247,542 transferred into the reserve net of taxes of \$261,983	985,559
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	5,140,417
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,344,266
6. Reserve as of December 31, current year (Line 4 minus Line 5)	3,796,150

AMORTIZATION

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2019	1,233,888	110,378	0	1,344,266
2. 2020	946,726	196,486	0	1,143,212
3. 2021	706,661	157,930	0	864,591
4. 2022	500,361	134,415	0	634,777
5. 2023	329,632	110,706	0	440,338
6. 2024	202,447	86,431	0	288,877
7. 2025	103,732	66,197	0	169,929
8. 2026	26,685	52,958	0	79,642
9. 2027	576	38,615	0	39,191
10. 2028	7,591	23,721	0	31,311
11. 2029	23,901	7,723	0	31,624
12. 2030	30,198	0	0	30,198
13. 2031	25,938	0	0	25,938
14. 2032	19,316	0	0	19,316
15. 2033	6,839	0	0	6,839
16. 2034	(6,196)	0	0	(6,196)
17. 2035	(5,240)	0	0	(5,240)
18. 2036	(306)	0	0	(306)
19. 2037	1,584	0	0	1,584
20. 2038	526	0	0	526
21. 2039	0	0	0	0
22. 2040	0	0	0	0
23. 2041	0	0	0	0
24. 2042	0	0	0	0
25. 2043	0	0	0	0
26. 2044	0	0	0	0
27. 2045	0	0	0	0
28. 2046	0	0	0	0
29. 2047	0	0	0	0
30. 2048	0	0	0	0
31. 2049 and Later	0	0	0	0
32. Total (Lines 1 to 31)	4,154,859	985,559	0	5,140,418

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	1,274,263	0	1,274,263	0	179,018	179,018	1,453,282
2. Realized capital gains/(losses) net of taxes - General Account	0	0	0	0	(37,387)	(37,387)	(37,387)
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	0	0	0	0	0	0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	293,220	0	293,220	0	2,879	2,879	296,099
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,567,484	0	1,567,484	0	144,511	144,511	1,711,994
9. Maximum reserve	1,742,279	0	1,742,279	0	201,315	201,315	1,943,594
10. Reserve objective	919,363	0	919,363	0	197,476	197,476	1,116,839
11. 20% of (Line 10 - Line 8)	(129,624)	0	(129,624)	0	10,593	10,593	(119,031)
12. Balance before transfers (Lines 8 + 11)	1,437,859	0	1,437,859	0	155,104	155,104	1,592,963
13. Transfers	0	0	0	0	0	0	0
14. Voluntary contribution	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero	0	0	0	0	0	0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,437,859	0	1,437,859	0	155,104	155,104	1,592,963

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	42,264,804	XXX	XXX	42,264,804	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	334,422,803	XXX	XXX	334,422,803	0.0005	167,211	0.0016	535,076	0.0033	1,103,595
3.	2	High Quality	58,004,397	XXX	XXX	58,004,397	0.0021	121,809	0.0064	371,228	0.0106	614,847
4.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
5.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
6.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
7.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	434,692,004	XXX	XXX	434,692,004	XXX	289,021	XXX	906,305	XXX	1,718,442
PREFERRED STOCK												
10.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT - TERM BONDS												
18.		Exempt Obligations	87,924,947	XXX	XXX	87,924,947	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	3,400,006	XXX	XXX	3,400,006	0.0005	1,700	0.0016	5,440	0.0033	11,220
20.	2	High Quality	1,190,313	XXX	XXX	1,190,313	0.0021	2,500	0.0064	7,618	0.0106	12,617
21.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
22.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
23.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
24.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	92,515,266	XXX	XXX	92,515,266	XXX	4,200	XXX	13,058	XXX	23,837
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	527,207,270	XXX	XXX	527,207,270	XXX	293,220	XXX	919,363	XXX	1,742,279

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
MORTGAGE LOANS												
In Good Standing:												
35.		Farm Mortgages - CM1 - Highest Quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other	0	0	XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
Overdue, Not in Process:												
48.		Farm Mortgages	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other	0	0	XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure:												
53.		Farm Mortgages	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other	0	0	XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages	0	0	XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public .....	.0	XXX	XXX	.0	0.0000	.0	0.1580 (a)	.0	0.1580 (a)	.0
2.		Unaffiliated - Private .....	.0	XXX	XXX	.0	0.0000	.0	0.1945	.0	0.1945	.0
3.		Federal Home Loan Bank .....	.0	XXX	XXX	.0	0.0000	.0	0.0061	.0	0.0097	.0
4.		Affiliated - Life with AVR .....	.0	XXX	XXX	.0	0.0000	.0	0.0000	.0	0.0000	.0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations .....	.0	.0	.0	.0	XXX	.0	XXX	.0	XXX	.0
6.		Fixed Income - Highest Quality .....	.0	.0	.0	.0	XXX	.0	XXX	.0	XXX	.0
7.		Fixed Income - High Quality .....	.0	.0	.0	.0	XXX	.0	XXX	.0	XXX	.0
8.		Fixed Income - Medium Quality .....	.0	.0	.0	.0	XXX	.0	XXX	.0	XXX	.0
9.		Fixed Income - Low Quality .....	.0	.0	.0	.0	XXX	.0	XXX	.0	XXX	.0
10.		Fixed Income - Lower Quality .....	.0	.0	.0	.0	XXX	.0	XXX	.0	XXX	.0
11.		Fixed Income - In/Near Default .....	.0	.0	.0	.0	XXX	.0	XXX	.0	XXX	.0
12.		Unaffiliated Common Stock - Public .....	.0	.0	.0	.0	0.0000	.0	0.1580 (a)	.0	0.1580 (a)	.0
13.		Unaffiliated Common Stock - Private .....	.0	.0	.0	.0	0.0000	.0	0.1945	.0	0.1945	.0
14.		Real Estate .....	.0	.0	.0	.0	0.0000 (b)	.0	0.0000 (b)	.0	0.0000 (b)	.0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual) .....	.0	XXX	XXX	.0	0.0000	.0	0.1580	.0	0.1580	.0
16.		Affiliated - All Other .....	.0	XXX	XXX	.0	0.0000	.0	0.1945	.0	0.1945	.0
17.		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only)	2,102,171	.0	.0	2,102,171	0.0000	.0	0.0912	191,718	0.0912	191,718
19.		Investment Properties .....	.0	.0	.0	.0	0.0000	.0	0.0912	.0	0.0912	.0
20.		Properties Acquired in Satisfaction of Debt .....	.0	.0	.0	.0	0.0000	.0	0.1337	.0	0.1337	.0
21.		Total Real Estate (Sum of Lines 18 through 20)	2,102,171	0	0	2,102,171	XXX	0	XXX	191,718	XXX	191,718
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations .....	.0	XXX	XXX	.0	0.0000	.0	0.0000	.0	0.0000	.0
23.	1	Highest Quality .....	.0	XXX	XXX	.0	0.0005	.0	0.0016	.0	0.0033	.0
24.	2	High Quality .....	.0	XXX	XXX	.0	0.0021	.0	0.0064	.0	0.0106	.0
25.	3	Medium Quality .....	.0	XXX	XXX	.0	0.0099	.0	0.0263	.0	0.0376	.0
26.	4	Low Quality .....	.0	XXX	XXX	.0	0.0245	.0	0.0572	.0	0.0817	.0
27.	5	Lower Quality .....	.0	XXX	XXX	.0	0.0630	.0	0.1128	.0	0.1880	.0
28.	6	In or Near Default .....	.0	XXX	XXX	.0	0.0000	.0	0.2370	.0	0.2370	.0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public .....	.0	XXX	XXX	.0	0.0000	.0	0.1580 (a)	.0	0.1580 (a)	.0
66.		Unaffiliated Private .....	.0	XXX	XXX	.0	0.0000	.0	0.1945	.0	0.1945	.0
67.		Affiliated Life with AVR .....	.0	XXX	XXX	.0	0.0000	.0	0.0000	.0	0.0000	.0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....	.0	XXX	XXX	.0	0.0000	.0	0.1580	.0	0.1580	.0
69.		Affiliated Other - All Other	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only) .....	.0	.0	.0	.0	0.0000	.0	0.0912	.0	0.0912	.0
72.		Investment Properties .....	.0	.0	.0	.0	0.0000	.0	0.0912	.0	0.0912	.0
73.		Properties Acquired in Satisfaction of Debt	0	0	0	0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit	9,597,212	.0	.0	9,597,212	0.0003	2,879	0.0006	5,758	0.0010	9,597
76.		Non-guaranteed Federal Low Income Housing Tax Credit .....	.0	.0	.0	.0	0.0063	.0	0.0120	.0	0.0190	.0
77.		Guaranteed State Low Income Housing Tax Credit .....	.0	.0	.0	.0	0.0003	.0	0.0006	.0	0.0010	.0
78.		Non-guaranteed State Low Income Housing Tax Credit .....	.0	.0	.0	.0	0.0063	.0	0.0120	.0	0.0190	.0
79.		All Other Low Income Housing Tax Credit	0	0	0	0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	9,597,212	0	0	9,597,212	XXX	2,879	XXX	5,758	XXX	9,597
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments .....	.0	XXX	.0	.0	0.0000	.0	0.0042	.0	0.0042	.0
82.		NAIC 2 Working Capital Finance Investments .....	.0	XXX	.0	.0	0.0000	.0	0.0137	.0	0.0137	.0
83.		Other Invested Assets - Schedule BA .....	.0	XXX	.0	.0	0.0000	.0	0.1580	.0	0.1580	.0
84.		Other Short-Term Invested Assets - Schedule DA	0	XXX	0	0	0.0000	0	0.1580	0	0.1580	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	9,597,212	0	0	9,597,212	XXX	2,879	XXX	5,758	XXX	9,597

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

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

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

Asset Valuation Reserve - Replications (Synthetic) Assets

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,467,023,710	XXX	1,040,979,756	XXX	0	XXX	474	XXX	0	XXX	175,013,621	XXX	0	XXX	14,662,592	XXX	236,367,267	XXX
2. Premiums earned	1,467,958,608	XXX	1,041,354,154	XXX	0	XXX	474	XXX	0	XXX	176,812,368	XXX	0	XXX	14,552,223	XXX	235,239,389	XXX
3. Incurred claims	915,958,700	62.4	712,953,208	68.5	0	0.0	10	2.1	0	0.0	76,189,513	43.1	0	0.0	3,240,732	22.3	123,575,237	52.5
4. Cost containment expenses	24,447,068	1.7	18,114,351	1.7	0	0.0	7	1.5	0	0.0	2,538,820	1.4	0	0.0	209,768	1.4	3,584,122	1.5
5. Incurred claims and cost containment expenses (Lines 3 and 4)	940,405,768	64.1	731,067,559	70.2	0	0.0	17	3.6	0	0.0	78,728,333	44.5	0	0.0	3,450,500	23.7	127,159,359	54.1
6. Increase in contract reserves	(1,472,800)	(0.1)	(3,893)	0.0	0	0.0	0	0.0	0	0.0	(1,722,001)	(1.0)	0	0.0	0	0.0	253,094	0.1
7. Commissions (a)	142,476,395	9.7	60,020,229	5.8	0	0.0	1	0.2	0	0.0	51,330,429	29.0	0	0.0	2,930,725	20.1	28,195,011	12.0
8. Other general insurance expenses	172,720,861	11.8	124,084,406	11.9	0	0.0	51	10.8	0	0.0	19,488,261	11.0	0	0.0	1,602,062	11.0	27,546,081	11.7
9. Taxes, licenses and fees	34,623,110	2.4	23,371,314	2.2	0	0.0	9	1.9	0	0.0	6,609,289	3.7	0	0.0	267,519	1.8	4,374,979	1.9
10. Total other expenses incurred	349,820,366	23.8	207,475,949	19.9	0	0.0	61	12.9	0	0.0	77,427,979	43.8	0	0.0	4,800,306	33.0	60,116,071	25.6
11. Aggregate write-ins for deductions	(14,952)	0.0	(10,440)	0.0	0	0.0	0	0.0	0	0.0	(1,870)	0.0	0	0.0	(154)	0.0	(2,488)	0.0
12. Gain from underwriting before dividends or refunds	179,220,226	12.2	102,824,979	9.9	0	0.0	396	83.5	0	0.0	22,379,927	12.7	0	0.0	6,301,571	43.3	47,713,353	20.3
13. Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	179,220,226	12.2	102,824,979	9.9	0	0.0	396	83.5	0	0.0	22,379,927	12.7	0	0.0	6,301,571	43.3	47,713,353	20.3
DETAILS OF WRITE-INS																		
1101. Aggregate Write-Ins for Deductions	(14,952)	0.0	(10,440)	0.0	0	0.0	0	0.0	0	0.0	(1,870)	0.0	0	0.0	(154)	0.0	(2,488)	0.0
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	(14,952)	0.0	(10,440)	0.0	0	0.0	0	0.0	0	0.0	(1,870)	0.0	0	0.0	(154)	0.0	(2,488)	0.0

(a) Includes \$ 0 reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	53,800,814	41,268,246	0	12	0	4,020,566	0	499,772	8,012,218
2. Advance premiums	23,439,149	17,913,197	0	39	0	883,205	0	44,920	4,597,788
3. Reserve for rate credits	3,345,199	774,299	0	(20)	0	2,055,166	0	0	515,754
4. Total premium reserves, current year	80,585,162	59,955,742	0	31	0	6,958,937	0	544,692	13,125,760
5. Total premium reserves, prior year	79,574,743	61,048,501	0	76	0	6,892,329	0	429,156	11,204,681
6. Increase in total premium reserves	1,010,419	(1,092,759)	0	(45)	0	66,608	0	115,536	1,921,079
B. Contract Reserves:									
1. Additional reserves (a)	6,425,939	96,680	0	0	0	5,341,417	0	0	987,842
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	6,425,939	96,680	0	0	0	5,341,417	0	0	987,842
4. Total contract reserves, prior year	7,898,739	100,573	0	0	0	7,063,418	0	0	734,748
5. Increase in contract reserves	(1,472,800)	(3,893)	0	0	0	(1,722,001)	0	0	253,094
C. Claim Reserves and Liabilities:									
1. Total current year	179,382,907	136,066,212	0	0	0	17,141,068	0	3,505,320	22,670,307
2. Total prior year	132,522,686	103,388,030	0	0	0	15,364,510	0	1,905,047	11,865,099
3. Increase	46,860,221	32,678,182	0	0	0	1,776,558	0	1,600,273	10,805,208

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	101,133,553	80,149,125	0	0	0	10,463,441	0	246,486	10,274,501
1.2 On claims incurred during current year	767,964,926	600,125,901	0	10	0	63,949,514	0	1,393,973	102,495,528
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	378,735	436,200	0	0	0	(3,566)	0	(49,544)	(4,355)
2.2 On claims incurred during current year	179,004,172	135,630,012	0	0	0	17,144,634	0	3,554,864	22,674,662
3. Test:									
3.1 Lines 1.1 and 2.1	101,512,288	80,585,325	0	0	0	10,459,875	0	196,942	10,270,146
3.2 Claim reserves and liabilities, December 31, prior year	132,522,686	103,388,030	0	0	0	15,364,510	0	1,905,047	11,865,099
3.3 Line 3.1 minus Line 3.2	(31,010,398)	(22,802,705)	0	0	0	(4,904,635)	0	(1,708,105)	(1,594,953)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0
B. Reinsurance Ceded:									
1. Premiums written	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0
3. Incurred claims	7,317	0	0	0	0	7,317	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	852,467,139	44,789,294	18,709,582	915,966,015
2. Beginning Claim Reserves and Liabilities	125,850,694	1,494,634	5,177,361	132,522,689
3. Ending Claim Reserves and Liabilities	169,178,834	2,379,968	7,824,105	179,382,907
4. Claims Paid	809,138,999	43,903,960	16,062,838	869,105,797
B. Assumed Reinsurance:				
5. Incurred Claims.....	0	0	0	0
6. Beginning Claim Reserves and Liabilities	0	0	0	0
7. Ending Claim Reserves and Liabilities	0	0	0	0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	7,317	0	0	7,317
10. Beginning Claim Reserves and Liabilities	9,273	0	0	9,273
11. Ending Claim Reserves and Liabilities	0	0	0	0
12. Claims Paid	16,590	0	0	16,590
D. Net:				
13. Incurred Claims.....	852,459,822	44,789,294	18,709,582	915,958,698
14. Beginning Claim Reserves and Liabilities	125,841,421	1,494,634	5,177,361	132,513,416
15. Ending Claim Reserves and Liabilities	169,178,834	2,379,968	7,824,105	179,382,907
16. Claims Paid	809,122,409	43,903,960	16,062,838	869,089,207
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	876,906,891	44,789,294	18,709,582	940,405,767
18. Beginning Reserves and Liabilities	126,003,699	1,494,634	5,177,361	132,675,694
19. Ending Reserves and Liabilities	169,734,931	2,379,968	7,824,105	179,939,004
20. Paid Claims and Cost Containment Expenses	833,175,659	43,903,960	16,062,838	893,142,457

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	LAH - Coinsurance - Individual	XXXL	1,127,650,000	21,373,945	25,035,228	2,862,003	857,337	907,116	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	LAH - Coinsurance - Individual	SC	0	1,186,947	1,371,611	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	LAH - Coinsurance - Individual	OL	2,452,340,695	1,154,222,947	1,191,755,782	18,136,527	5,433,063	7,372,934	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	LAH - Coinsurance - Individual	FA	0	347,427,864	381,230,440	1,187,695	456,567	266,105	0	0
0899999	General Account - Authorized U.S. Non-Affiliates						3,579,990,695	1,524,211,703	1,599,393,061	22,186,225	6,746,967	8,546,155	0	0
1099999	Total General Account - Authorized Non-Affiliates						3,579,990,695	1,524,211,703	1,599,393,061	22,186,225	6,746,967	8,546,155	0	0
1199999	Total General Account Authorized						3,579,990,695	1,524,211,703	1,599,393,061	22,186,225	6,746,967	8,546,155	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
2299999	Total General Account Unauthorized						0	0	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0	0
3499999	Total General Account Authorized, Unauthorized and Certified						3,579,990,695	1,524,211,703	1,599,393,061	22,186,225	6,746,967	8,546,155	0	0
3799999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
4099999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
4199999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0
4499999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0
4599999	Total Separate Accounts Authorized						0	0	0	0	0	0	0	0
4899999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
5199999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
5299999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0
5599999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
5699999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0
5999999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
6299999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
6399999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0	0
6699999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0	0
6799999	Total Separate Accounts Certified						0	0	0	0	0	0	0	0
6899999	Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0	0
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						3,579,990,695	1,524,211,703	1,599,393,061	22,186,225	6,746,967	8,546,155	0	0
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0	0
9999999	- Totals						3,579,990,695	1,524,211,703	1,599,393,061	22,186,225	6,746,967	8,546,155	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance			
										11 Current Year	12 Prior Year					
0399999. Total General Account - Authorized U.S. Affiliates										0	0	0	0	0		
0699999. Total General Account - Authorized Non-U.S. Affiliates										0	0	0	0	0		
0799999. Total General Account - Authorized Affiliates										0	0	0	0	0		
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	LAH - Coinsurance - Individual	LTC	0	0	726,870	0	0	0	0			
0899999. General Account - Authorized U.S. Non-Affiliates										0	0	726,870	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates										0	0	726,870	0	0	0	0
1199999. Total General Account Authorized										0	0	726,870	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates										0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates										0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates										0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates										0	0	0	0	0	0	0
2299999. Total General Account Unauthorized										0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates										0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates										0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates										0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates										0	0	0	0	0	0	0
3399999. Total General Account Certified										0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified										0	0	726,870	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates										0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates										0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates										0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates										0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized										0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates										0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates										0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates										0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates										0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized										0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates										0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates										0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates										0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates										0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified										0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified										0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)										0	0	726,870	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)										0	0	0	0	0	0	0
9999999 - Totals										0	0	726,870	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 6

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	22,186	25,757	28,526	31,878	35,381
2. Commissions and reinsurance expense allowances	2,675	2,751	2,689	3,567	3,233
3. Contract claims	96,364	105,069	99,874	94,604	90,431
4. Surrender benefits and withdrawals for life contracts	32,979	37,428	37,864	38,579	43,473
5. Dividends to policyholders and refunds to members	66	86	88	94	105
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(149,646)	(74,466)	(50,689)	(53,442)	(46,583)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	98	180
9. Aggregate reserves for life and accident and health contracts	1,523,222	1,600,120	1,672,310	1,722,889	1,776,171
10. Liability for deposit-type contracts	1,716	1,753	2,259	2,369	2,528
11. Contract claims unpaid	6,142	9,184	8,832	6,913	8,420
12. Amounts recoverable on reinsurance	0	9	323	1,373	2,275
13. Experience rating refunds due or unpaid	519	528	528	562	577
14. Policyholders' dividends and refunds to members (not included in Line 10)	0	0	0	0	0
15. Commissions and reinsurance expense allowances due	0	0	0	0	0
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust	0	0	0	0	0
23. Funds deposited by and withheld from (F)	0	0	0	0	0
24. Letters of credit (L)	0	0	0	0	0
25. Trust agreements (T)	0	0	0	0	0
26. Other (O)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	542,560,759	0	542,560,759
2. Reinsurance (Line 16)	519,163	(519,163)	0
3. Premiums and considerations (Line 15)	11,509,689	0	11,509,689
4. Net credit for ceded reinsurance	XXX	1,531,600,072	1,531,600,072
5. All other admitted assets (balance)	39,726,738	0	39,726,738
6. Total assets excluding Separate Accounts (Line 26)	594,316,349	1,531,080,909	2,125,397,258
7. Separate Account assets (Line 27)	0	0	0
8. Total assets (Line 28)	594,316,349	1,531,080,909	2,125,397,258
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	64,724,843	1,523,222,333	1,587,947,176
10. Liability for deposit-type contracts (Line 3)	0	1,716,241	1,716,241
11. Claim reserves (Line 4)	177,992,229	6,142,335	184,134,564
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0	0	0
13. Premium & annuity considerations received in advance (Line 8)	23,451,598	0	23,451,598
14. Other contract liabilities (Line 9)	5,258,788	0	5,258,788
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0	0	0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0	0	0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0	0	0
19. All other liabilities (balance)	63,881,543	0	63,881,543
20. Total liabilities excluding Separate Accounts (Line 26)	335,309,001	1,531,080,909	1,866,389,910
21. Separate Account liabilities (Line 27)	0	0	0
22. Total liabilities (Line 28)	335,309,001	1,531,080,909	1,866,389,910
23. Capital & surplus (Line 38)	259,007,348	XXX	259,007,348
24. Total liabilities, capital & surplus (Line 39)	594,316,349	1,531,080,909	2,125,397,258
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	1,523,222,333		
26. Claim reserves	6,142,335		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	1,716,241		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	519,163		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	1,531,600,072		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	1,531,600,072		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

**SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

			Direct Business Only				6 Totals
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)		5 Deposit-Type Contracts
States, Etc.							
1. Alabama	AL	273,539	16,425	0	0	0	289,964
2. Alaska	AK	12,906	6,814	0	0	0	19,720
3. Arizona	AZ	534,791	42,331	2,979	0	0	580,101
4. Arkansas	AR	339,814	65,606	0	0	0	405,420
5. California	CA	858,772	(51,915)	0	0	0	806,857
6. Colorado	CO	510,672	13,066	0	0	0	523,739
7. Connecticut	CT	516,381	51,027	0	0	0	567,408
8. Delaware	DE	100,529	1,534	0	0	0	102,064
9. District of Columbia	DC	46,823	0	0	0	0	46,823
10. Florida	FL	1,874,649	145,842	36,619	0	0	2,057,110
11. Georgia	GA	682,730	15,720	0	0	0	698,449
12. Hawaii	HI	111,462	(226,357)	0	0	0	(114,894)
13. Idaho	ID	28,845	0	0	0	0	28,845
14. Illinois	IL	1,981,027	133,327	0	0	0	2,114,354
15. Indiana	IN	959,273	104,259	4,819	0	0	1,068,351
16. Iowa	IA	473,122	103,257	0	0	0	576,379
17. Kansas	KS	128,534	7,417	0	0	0	135,951
18. Kentucky	KY	644,021	3,641	0	0	0	647,663
19. Louisiana	LA	293,472	43,535	0	0	0	337,007
20. Maine	ME	117,376	0	0	0	0	117,376
21. Maryland	MD	583,297	21,096	0	0	0	604,393
22. Massachusetts	MA	120,540	22,602	0	0	0	143,142
23. Michigan	MI	1,118,183	27,900	9,885	0	0	1,155,968
24. Minnesota	MN	372,804	57,233	0	0	0	430,037
25. Mississippi	MS	187,074	19,408	0	0	0	206,482
26. Missouri	MO	1,022,035	55,588	0	0	0	1,077,622
27. Montana	MT	3,806	0	6,905	0	0	10,711
28. Nebraska	NE	244,978	12,782	0	0	0	257,761
29. Nevada	NV	58,653	12,280	0	0	0	70,933
30. New Hampshire	NH	164,963	8,824	0	0	0	173,787
31. New Jersey	NJ	51,633	11,290	0	0	0	62,923
32. New Mexico	NM	58,194	1,318	0	0	0	59,512
33. New York	NY	32,904	3,809	0	0	0	36,713
34. North Carolina	NC	634,358	35,921	0	0	0	670,278
35. North Dakota	ND	67,894	0	0	0	0	67,894
36. Ohio	OH	1,025,605	104,873	0	0	0	1,130,478
37. Oklahoma	OK	256,294	19,176	0	0	0	275,470
38. Oregon	OR	85,441	1,360	0	0	0	86,801
39. Pennsylvania	PA	859,795	5,147	9,330	0	0	874,272
40. Rhode Island	RI	37,243	1,625	0	0	0	38,867
41. South Carolina	SC	302,942	16,389	0	0	0	319,331
42. South Dakota	SD	156,054	20,710	0	0	0	176,764
43. Tennessee	TN	883,842	23,046	0	0	0	906,888
44. Texas	TX	1,904,258	146,878	36,057	0	0	2,087,194
45. Utah	UT	68,929	0	0	0	0	68,929
46. Vermont	VT	36,790	0	0	0	0	36,790
47. Virginia	VA	807,288	47,249	0	0	0	854,537
48. Washington	WA	156,613	3,502	0	0	0	160,114
49. West Virginia	WV	194,186	11,904	0	0	0	206,090
50. Wisconsin	WI	983,621	20,255	8,617	0	0	1,012,492
51. Wyoming	WY	18,126	0	0	0	0	18,126
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0
58. Aggregate Other Alien	OT	2,724	0	0	0	0	2,724
59. Total		22,989,805	1,187,695	115,211	0	0	24,292,711

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.00000	98-1308130				1070715 B.C. Unlimited Liability Company	.CAN	NIA	OptumRx Group Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2904092				1st Avenue Pharmacy, Inc.	.WA	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2624551				310 Canyon Medical, LLC	.CA	NIA	Monarch Management Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-2402948				4C Medical Group, PLC	.AZ	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	84-1900997				4C MSO LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	70.000	UnitedHealth Group Incorporated		2
		.00000	35-2607738				5995 Minnetonka, LLC	.DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0515438				ABCO International Holdings, LLC	.DE	NIA	The Advisory Board Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2819189				Access Administrators, Inc.	.TX	NIA	Access HealthSource, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2943370				Access HealthSource Administrators, Inc.	.TX	NIA	Access HealthSource, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2843073				Access HealthSource, Inc.	.TX	NIA	HealthScope Benefits, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1913523				ACN Group IPA of New York, Inc.	.NY	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0015861				ACN Group of California, Inc.	.CA	IA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1446128				Administradora Clínica La Colina S.A.S.	.COL	NIA	Banmédica Internacional SpA	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000	98-1446128				Administradora Clínica La Colina S.A.S.	.COL	NIA	CDC Holdings Colombia S.A.S.	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000	98-1446125				Administradora Country S.A.	.COL	NIA	Banmédica Internacional SpA	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000	98-1446125				Administradora Country S.A.	.COL	NIA	CDC Holdings Colombia S.A.S.	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000	98-1451601				Administradora Médica Centromed S.A.	.CHL	NIA	Vidaintegra S.A.	Ownership	74.250	UnitedHealth Group Incorporated		2
		.00000	20-2598653				Advanced Pharma, Inc.	.TX	NIA	Apothecary Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-4093335				Advanced Surgical Hospital, LLC	.PA	NIA	SCA Southwestern PA, LLC	Ownership	53.450	UnitedHealth Group Incorporated		2
		.00000	74-2642393				Advantage Care Network, Inc.	.DE	NIA	Access HealthSource, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5337115				Advocate Condell Ambulatory Surgery Center, LLC	.IL	NIA	Advocate-SCA Partners, LLC	Ownership	59.645	UnitedHealth Group Incorporated		2
		.00000	82-3113379				Advocate Sherman Ambulatory Surgery Center, LLC	.IL	NIA	Advocate-SCA Partners, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4437931				Advocate Southwest Ambulatory Surgery Center, LLC	.IL	NIA	Advocate-SCA Partners, LLC	Ownership	53.450	UnitedHealth Group Incorporated		2
		.00000	47-4012497				Advocate-SCA Partners, LLC	.DE	NIA	SCA-Illinois, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000					Aeromil Táxi Aéreo Ltda.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Influence	20.000	UnitedHealth Group Incorporated		5
		.00000	45-4171713				AHN Accountable Care Organization, LLC	.IN	NIA	American Health Network of Indiana, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2109566				AHN Central Services, LLC	.IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2582899				AHN Target Holdings, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		2
		.00000	92-0175856				Alaska Spine Center, LLC	.AK	NIA	Alaska Surgery Center, Limited Partnership	Influence	100.000	UnitedHealth Group Incorporated		5
		.00000	92-0080881				Alaska Surgery Center, Inc.	.AK	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-0982396				Alaska Surgery Center, Limited Partnership	.AK	NIA	SCA Alaska Surgery Center, Inc.	Ownership	40.462	UnitedHealth Group Incorporated		
		.00000	98-1447435				Alliansalud Entidad Promotora de Salud S.A.	.COL	IA	Banmédica S.A.	Ownership	76.290	UnitedHealth Group Incorporated		
		.00000	98-1447435				Alliansalud Entidad Promotora de Salud S.A.	.COL	IA	Constructora e Inmobiliaria Magapoq S.A.	Ownership	23.710	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.82406	35-1665915				All Savers Insurance Company	.IN	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-1665915				All Savers Life Insurance Company of California	.CA	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.73130	35-1744596				Alliance Surgical Center, LLC	.FL	NIA	SCA-Alliance, LLC	Ownership	51.290	UnitedHealth Group Incorporated		2
		.00000	27-1367127				Aloha Surgical Center, LLC	.TN	NIA	Surgery Center of Maui, LLC	Ownership	74.000	UnitedHealth Group Incorporated		2
		.00000	63-1231942				Aloha Surgical Center, LLC	.TN	NIA	Surgery Center of Maui, LLC	Ownership	74.000	UnitedHealth Group Incorporated		2
		.00000	65-1095227				Ambient Healthcare, Inc.	.FL	NIA	Ambient Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-2161438				Ambient Holdings, Inc.	.DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4770582				American Health Network of Indiana Care Organization, LLC	.IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-1930805				American Health Network of Indiana II, LLC	.IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.52623	35-2108729				American Health Network of Indiana, LLC	.IN	IA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4132160				American Health Network of Ohio Care Organization, LLC	.OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	31-1424956				American Health Network of Ohio II, LLC	.OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	31-1424957				American Health Network of Ohio, LLC	.OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	54-1743136				AmeriChoice Corporation	.DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	20-3253658				Avella of Tucson II, Inc.	AZ	NIA	Apothecary Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	86-1044712				Avella of Tucson, Inc.	AZ	NIA	Apothecary Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2563332				Avella Patient Access Program, Inc.	AZ	NIA	Apothecary Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4057813				Aveta Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0842394				AxelaCare Intermediate Holdings, LLC	DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	61-1708598				AxelaCare, LLC	DE	NIA	AxelaCare Intermediate Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1097827				B.R.A.S.S. Partnership in Commendam	LA	NIA	Surgery Center Holding, LLC	Ownership	67.940	UnitedHealth Group Incorporated		2
		.00000	98-1462787				Banmedica Colombia SpA	COL	NIA	Banmedica Internacional SpA	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1444151				Banmedica Internacional SpA	CHL	NIA	Banmedica S.A.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000	98-1444151				Banmedica Internacional SpA	CHL	NIA	Saden S.A.	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	98-1444127				Banmedica S.A.	CHL	NIA	Bordeaux Holding SpA	Ownership	98.229	UnitedHealth Group Incorporated		2
		.00000	47-2083076				Beach Surgical Holdings II LLC	CA	NIA	SCA Surgicare of Laguna Hills, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	47-4504390				Beach Surgical Holdings III, LLC	CA	NIA	Surgicare of La Veta, Inc.	Ownership	63.870	UnitedHealth Group Incorporated		2
		.00000	88-0267857				Behavioral Healthcare Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2196889				Belleville Surgical Center, Ltd., an Illinois Limited Partnership	IL	NIA	Surgicare of Belleville, LLC	Ownership	61.200	UnitedHealth Group Incorporated		2
		.00000	42-1485537				Benefit Administration for the Self Employed, L.L.C.	IA	NIA	HealthMarkets, LLC	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	46-1134506				Benefitter Insurance Solutions, Inc.	DE	NIA	HealthMarkets Insurance Agency, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8671994				Bergan Mercy Surgery Center, LLC	NE	NIA	H.I. Investments Holding Company, LLC	Influence	4.800	UnitedHealth Group Incorporated		5
		.00000	47-4349079				Better Health Value Network, LLC	WA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	22-3858211				Bexar Imaging Center, LLC	TX	NIA	WellMed Networks, Inc.	Influence	100.000	UnitedHealth Group Incorporated		5
		.00000	63-0984076				Birmingham Outpatient Surgery Center, Ltd.	AL	NIA	Birmingham Outpatient Surgical Center, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-0984076				Birmingham Outpatient Surgery Center, Ltd., an Alabama Limited Partnership	AL	NIA	Birmingham Outpatient Surgical Center, LLC	Influence	30.220	UnitedHealth Group Incorporated		5
		.00000	63-0847380				Birmingham Outpatient Surgical Center, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	05-0359457				Blackstone Valley Surgicare GP, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1530122				Blue Ridge Day Surgery Center, L.P.	TN	NIA	Blue Ridge GP, LLC	Influence	38.210	UnitedHealth Group Incorporated		5
		.00000	27-2241593				Blue Ridge GP, LLC	NC	NIA	SCA-Blue Ridge, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-1945431				Blue Ridge Properties, LLC	DE	NIA	Blue Ridge GP, LLC	Ownership	38.208	UnitedHealth Group Incorporated		
		.00000	65-0241934				Boca Raton Outpatient Surgery & Laser Center, Ltd.	FL	NIA	Surgery Center of Boca Raton, Inc.	Influence	30.000	UnitedHealth Group Incorporated		5
		.00000	98-1396690				Bordeaux (Barbados) Holdings I, SRL	BRB	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1396559				Bordeaux (Barbados) Holdings II, SRL	BRB	NIA	Bordeaux (Barbados) Holdings I, SRL	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1403634				Bordeaux (Barbados) Holdings III, SRL	BRB	NIA	Bordeaux (Barbados) Holdings II, SRL	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1398490				Bordeaux Holding SpA	CHL	NIA	Aquitania Chilean Holding SpA	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3147824				Bordeaux International Holdings, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1390574				Bordeaux UK Holdings I Limited	GBR	NIA	Bordeaux International Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1391914				Bordeaux UK Holdings II Limited	GBR	NIA	Bordeaux UK Holdings I Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1389224				Bordeaux UK Holdings III Limited	GBR	NIA	Bordeaux UK Holdings II Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1112673				Bosque Medical Center Ltda.	BRA	NIA	Anil Assistencia Médica Internacional S.A.	Ownership	82.880	UnitedHealth Group Incorporated		2
		.00000	98-1112673				Bosque Medical Center Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	17.110	UnitedHealth Group Incorporated		2
		.00000	20-2387834				Brandon Ambulatory Surgery Center, LC	FL	NIA	SCA-Brandon, LLC	Ownership	54.540	UnitedHealth Group Incorporated		2
		.00000	90-0884047				BriovaRx Infusion Services 102, LLC	DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	57-0861358				BriovaRx Infusion Services 200, Inc.	SC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802774				BriovaRx Infusion Services 204, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802779				BriovaRx Infusion Services 209, Inc.	GA	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2565032				BriovaRx Infusion Services 305, LLC	DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-4312858				BriovaRx Infusion Services 402, LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-3918706				BriovaRx Infusion Services, Inc.	DE	NIA	AxelaCare, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4515146				BriovaRx of California, Inc.	CA	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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		.0000	11-3647935				BriovaRx of Florida, Inc.	DE	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-1930321				BriovaRx of Georgia, LLC	AL	NIA	Optum Pharmacy 705, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-2790537				BriovaRx of Louisiana, L.L.C.	LA	NIA	Optum Pharmacy 705, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	01-0516051				BriovaRx of Maine, Inc.	ME	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-3331130				BriovaRx of Massachusetts, LLC	MA	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	74-3103518				BriovaRx of New York, Inc.	NY	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-2719823				BriovaRx of Texas, Inc.	TX	NIA	BriovaRx of Florida, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-4030553				BriovaRx Specialty, LLC	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-4278378				Cabin Enterprises, LLC	DE	NIA	Cabin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-4264867				Cabin Holdings, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-1711131				California Medical Group Insurance Company, Risk Retention Group	AZ	NIA	OptumCare Management, LLC	Ownership	67.000	UnitedHealth Group Incorporated		2
		.0000	61-1732160				California MedTrans Network IPA LLC	CA	NIA	California MedTrans Network MSO LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4780748				California MedTrans Network MSO LLC	CA	NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-0881243				California Spring Holdings, PC	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	52-1597478				Camp Hill Ambulatory Centers	PA	NIA	Camp Hill-SCA Centers, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.0000	52-1597484				Camp Hill-SCA Centers, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-3955254				Capital City Medical Group, L.L.C.	LA	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-1981651				Cardio Management, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8375685				Care Improvement Plus Group Management, LLC	MD	NIA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12558	45-4976934				Care Improvement Plus of Texas Insurance Company	TX	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12567	20-3888112				Care Improvement Plus South Central Insurance Company	AR	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.14041	27-5038136				Care Improvement Plus Wisconsin Insurance Company	WI	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1328471				Casa de Saúde Santa Therezinha Ltda.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.990	UnitedHealth Group Incorporated		2
		.0000	98-1328471				Casa de Saúde Santa Therezinha Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	0.000	UnitedHealth Group Incorporated		2
		.0000	82-5207935				Castle Rock SurgiCenter, LLC	CO	NIA	SCA-Castle Rock, LLC	Ownership	62.080	UnitedHealth Group Incorporated		2
		.0000	20-5807941				Catalyst360, LLC	DE	NIA	Optum Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Catamaran Finance (Ireland) Unlimited Company	IRL	NIA	Catamaran S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1069737				Catamaran S.á.r.l.	LUX	NIA	UnitedHealthcare International II S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-1715584				CCEC Anesthesia Management, LLC	TX	NIA	Corpus Christi Endoscopy Center, L.L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2533497				CDC Holdings Colombia S.A.S.	COL	NIA	Bordeaux UK Holdings II Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1111491				Cedar Park Surgery Center, LLC	TX	NIA	SCA Cedar Park Holdings, LLC	Ownership	53.520	UnitedHealth Group Incorporated		2
		.0000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	99.990	UnitedHealth Group Incorporated		2
		.0000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	0.000	UnitedHealth Group Incorporated		2
		.0000	33-0483510				Centers for Family Medicine, GP	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	98-1448150				Central de Compras SpA	CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-4131797				Central Indiana Care Organization, LLC	IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-5600514				Central Ohio Care Organization, LLC	OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-1080342				CentriflyHealth, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1390073				CentriHealth Corporation	CAN	NIA	CentriflyHealth, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					CentriHealth UK Limited	GBR	NIA	CentriflyHealth, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Centro de Entrenamiento en Reanimación y Prevención Limitada (CERP)	CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000					Centro de Entrenamiento en Reanimación y Prevención Limitada (CERP)	CHL	NIA	Servicios Integrados de Salud Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	98-1450490				Centro de Servicios Compartidos Banmédica S.A.	.CHL	NIA	Banmédica S.A.	Ownership	99.900	UnitedHealth Group Incorporated		1
		.00000					Centro Médico Hospitalar Pitangueiras Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Centro Médico Hospitalar Pitangueiras Ltda.	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	0.001	UnitedHealth Group Incorporated		
		.00000	98-1457197				Centro Médico Odontológico Americano S.A.C.	.PER	NIA	Pacífico S.A. Entidad Prestadora de Salud	Ownership	80.000	UnitedHealth Group Incorporated		1
		.00000	98-1451635				Centromed Quilpué S.A.	.CHL	NIA	Administradora Médica Centromed S.A.	Ownership	93.450	UnitedHealth Group Incorporated		2
		.00000					Centros Médicos y Dentales Multimed Ltda.	.CHL	NIA	Omesa S.A.	Ownership	99.990	UnitedHealth Group Incorporated		
		.00000					Centros Médicos y Dentales Multimed Ltda.	.CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	0.010	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.42765	42-1194107				Centurion Casualty Company	.IA	IA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1454664				Channel Islands Surgicenter Properties, LLC	.DE	NIA	SCA Holding Company, Inc.	Ownership	62.743	UnitedHealth Group Incorporated		2
		.00000					Charleston Surgery Center Limited Partnership	.SC	NIA	SCA-Charleston, LLC	Influence	20.340	UnitedHealth Group Incorporated		5
		.00000	82-3973199				Charleston Surgery Properties, LLC	.DE	NIA	SCA-Charleston, LLC	Ownership	50.850	UnitedHealth Group Incorporated		2
		.00000	56-1449531				Charlotte Surgery Center, LLC	.NC	NIA	Charlotte-SC, LLC	Influence	16.509	UnitedHealth Group Incorporated		5
		.00000					Charlotte Surgery Properties, Limited Partnership	.NC	NIA	SCA-Mecklenburg Development Corp.	Influence	14.000	UnitedHealth Group Incorporated		5
		.00000	56-1449532				Charlotte Surgery Properties, Limited Partnership	.NC	NIA	SC Affiliates, LLC	Influence	4.000	UnitedHealth Group Incorporated		5
		.00000	62-1262567				Charlotte-SC, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2389638				Childrens Surgery Center, LLC	.FL	NIA	SCA-Central Florida, LLC	Ownership	52.202	UnitedHealth Group Incorporated		2
		.00000	98-1093539				ChinaGate (Hong Kong) Limited	.CHN	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1510209				Citrus Regional Surgery Center, L.P.	.TN	NIA	SCA-Citrus, Inc.	Ownership	57.000	UnitedHealth Group Incorporated		2
		.00000	20-3742012				Cleburne Surgical Center, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1459640				Clínica Alameda S.A.	.CHL	NIA	Vidaintegra S.A.	Ownership	99.841	UnitedHealth Group Incorporated		
		.00000	98-1459640				Clínica Alameda S.A.	.CHL	NIA	Saden S.A.	Ownership	0.159	UnitedHealth Group Incorporated		
		.00000	98-1443171				Clínica Bio Bio S.A.	.CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1442191				Clínica Ciudad del Mar S.A.	.CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1446132				Clínica Dávila y Servicios Médicos S.A.	.CHL	NIA	Banmédica S.A.	Ownership	99.991	UnitedHealth Group Incorporated		
		.00000	98-1446132				Clínica Dávila y Servicios Médicos S.A.	.CHL	NIA	Clínica Santa María S.A.	Ownership	0.009	UnitedHealth Group Incorporated		
		.00000					Clínica del Country S.A.	.COL	NIA	Banmédica Internacional SpA	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000					Clínica del Country S.A.	.COL	NIA	CDC Holdings Colombia S.A.S.	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000					Clínica Iquique S.A.	.CHL	NIA	Banmédica S.A.	Influence	13.080	UnitedHealth Group Incorporated		5
		.00000	98-1350667				Clínica Médico Cirúrgica de Santa Tecla, S.A.	.PRT	NIA	Lusidas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Clínica Portoazul S.A.	.COL	NIA	Clínica del Country S.A.	Influence	27.700	UnitedHealth Group Incorporated		5
		.00000					Clínica San Borja (La Esperanza del Perú S.A.)	.PER	NIA	Pacífico S.A. Entidad Prestadora de Salud	Ownership	99.990	UnitedHealth Group Incorporated		1
		.00000	98-1462343				Clínica San Felipe S.A.	.PER	NIA	Pacífico S.A. Entidad Prestadora de Salud	Ownership	93.740	UnitedHealth Group Incorporated		1
		.00000	98-1455936				Clínica Sánchez Ferrer S.A.	.PER	NIA	Pacífico S.A. Entidad Prestadora de Salud	Ownership	99.990	UnitedHealth Group Incorporated		1
		.00000	98-1442754				Clínica Santa María S.A.	.CHL	NIA	Banmédica S.A.	Ownership	99.433	UnitedHealth Group Incorporated		2
		.00000	98-1442745				Clínica Vespuccio S.A.	.CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2879718				Clinical Partners of Colorado Springs, LLC	.CO	NIA	OptumCare Colorado, LLC	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	20-2236024				Clinton Partners, LLC	.MI	NIA	HFHS-SCA Holdings, LLC	Ownership	52.740	UnitedHealth Group Incorporated		
		.00000	98-1350671				CLISA – Clínica de Santo António, S.A.	.PRT	NIA	Lusidas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1337968				CMO – Centro Médico de Oftalmología S/S Ltda.	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000	98-1337968				CMO – Centro Médico de Oftalmología S/S Ltda.	.BRA	NIA	Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	98-1277015				CMS – Central de Manipulação e Serviços Farmacêuticos S.A.	.BRA	NIA	COI – Clínicas Oncológicas Integradas S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	71-0873411				CNIC Health Solutions, Inc.	.CO	NIA	Rocky Mountain Health Maintenance Organization, Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	56-2674371				Coachella Valley Physicians of PrimeCare, Inc.	CA	NIA	PrimeCare of Riverside, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	DE	NIA	OptumRx Health Solutions, LLC	Ownership	93.266	UnitedHealth Group Incorporated		
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	DE	NIA	OptumRx PBM of Maryland, LLC	Ownership	5.341	UnitedHealth Group Incorporated		
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	DE	NIA	Optum Hospice Pharmacy Services, LLC	Ownership	1.277	UnitedHealth Group Incorporated		
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	DE	NIA	OptumRx Home Delivery of Ohio, LLC	Ownership	0.116	UnitedHealth Group Incorporated		
		.00000	33-0714414				Coastal Physicians Management, Inc.	CA	NIA	OptumCare Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1276040				COI - Clínicas Oncológicas Integradas S.A.	BRA	NIA	COI Participações S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2337616				Collaborative Care Holdings, LLC	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2337487				Collaborative Care Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-2614005				Collaborative Realty, LLC	NY	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Colmedica Medicina Prepagada	COL	NIA	Banmedica S.A.	Ownership	76.270	UnitedHealth Group Incorporated		
		.00000					Colmedica Medicina Prepagada	COL	NIA	Constructora e Inmobiliaria Magapoq S.A.	Ownership	23.730	UnitedHealth Group Incorporated		
		.00000	83-1529015				Colonial Outpatient Surgery Center, LLC	FL	NIA	SCA-Colonial Partners, LLC	Ownership	53.000	UnitedHealth Group Incorporated		
		.00000					Colorado Innovative Physician Solutions, Inc.	CO	NIA	OptumCare Colorado, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-1636677				Colorado Springs Surgery Center, Ltd.	CO	NIA	SCA-Colorado Springs, LLC	Ownership	95.000	UnitedHealth Group Incorporated		2
		.00000	84-1160450				Comfort Care Transportation, LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-3647007				Connecticut Surgery Center, Limited Partnership	CT	NIA	Connecticut Surgical Center, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	06-1592173				Connecticut Surgery Properties, LLC	DE	NIA	Connecticut Surgical Center, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1313646				Connecticut Surgical Center, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	62.250	UnitedHealth Group Incorporated		2
		.00000	06-1156342				Constructora e Inmobiliaria Magapoq S.A.	CHL	NIA	Banmedica S.A.	Ownership	99.900	UnitedHealth Group Incorporated		
		.00000	98-1448720				Constructora e Inmobiliaria Magapoq S.A.	CHL	NIA	Inmobiliaria Apoquindo 3600 Ltda.	Ownership	0.100	UnitedHealth Group Incorporated		
		.00000	98-1448720				Constructora e Inmobiliaria Magapoq S.A.	CHL	NIA	Optum Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0231080				Consumer Wellness Solutions, Inc.	DE	NIA	Clínica Dávila y Servicios Médicos S.A.	Influence	20.000	UnitedHealth Group Incorporated		5
		.00000					Convenio Regenero S.A.	CHL	NIA	Providence & SCA Off-Campus Holdings, LLC	Ownership	55.000	UnitedHealth Group Incorporated		
		.00000	83-2599969				Cornell Surgicenter, LLC	OR	NIA	SCA Pacific Holdings, Inc.	Ownership	18.500	UnitedHealth Group Incorporated		
		.00000	20-2595593				Corpus Christi Endoscopy Center, L.L.P.	TX	NIA	Patrimonio Autónomo Nueva Clínica - PANC	Ownership	51.800	UnitedHealth Group Incorporated		2
		.00000					Country Scan Ltda.	COL	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-0080565				Cypress Care, Inc.	DE	NIA	AHN Target Holdings, LLC	Influence	0.045	UnitedHealth Group Incorporated		5
		.00000	45-2678686				Damon Dialysis, LLC	GA	NIA	SCA Danbury Surgical Center, LLC	Ownership	50.419	UnitedHealth Group Incorporated		2
		.00000	63-1263704				Danbury Surgical Center, L.P.	GA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	81-5101448				David Moen, M.D. P.C.	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	45-2380022				David R. Ferrell, M.D., P.C.	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	11-2811353				Day-Op Center Of Long Island Inc.	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	75-2790863				Day-Op Surgery Consulting Company, LLC	DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1811176				DBP Services of New York IPA, Inc.	NY	NIA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1452809				Dental Benefit Providers of California, Inc.	CA	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	52053	36-4008355				Dental Benefit Providers of Illinois, Inc.	IL	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-2014834				Dental Benefit Providers, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Denton Endoscopy Surgery Center, LLC	TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	47-0926556				Denton Surgery Center, LLC	TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	82-1436601				Derry Surgical Center, LLC	NH	NIA	SCA-Derry, LLC	Ownership	71.000	UnitedHealth Group Incorporated		2
		.00000	98-1460401				Diagnóstico Ecotomográfico Centromed Ltda.	CHL	NIA	Administradora Médica Centromed S.A.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	98-1460347				Diasnóstico por Imágenes Centromed Ltda.	CHL	NIA	Administradora Médica Centromed S.A.	Ownership	93.340	UnitedHealth Group Incorporated		
		.00000	98-1460347				Diasnóstico por Imágenes Centromed Ltda.	CHL	NIA	Centromed Quilpué S.A.	Ownership	6.660	UnitedHealth Group Incorporated		
		.00000	33-0292435				Digestive Disease Center, L.P.	CA	NIA	Beach Surgical Holdings LLC	Ownership	51.000	UnitedHealth Group Incorporated		
		.00000	98-1285762				Di Lab Medicina Nuclear Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	95.000	UnitedHealth Group Incorporated		2

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		.0000	30-0238641				Distance Learning Network, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Doctor + S.A.C.	PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	99.900	UnitedHealth Group Incorporated		1
		.0000	82-5264853				Dry Creek Surgery Center, LLC	CO	NIA	SCA-DRY CREEK, LLC	Ownership	55.000	UnitedHealth Group Incorporated		2
		.0000	82-5181311				DTC Surgery Center, LLC	CO	NIA	SCA-Denver Physicians Holdings, LLC	Ownership	55.000	UnitedHealth Group Incorporated		2
		.0000	27-2103713				Dublin Surgery Center, LLC	OH	NIA	SCA-Dublin, LLC	Ownership	58.800	UnitedHealth Group Incorporated		2
		.0000					Duncan Printing Services, LLC	SC	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	04-3106404				Durable Medical Equipment, Inc.	MA	NIA	Reliant Medical Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	59-3625966				DWIC of Tampa Bay, Inc.	FL	NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	59-3705426				E Street Endoscopy, LLC	FL	NIA	West Coast Endoscopy Holdings, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.0000	95-4660712				Ear Professionals International Corporation	DE	NIA	Specialty Benefits, LLC	Ownership	0.002	UnitedHealth Group Incorporated		2
		.0000	02-0593133				East Brunswick Surgery Center, LLC	NJ	NIA	ASC Holdings of New Jersey, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.0000	71-0923682				eCode Solutions, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	84-1162764				Electronic Network Systems, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1339173				Elual Participações S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	60.000	UnitedHealth Group Incorporated		
		.0000	98-1339173				Elual Participações S.A.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	40.000	UnitedHealth Group Incorporated		
		.0000	83-1806511				Emmaus Holdings, LLC	NJ	NIA	SCA-New Jersey, LLC	Influence	29.940	UnitedHealth Group Incorporated		5
		.0000	33-0181426				Empire Physician Management Company, LLC	CA	NIA	North American Medical Management California, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0181426				Empire Physicians' Medical Group, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	26-4682368				Employers' Health Choice PPO, Inc.	AR	NIA	HealthScope Benefits, Inc.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.0000					Empremédica S. A.	PER	NIA	Banmédica S.A.	Ownership	99.990	UnitedHealth Group Incorporated		1
		.0000	47-3495605				Endoscopy Center Affiliates, Inc.	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.89087	75-1617708				Enterprise Life Insurance Company	TX	IA	Freedom Life Insurance Company of America	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2607738				EP Campus I, LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-0732646				Equian Parent Corp.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-0083277				Equian, LLC	IN	NIA	Equian Parent Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Esho - Empresa de Serviços Hospitalares S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	99.667	UnitedHealth Group Incorporated		2
		.0000					Etho - Empresa de Tecnologia Hospitalar Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	90.060	UnitedHealth Group Incorporated		2
		.0000	98-1122399				Evercare Collaborative Solutions, Inc.	DE	NIA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	86-0964571				Everett MSO, Inc.	WA	NIA	OptumCare Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-1070402				Everett Physicians, Inc. P.S.	WA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	81-1625636							Esho - Empresa de Serviços Hospitalares S.A.	Ownership	99.690	UnitedHealth Group Incorporated		2
		.0000	98-1111239				Excellion Serviços Biomédicos Ltda.	BRA	NIA	S.A.	Ownership	99.690	UnitedHealth Group Incorporated		2
		.0000	20-0087132				Excelsior Insurance Brokerage, Inc.	DE	NIA	HealthMarkets Insurance Agency, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	11-3669765				Executive Health Resources, Inc.	PA	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0701899				Executive Surgery Center, LLC	TX	NIA	SCA-Houston Executive, LLC	Ownership	53.850	UnitedHealth Group Incorporated		2
		.0000	98-1259260				Exploration for Mine Clearance LLC	IRQ	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Eye Clinic Oftalmologia Clínico Cirúrgica e Diagnóstico Ltda.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.990	UnitedHealth Group Incorporated		
		.0000					Eye Clinic Oftalmologia Clínico Cirúrgica e Diagnóstico Ltda.	BRA	NIA	Lotten-Eyes Oftalmologia Clínica e Cirúrgica Ltda.	Ownership	0.010	UnitedHealth Group Incorporated		
		.0000	88-0223385				Family Health Care Services	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0257036				Family Home Hospice, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	56-1754482				Fayetteville Ambulatory Surgery Center, L.P.	NC	NIA	NSC Fayetteville, LLC	Influence	46.240	UnitedHealth Group Incorporated		5
		.0000					Fideicomiso Clínica Barranquilla Portozul FA-517	COL	NIA	Clínica del Country S.A.	Influence	28.360	UnitedHealth Group Incorporated		5
		.0000	47-2066485				First Hill Surgery Center, LLC	WA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	62-1551098				Florence Surgery Center, L.P.	TN	NIA	SCA-Florence, LLC	Ownership	30.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	32-0432993				Florida MedTrans Network LLC	FL	NIA	Florida MedTrans Network MSO LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4778512				Florida MedTrans Network MSO LLC	FL	NIA	Metropolitan Medical Transportation IPA, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2456267				FMG Holdings, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	98.704	UnitedHealth Group Incorporated		
		.00000	35-2456267				FMG Holdings, LLC	DE	NIA	Hygeia Corporation	Ownership	1.296	UnitedHealth Group Incorporated		
		.00000	86-0908902				For Health of Arizona, Inc.	AZ	NIA	For Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0766617				For Health, Inc.	DE	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	68-0116391				Fort Sutter Surgery Center, a California Limited Partnership	CA	NIA	ASC Operators, LLC	Influence	53.000	UnitedHealth Group Incorporated		5
		.00000	77-0368346				Fort Worth Endoscopy Centers, LLC	TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	86-0901608				Fortified Provider Network, Inc	AZ	NIA	Equian Buyer Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	86-0901608				Fortified Provider Network, Inc.	AZ	NIA	Equian Parent Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0695411				Fortify Technologies Asia, LLC	PHL	NIA	Savvysherpa, LLC	Ownership	99.990	UnitedHealth Group Incorporated		2
		.00000	27-0695411				Fortify Technologies, LLC	MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2193766				Foundation Financial Services, Inc.	NV	NIA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3412606				Franklin Surgical Center, LLC	NJ	NIA	SCA-Franklin, LLC	Ownership	52.640	UnitedHealth Group Incorporated		2
.0707	UnitedHealth Group Incorporated	.62324	61-1096685				Freedom Life Insurance Company of America	TX	IA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3453993				Freeway Surgicenter of Houston, LLC	TX	NIA	SCA-Freeway Holdings, LLC	Ownership	59.320	UnitedHealth Group Incorporated		2
		.00000	98-1172769				Frontier Medex Tanzania Limited	TZA	NIA	Limited	Ownership	99.000	UnitedHealth Group Incorporated		2
		.00000	68-0679514				FrontierMEDEX (RMS), Inc.	DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-5339512				FrontierMEDEX Government Services, LLC	DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1147103				FrontierMEDEX Kenya Limited	KEN	NIA	Limited	Ownership	99.900	UnitedHealth Group Incorporated		
		.00000	98-1147103				FrontierMEDEX Kenya Limited	KEN	NIA	UnitedHealthcare International I B.V.	Ownership	0.100	UnitedHealth Group Incorporated		
		.00000	98-1101521				FrontierMEDEX Limited	IRQ	NIA	Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-1219808				FrontierMEDEX US, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-1219808				FrontierMEDEX US, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	35.277	UnitedHealth Group Incorporated		
		.00000	33-1219808				FrontierMEDEX US, Inc.	DE	NIA	FMG Holdings, LLC	Ownership	14.723	UnitedHealth Group Incorporated		
		.00000	52-2230470				FrontierMEDEX, Inc.	MN	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-0833765				Fundación Barmédica	CHL	NIA	Barmédica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1488653				Gadsden Surgery Center, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1600268				Gadsden Surgery Center, Ltd.	AL	NIA	Gadsden Surgery Center, LLC	Ownership	58.500	UnitedHealth Group Incorporated		2
		.00000	27-0556097				Gainesville Surgery Center, L.P.	TN	NIA	SCA-Northeast Georgia Health, LLC	Ownership	87.000	UnitedHealth Group Incorporated		2
		.00000	38-4034308				Gainesville Surgery Properties, LLC	DE	NIA	Gainesville Surgery Center, L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3851949				Genoa Healthcare LLC	PA	NIA	Specialized Pharmaceuticals, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-5009764				Genoa Healthcare, Inc.	DE	NIA	OptumRx Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-4034308				Genoa of Arkansas, LLC	AR	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-3010132				Genoa Technology (Canada) Inc.	CAN	NIA	Genoa Technology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-0920164				Genoa Technology, Inc.	DE	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-1025514				Genoa Telepsychiatry, Inc.	DE	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-1025514				Genoa, QoL Wholesale, LLC	DE	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3495605				gethealthinsurance.com Agency Inc.	IN	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1601450				Gladiolus Surgery Center, L.L.C.	FL	NIA	SCA-Gladiolus, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-0855360				Gladiolus Surgery Center, LLC	FL	NIA	SCA-Gladiolus, LLC	Influence	46.000	UnitedHealth Group Incorporated		5
		.00000	33-0529450				GLBESC, LLC	DE	NIA	Beach Surgical Holdings LLC	Ownership	51.282	UnitedHealth Group Incorporated		
		.00000	62-1601450				Glenwood Surgical Center, L.P.	CA	NIA	Glenwood-SC, Inc.	Ownership	56.730	UnitedHealth Group Incorporated		2
		.00000	20-3420886				Glenwood-SC, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-0855360				Golden Outlook, Inc.	CA	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.62286	37-6028756	3057283			Golden Rule Financial Corporation	DE	UDP	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0529450				Golden Rule Insurance Company	IN	RE	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1597483				Golden Triangle Surgicenter, L.P.	CA	NIA	Surgery Centers-West Holdings, LLC	Ownership	72.000	UnitedHealth Group Incorporated		2
		.00000					Grandview Surgery Center, LTD.	PA	NIA	Camp Hill Ambulatory Centers	Influence	41.990	UnitedHealth Group Incorporated		5

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		.0000	93-1237063				GRANTS PASS SURGERY CENTER, LLC	OR	NIA	SCA-GRANTS PASS, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.0000					Grapevine Finance LLC	DE	NIA	HealthMarkets, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Greater Hartford ASC, LLC	CT	NIA	SCA-Palm Beach MSO Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2337725				Greater Phoenix Collaborative Care, P.C.	AZ	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	36-4053840				Greensboro Specialty Surgery Center, LLC	NC	NIA	NSC Greensboro West, LLC	Influence	50.100	UnitedHealth Group Incorporated		5
		.0000	74-2411643				Greenville Surgery Center, LLC	TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	33-0749339				Grossmont Surgery Center, L.P.	CA	NIA	Medical Surgical Centers of America, Inc.	Influence	33.280	UnitedHealth Group Incorporated		5
		.0000	33-0749339				Grossmont Surgery Center, L.P.	CA	NIA	SunSurgery, LLC	Influence	1.000	UnitedHealth Group Incorporated		5
		.0000	01-0619096				Grove Place Surgery Center, L.L.C.	FL	NIA	SCA-Grove Place, LLC	Ownership	70.710	UnitedHealth Group Incorporated		2
		.0000	98-0213198				H&W Indemnity (SPC), Ltd.	GM	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-1227494				H.I. Investments Holding Company, LLC	DE	NIA	Health Inventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.79480	35-1279304				Harken Health Insurance Company	WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2065044				Hawthorn Place Outpatient Surgery Center, L.P.	GA	NIA	SHC Hawthorn, Inc.	Ownership	38.000	UnitedHealth Group Incorporated		
		.0000	82-3834685				Hayes-Strub, LLC	OH	NIA	Formation Documents Pending	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	27-4579547				Hays Surgery Center, LLC	TX	NIA	SCA Hays Holdings, LLC	Ownership	27.861	UnitedHealth Group Incorporated		
		.0000	27-0549481				hCentive Technology India Private Limited	IND	NIA	hCentive, Inc.	Ownership	9.999	UnitedHealth Group Incorporated		2
		.0000	27-0549481				hCentive Technology India Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.001	UnitedHealth Group Incorporated		2
		.0000	27-0549481				hCentive, Inc.	DE	NIA	Optum Government Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3007213				HCP ACO California, LLC	CA	NIA	OptumCare ACO Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3007213				HCP ACO Nevada, LLC	NV	NIA	OptumCare ACO Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3007484				Health Care-ONE Agency, Inc.	CA	NIA	USHEALTH Career Agency, Inc.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.0000	33-0673883				Health Care-ONE Insurance Agency, Inc.	CA	NIA	USHEALTH Career Agency, Inc.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.0000	20-5944768				Health Inventures Employment Solutions, LLC	DE	NIA	Health Inventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	04-3723090				Health Inventures, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96342	88-0201035				Health Plan of Nevada, Inc.	NV	IA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	95-4763349				HealthAllies, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	95-4526112				HealthCare Partners Affiliates Medical Group								
		.0000	95-4628842				HealthCare Partners ASC-LB, LLC	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	45-5273760				HealthCare Partners Associates Medical Group, P.C.	CA	NIA	OptumCare Management, LLC	Ownership	99.000	UnitedHealth Group Incorporated		2
		.0000	47-5274363				HealthCare Partners Management Services California, LLC	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	88-0213519				HealthCare Partners Medical Group (Coats), Ltd.	CA	NIA	OptumCare Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	95-4340584				HealthCare Partners Medical Group, P.C.	NV	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	46-5349193				Healthcare Partners Plan of Nevada, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	81-1080535				HealthCare Partners RE, LLC	NV	NIA	OptumCare Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	77-0693060				Healthcare Solutions, Inc.	DE	NIA	OptumCare Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-3349887				HealthEast Surgery Center-Maplewood, LLC	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-2570595				HealthFirst IPA, Inc.	MN	NIA	H.I. Investments Holding Company, LLC	Influence	25.962	UnitedHealth Group Incorporated		5
		.0000	27-0277771				HealthMarkets Group, Inc.	CO	NIA	New West Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-3774112				HealthMarkets Insurance Agency, Inc.	DE	NIA	HealthMarkets, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-1131431				HealthMarkets NewCo, Inc.	DE	NIA	HealthMarkets Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2044750	4346649			HealthMarkets Services, Inc.	DE	NIA	HealthMarkets, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	71-0847266				HealthMarkets, Inc.	DE	NIA	HealthMarkets Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-1409110				HealthSCOPE Benefits, Inc.	DE	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	83-2722254				HealthSCOPE Holdings, Inc.	DE	NIA	HealthMarkets, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1443161				Heartland Heart and Vascular, LLC	DE	NIA	HealthSCOPE Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Help S.A.	CHL	NIA	UMR, Inc.	Ownership	80.000	UnitedHealth Group Incorporated		2
		.0000					Help Service S.A.	CHL	NIA	SCA Heartland Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000								Banmedica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000								Banmedica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		

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		.00000				Hemonefro – Hemodiálise e Nefrologia Ltda		BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Influence	28.500	UnitedHealth Group Incorporated		5
		.00000	46-5291602			HFHS-SCA Holdings, LLC		MI	NIA	SC Affiliates, LLC	Ownership	49.000	UnitedHealth Group Incorporated		
		.00000	84-1472832			Highlands Ranch Healthcare, LLC		CO	NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000				HMI NewCo, LLC		DE	NIA	HealthMarkets NewCo, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1452260			Home Medical S.A.		CHL	NIA	Help S.A.	Ownership	99.998	UnitedHealth Group Incorporated		
		.00000	98-1452260			Home Medical S.A.		CHL	NIA	Saden S.A.	Ownership	0.002	UnitedHealth Group Incorporated		
		.00000				Homecare Dimensions of Florida, Inc.		TX	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000				Homecare Dimensions, Inc.		TX	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	20-8910978			Hospice Inspiris Holdings, Inc.		TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1286038			Hospitais Associados de Pernambuco Ltda.		BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1286038			Hospitais Associados de Pernambuco Ltda.		BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000				Hospital Alvorada de Taguatinga Ltda.		BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	83.870	UnitedHealth Group Incorporated		2
		.00000				Hospital Alvorada de Taguatinga Ltda.		BRA	NIA	Bosque Medical Center Ltda.	Ownership	8.620	UnitedHealth Group Incorporated		2
		.00000				Hospital Alvorada de Taguatinga Ltda.		BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	7.490	UnitedHealth Group Incorporated		2
		.00000	98-1389272			Hospital Ana Costa S.A.		BRA	NIA	Piano de Saúde Ana Costa Ltda.	Ownership	99.700	UnitedHealth Group Incorporated		2
		.00000	98-1389272			Hospital Ana Costa S.A.		BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	0.204	UnitedHealth Group Incorporated		2
		.00000	98-1310065			Hospital de Clínicas de Jacarepaguá Ltda.		BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1310065			Hospital de Clínicas de Jacarepaguá Ltda.		BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1332673			Hospital Santa Helena S.A.		BRA	NIA	Eual Participações S.A.	Ownership	65.210	UnitedHealth Group Incorporated		2
		.00000	98-1332673			Hospital Santa Helena S.A.		BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	33.600	UnitedHealth Group Incorporated		2
		.00000	26-2912304			Humedica, Inc.		DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4331825			Hygeia Corporation		DE	NIA	UnitedHealth International, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1106075			Hygeia Corporation (Ontario)		CAN	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-1341098			Illinois Independent Care Network		DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1122694			Imed Star – Serviços de Desempenho Organizacional Ltda.		BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1122694			Imed Star – Serviços de Desempenho Organizacional Ltda.		BRA	NIA	UHG Brasil Participações S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	20-4351923			Impel Consulting Experts, L.L.C.		TX	NIA	Impel Management Services, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2574317			Impel Management Services, L.L.C.		TX	NIA	USMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-3296953			IN Style OPTICAL, LLC		MA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	62-1484043			Indian River Surgery Center, Ltd.		FL	NIA	Endoscopy Center Affiliates, Inc.	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	26-0711388			Indian River Surgery Properties, LLC		FL	NIA	Surgery Center of Vero Beach, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4132005			Indiana Care Organization, LLC		IN	NIA	AHJ Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1641102			Ingram & Associates, LLC		TN	NIA	Optum360, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0618077			Inland Faculty Medical Group, Inc.		CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	33-0018673			Inland Surgery Center, L.P.		CA	NIA	Redlands Ambulatory Surgery Center	Influence	51.000	UnitedHealth Group Incorporated		5
		.00000				Imobiliária Apoquindo 3001 S.A.		CHL	NIA	Imobiliária Apoquindo S.A.	Ownership	99.999	UnitedHealth Group Incorporated		
		.00000				Imobiliária Apoquindo 3001 S.A.		CHL	NIA	Vida Tres Internacional S.A.	Ownership	0.001	UnitedHealth Group Incorporated		
		.00000	98-1458683			Imobiliária Apoquindo 3600 Ltda.		CHL	NIA	Banmédica S.A.	Ownership	99.700	UnitedHealth Group Incorporated		
		.00000	98-1458683			Imobiliária Apoquindo 3600 Ltda.		CHL	NIA	Imobiliária Apoquindo 3001 S.A.	Ownership	0.300	UnitedHealth Group Incorporated		
		.00000	98-1443174			Imobiliária Apoquindo S.A.		CHL	NIA	Banmédica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1458682			Imobiliária Clínica Santa María S.A.		CHL	NIA	Banmédica S.A.	Ownership	99.433	UnitedHealth Group Incorporated		2
		.00000	98-1454653			Imobiliária e Inversiones Alameda S.A.		CHL	NIA	Banmédica S.A.	Ownership	99.980	UnitedHealth Group Incorporated		
		.00000	98-1454653			Imobiliária e Inversiones Alameda S.A.		CHL	NIA	Saden S.A.	Ownership	0.020	UnitedHealth Group Incorporated		
		.00000	98-1460922			Imobiliária Viñamed Ltda.		CHL	NIA	Administradora Médica Centromed S.A.	Ownership	99.900	UnitedHealth Group Incorporated		2
		.00000	47-5640889			INOVS Surgical at Memorial City, LLC		TX	NIA	Memorial City Partners, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	88-0482274				InPharmative, Inc.	.NV	NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-2563134				Inspiris Medical Services of New Jersey, P.C.	.NJ	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	27-1561674				INSPIRIS of Michigan Medical Services, P.C.	.MI	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	13-4138668				INSPIRIS of New York IPA, Inc.	.NY	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	13-4138665				INSPIRIS of New York Management, Inc.	.NY	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	13-4168739				INSPIRIS of New York Medical Services, P.C.	.NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	26-2895670				INSPIRIS of Pennsylvania Medical Services, P.C.	.PA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	26-2885572				INSPIRIS of Texas Physician Group	.TX	NIA	Optum Care Services Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0766366				Inspiris, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Instituto do Radium de Campinas Ltda	.BRA	NIA	COI – Clínicas Oncológicas Integradas S.A.	Ownership	99.990	UnitedHealth Group Incorporated		
		.0000					Instituto do Radium de Campinas Ltda	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	0.010	UnitedHealth Group Incorporated		
		.0000	98-1452273				Inversiones Clínicas Santa María S.A.	.CHL	NIA	Banmédica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Ironman Holdco II, LLC	.DE	NIA	OptumHealth Holdings, LLC	Influence	41.300	UnitedHealth Group Incorporated		.5
		.0000	98-1448096				Isapre Banmédica S.A.	.CHL	IA	Banmédica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Isapre Vida Tres S.A.	.CHL	IA	Banmédica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-5337793				Johnston Surgicare, L.P.	.RI	NIA	Blackstone Valley Surgicare GP, LLC	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000	20-5337793				Johnston Surgicare, L.P.	.RI	NIA	Surgery Center Holding, LLC	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000	74-2544709				Joliet Surgery Center Limited Partnership	.IL	NIA	Surgicare of Joliet, Inc.	Ownership	55.030	UnitedHealth Group Incorporated		.2
		.0000	92-0179889				Knox Diagnostic Imaging Center, LLC	.OH	NIA	American Health Network of Ohio, LLC	Influence	42.000	UnitedHealth Group Incorporated		.5
		.0000	98-1456202				Laboratorio ROE S.A.	.PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	99.990	UnitedHealth Group Incorporated		.1
		.0000					Laboratorios Médicos Amed Quilpué S.A.	.CHL	NIA	Centromed Quilpué S.A.	Ownership	99.900	UnitedHealth Group Incorporated		
		.0000					Laboratorios Médicos Amed Quilpué S.A.	.CHL	NIA	Servicios Médicos Amed Quilpué S.A.	Ownership	0.100	UnitedHealth Group Incorporated		
		.0000	61-1028180				Lexington Surgery Center, Ltd.	.KY	NIA	Surgery Center of Lexington, LLC	Influence	73.000	UnitedHealth Group Incorporated		.5
		.0000	36-3468942				LGH-A/GOLF ASTC, L.L.C.	.IL	NIA	Advocate-SCA Partners, LLC	Influence	36.950	UnitedHealth Group Incorporated		.5
		.0000	81-4465348				Liberty Anesthesia Services, LLC	.IL	NIA	SCA-Winchester, LLC	Influence	25.000	UnitedHealth Group Incorporated		.5
		.0000					Life Styles Marketing Group, Inc.	.DE	NIA	USHEALTH Career Agency, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Lifepoint Accountable Care Organization, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	32-0409538				Lifepoint East, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3143218				Lifepoint Health, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2309024				LifeStyles Marketing Group, Inc.	.DE	NIA	USHEALTH Career Agency, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2225187				Lifewell, Ltd. Co.	.GA	NIA	HealthScope Benefits, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2305878				Lifewell, Ltd. Co.	.GA	NIA	HealthScope Benefits, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2305878				Lifewell, Ltd. Co.	.GA	NIA	HealthScope Benefits, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Litomédica S.A.	.COL	NIA	Clínica del Country S.A.	Influence	0.930	UnitedHealth Group Incorporated		.5
		.0000	39-1974851				Logistics Health, Inc.	.WI	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1337963				Lotten-Eyes Oftalmologia Clínica e Cirurgica Ltda	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda	Ownership	99.990	UnitedHealth Group Incorporated		.2
		.0000	98-1337963				Lotten-Eyes Oftalmologia Clínica e Cirurgica Ltda	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	0.000	UnitedHealth Group Incorporated		.2
		.0000	98-1179566				Louisville S.C., Ltd.	.KY	NIA	Surgery Center of Louisville, LLC	Ownership	59.400	UnitedHealth Group Incorporated		.2
		.0000	62-1179538				Louisville-SC Properties, Inc.	.KY	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4119519				Loyola Ambulatory Surgery Center at Oakbrook, Inc.	.IL	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4119522				Loyola Ambulatory Surgery Center at Oakbrook, L.P.	.IL	NIA	Loyola Ambulatory Surgery Center at Oakbrook, Inc.	Influence	45.000	UnitedHealth Group Incorporated		.5
		.0000	98-1137620				Lusiadas – Parcerias Cascais, S.A.	.PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	55.000	UnitedHealth Group Incorporated		
		.0000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	Lusiadas, S.A.	Ownership	20.000	UnitedHealth Group Incorporated		
		.0000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	CLISA – Clínica de Santo António, S.A.	Ownership	10.000	UnitedHealth Group Incorporated		
		.0000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	Lusiadas – Parcerias Cascais, S.A.	Ownership	10.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	C�nica M�dico Cir�rgica de Santa Tecla, S.A.	Ownership	5.000	UnitedHealth Group Incorporated		
		.0000	98-1139089				Lusiadas, S.A.	.PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1138570				Lusiadas, SGPS, S.A.	.PRT	NIA	AMIL International	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.60321	52-1803283				MAMSI Life and Health Insurance Company	.MD	.IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1782475				Managed Physical Network, Inc.	.NY	.NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2880404				March Holdings, Inc.	.CA	.NIA	Specialty Benefits, LLC	Ownership	7.353	UnitedHealth Group Incorporated		2
		.00000	95-4874334				March Vision Care Group, Incorporated	.CA	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	27-3115058				March Vision Care IPA, Inc.	.NY	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	20-3042852				March Vision Care, Inc.	.CA	.NIA	March Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	94-3377073				Marin Health Ventures, LLC	.CA	.NIA	Marin Specialty Surgery Center, LLC	Influence	100.000	UnitedHealth Group Incorporated		5
		.00000	26-2637247				Marin Specialty Surgery Center, LLC	.CA	.NIA	MGH/SCA, LLC	Influence	51.000	UnitedHealth Group Incorporated		5
		.00000	26-2601943				Marin Surgery Holdings, Inc.	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1456812				Maryland Ambulatory Centers	.MD	.NIA	Maryland-SCA Centers, LLC	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	52-1401791				Maryland-SCA Centers, LLC	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Massachusetts Assurance Company, Ltd. PIC	.CVM	.NIA	H&W Indemnity (SPC), Ltd.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0815305				Massachusetts Avenue Surgery Center, LLC	.MD	.NIA	SCA-Bethesda, LLC	Ownership	56.690	UnitedHealth Group Incorporated		2
		.00000	43-1967820				MAT-RX DEVELOPMENT, L.L.C.	.TX	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	62-1600267				McKenzie Surgery Center, L.P.	.TN	.NIA	SCA-Eugene, Inc.	Ownership	27.000	UnitedHealth Group Incorporated		
		.00000	42-1741594				MD Ops, Inc.	.CA	.NIA	North American Medical Management California, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96310	52-1169135				MD-Individual Practice Association, Inc.	.MD	.IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1183650				ME AHS UC LLC	.DE	.NIA	Urgent Care MSO, LLC	Ownership	70.000	UnitedHealth Group Incorporated		2
		.00000	81-0936574				ME Urgent Care Nebraska, Inc.	.NE	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	98-1286220				Medalliance Net Ltda.	.BRA	.NIA	Optum Health & Technology Servi�os do Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1286220				Medalliance Net Ltda.	.BRA	.NIA	UHG Brasil Participa�es S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	52-2178531				MEDEX Insurance Services, Inc.	.MD	.NIA	FrontierMEDEX, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3824377				MedExpress Development, LLC	.FL	.NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4550969				MedExpress Primary Care Arizona P.C.	.AZ	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-3384324				MedExpress Primary Care Maryland, P.C.	.MD	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-1096099				MedExpress Primary Care Massachusetts, P.C.	.MA	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	81-4396738				MedExpress Primary Care Minnesota P.C.	.MN	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	83-1077265				MedExpress Primary Care Oklahoma, P.C.	.OK	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	83-0764858				MedExpress Primary Care South Carolina, P.C.	.SC	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-3395792				MedExpress Primary Care Virginia, P.C.	.VA	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-4401181				MedExpress Primary Care West Virginia, Inc.	.WV	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	81-4563448				MedExpress Primary Care Wisconsin, S.C.	.WI	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	45-5388778				MedExpress Urgent Care - New Jersey, P.C.	.NJ	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	83-2089623				MedExpress Urgent Care - Northern New Jersey PC	.NJ	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	32-0533926				MedExpress Urgent Care Alabama, LLC	.AL	.NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4030280				MedExpress Urgent Care Arizona, P.C.	.AZ	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	46-4348120				MedExpress Urgent Care Arkansas, P.A.	.AR	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-0930142				MedExpress Urgent Care California, P.C.	.CA	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	81-1956812				MedExpress Urgent Care Connecticut, P.C.	.CT	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-1135336				MedExpress Urgent Care Idaho, P.C.	.ID	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	47-4308614				MedExpress Urgent Care Illinois, P.C.	.IL	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	81-5353472				MedExpress Urgent Care Iowa, P.C.	.IA	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	47-1919283				MedExpress Urgent Care Kansas, P.A.	.KS	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-1719888				MedExpress Urgent Care Maine, Inc.	.ME	.NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1125396				MedExpress Urgent Care Minnesota P.C.	.MN	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	47-3132625				MedExpress Urgent Care Missouri P.C.	.MO	.NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.0000	82-0631738				MedExpress Urgent Care New Hampshire, Inc.	NH	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-5138747				MedExpress Urgent Care North Carolina, P.C.	NC	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	20-2545363				MedExpress Urgent Care of Boynton Beach, LLC	FL	NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-1919436				MedExpress Urgent Care Oregon, P.C.	OR	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	81-5362765				MedExpress Urgent Care Rhode Island, P.C.	RI	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	81-5380706				MedExpress Urgent Care South Carolina, P.C.	SC	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	47-5147441				MedExpress Urgent Care Texas, P.A.	TX	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	82-2443118				MedExpress Urgent Care Washington, P.C.	WA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	81-4281678				MedExpress Urgent Care Wisconsin, S.C.	WI	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000					MedExpress Urgent Care, Inc. - Ohio	OH	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					MedExpress Urgent Care, Inc. - West Virginia	WV	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	26-4546400				MedExpress Urgent Care, P.C. - Georgia	GA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	47-1804667				MedExpress Urgent Care, P.C. - Indiana	IN	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	90-0929572				MedExpress Urgent Care, P.C. - Maryland	MD	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	45-3461101				MedExpress Urgent Care, P.C. - Massachusetts	MA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	47-1857908				MedExpress Urgent Care, P.C. - Michigan	MI	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	46-4793937				MedExpress Urgent Care, P.C. - Oklahoma	OK	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	47-1824365				MedExpress Urgent Care, P.C. - Pennsylvania	PA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	26-3750502				MedExpress Urgent Care, P.C. - Tennessee	TN	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	45-4973138				MedExpress Urgent Care, P.C. - Virginia	VA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	45-3123110				MedExpress Urgent Care, P.S.C. - Kentucky	KY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	83-1565124				MedExpress, Inc. - Delaware	DE	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
.0707	UnitedHealth Group Incorporated	.12756	20-3391186				Medica Health Plans of Florida, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12155	01-0788576				Medica HealthCare Plans, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2566987				Medical Clinic of North Texas PLLC	TX	NIA	USMD Affiliated Services	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2566987				Medical Clinic of North Texas PLLC	TX	NIA	USMD Affiliated Services	Influence	100.000	UnitedHealth Group Incorporated		.5
		.0000					Medical Hilfe S.A.	CHL	NIA	Home Medical S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	95-4708497				Medical Support Los Angeles, A Medical Corporation	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	95-4708497				Medical Support Los Angeles, Inc.	CA	NIA	MSLA Management LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-0636717				Medical Surgical Centers of America, Inc.	DE	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	32-0037402				Medical Transportation Services, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4635837				Medication Management Systems, Inc.	MN	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2515691				MedSynergies, LLC	DE	NIA	Mustang Razorback Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2101921				Melbourne Surgery Center, LLC	GA	NIA	Surgical Care Partners of Melbourne, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-4964787				Memorial City Holdings, LLC	DE	NIA	SCA-Memorial City, LLC	Ownership	51.000	UnitedHealth Group Incorporated		.2
		.0000	82-3689933				Memorial City Partners, LLC	DE	NIA	Memorial City Holdings, LLC	Ownership	51.000	UnitedHealth Group Incorporated		.2
		.0000	95-4688463				Memorial Healthcare IPA, GP	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	26-1394069				MemorialCare Surgical Center at Orange Coast, LLC	CA	NIA	Beach Surgical Holdings LLC	Influence	51.000	UnitedHealth Group Incorporated		.5
		.0000	20-3678259				MemorialCare Surgical Center at Saddleback, LLC	CA	NIA	Beach Surgical Holdings LLC	Ownership	54.723	UnitedHealth Group Incorporated		
		.0000	62-1590322				Memphis-SC, LLC	TN	NIA	SCA-Shelby Development Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1590324				Memphis-SP, LLC	TN	NIA	Shelby Surgery Properties, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-0203906				Mesquite Liberty, LLC	NV	NIA	Sierra Health Services, Inc.	Ownership	80.357	UnitedHealth Group Incorporated		.2
		.0000	59-3392313				Metro 1 Stone Management, Ltd.	TX	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	52-2303928				Metropolitan Medical Partners, LLC	MD	NIA	SCA-Chevy Chase, LLC	Ownership	61.720	UnitedHealth Group Incorporated		.2
		.0000	20-8998927				Metropolitan Medical Transportation IPA, LLC	NY	NIA	TriMed, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	38-3861395				MGH/SCA, LLC	CA	NIA	Marin Surgery Holdings, Inc.	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000	27-2252446				MHC Real Estate Holdings, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	80-0507474				MIAMI SURGERY CENTER, LLC	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	36-4600281				MIAMI SURGERY CENTER, LLC	DE	NIA	SCA-Doral, LLC	Ownership	50.180	UnitedHealth Group Incorporated		2
		.0000	20-3345412				Midlands Orthopaedics Surgery Center, LLC	SC	NIA	SCA-Midlands, LLC	Ownership	49.000	UnitedHealth Group Incorporated		2
		.0000	20-8103522				Midwest Center for Day Surgery, LLC	IL	NIA	Advocate-SCA Partners, LLC	Ownership	53.880	UnitedHealth Group Incorporated		2
.0707	UnitedHealth Group Incorporated	.66087	62-0724538				Mid-West National Life Insurance Company of Tennessee	TX	IA	HealthMarkets, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-0543458				Mile High SurgiCenter, LLC	CO	NIA	SCA-Denver Physicians Holdings, LLC	Ownership	55.000	UnitedHealth Group Incorporated		2
		.00000	27-2439806				Mississippi Surgery Holdings, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1417391				Mississippi Surgical Center Limited Partnership	MS	NIA	Mississippi Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0445773				Mobile Medical Services, P.C.	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	63-0883553				Mobile-SC, LTD.	AL	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000					Modality Accountable Care Organisation Limited	GBR	NIA	Optum UK Solutions Group Limited	Influence	100.000	UnitedHealth Group Incorporated		5
		.00000	31-1191553				Modern Medical, Inc.	OH	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	22-3935634				Monarch Health Plan, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	33-0587660				Monarch HealthCare, A Medical Group, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	30-0606451				Monarch Hospice, LLC	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	45-3142852				Monarch Management Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1401868				Montgomery Surgery Center Limited Partnership	MD	NIA	Maryland Ambulatory Centers	Ownership	77.000	UnitedHealth Group Incorporated		2
		.00000	20-5892451				Mosaic Management Services, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	35-2566612				Mountain View Medical Group, LLC	CO	NIA	OptumCare Holdings Colorado, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1633765				MSLA Management LLC	DE	NIA	Logistics Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506649				Mt. Pleasant Surgery Center, L.P.	TN	NIA	SCA-Mt. Pleasant, LLC	Ownership	99.000	UnitedHealth Group Incorporated		2
		.00000	98-1285432				Multiangio Ltda.	BRA	NIA	S.A. - Empresa de Serviços Hospitalares	Ownership	93.000	UnitedHealth Group Incorporated		2
		.00000	20-4209261				Muskogee Surgical Investors, LLC	OK	NIA	Surgery Center of Muskogee, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1935798				Mustang Razorback Holdings, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2564744				My Wellness Solutions, LLC	DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3236839				NAMM Holdings, Inc.	DE	NIA	Aveta Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-2627070				NAMM Medical Group Holdings, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	61-1627269				NAMM MGH, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	62-1468431				Nashville-SCA Surgery Centers, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.98205	73-1187572				National Foundation Life Insurance Company	TX	IA	Enterprise Life Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-2336925				National MedTrans, LLC	NY	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95251	76-0196559				National Pacific Dental, Inc.	TX	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-3549627				National Surgery Centers, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-2283691				Naviguard, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95123	65-0996107				Neighborhood Health Partnership, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4755277				Netwerkes, LLC	TN	NIA	Optum360 Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95758	88-0228572				Nevada Pacific Dental	NV	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1267232				New Orleans Regional Physician Hospital Organization, L.L.C.	LA	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-1250135				New West Physicians, Inc.	CO	NIA	Newton Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-1080342				New York Proton Management, LLC	NY	NIA	ProHealth Proton Center Management, LLC	Influence	33.570	UnitedHealth Group Incorporated		5
		.00000					Newton Holdings, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		2
		.00000	33-0673955				North American Medical Management California, Inc.	TN	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2248103				North Dallas Surgical Center, LLC	DE	NIA	THR-SCA Holdings, LLC	Influence	0.000	UnitedHealth Group Incorporated		5
		.00000	20-1023581				North Puget Sound Center for Sleep Disorders, LLC	WA	NIA	Everett MSO, Inc.	Ownership	71.250	UnitedHealth Group Incorporated		2
		.00000	20-2564137				North Puget Sound Oncology Equipment Leasing Company, LLC	WA	NIA	Everett MSO, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	88-0245121				Northern Nevada Health Network, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-1240726				Northern Rockies Surgery Center, L.P.	TN	NIA	Northern Rockies Surgicenter, Inc.	Influence	40.000	UnitedHealth Group Incorporated		5
		.0000	81-0399251				Northern Rockies Surgicenter, Inc.	MT	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	95-4748023				Northridge Medical Group, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	37-1007387				Northwest Surgicare, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2494046				Northwest Surgicare, Ltd.	IL	NIA	Northwest Surgicare, LLC	Ownership	62.000	UnitedHealth Group Incorporated		2
		.0000	61-1855159				NPN IPA Washington, PLLC	WA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	56-1754480				NSC Fayetteville, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	56-1963226				NSC Greensboro West, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	49.000	UnitedHealth Group Incorporated		
		.0000	56-1775016				NSC Greensboro, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4210296				NSC Lancaster, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	61-1553479				NSC Seattle, Inc.	WA	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0812824				NSC Upland, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-5025690				NYSCA, LLC	NY	NIA	Surgical Care Affiliates, LLC	Influence	33.000	UnitedHealth Group Incorporated		5
		.0000	83-4364718				OC Cardiology Practice Partners, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1454609				Omesa S.A.	CHL	NIA	Vidaintegra S.A.	Ownership	99.990	UnitedHealth Group Incorporated		
		.0000	98-1454609				Omesa S.A.	CHL	NIA	Saden S.A.	Ownership	0.010	UnitedHealth Group Incorporated		
		.0000	27-0062838				OmniClaim, LLC	DE	NIA	Equian Parent Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1456252				Oncocare S.A.C.	PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	80.000	UnitedHealth Group Incorporated		2
		.0000	52-2129786				OneNet PPO, LLC	MD	NIA	UHC Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-1914835				OPHTHALMOLOGY SURGERY CENTER OF DALLAS, LLC	TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96940	52-1518174				Optimum Choice, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-0858534	3202702			Optum Bank, Inc.	UT	NIA	OptumHealth Financial Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-3437660				Optum Biometrics, Inc.	IL	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-0683057				Optum Care Services Company	TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	83-1959511				Optum Care, Inc.	DE	NIA	Collaborative Care Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2778455				Optum Clinic, P.A.	TX	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	37-1782217				Optum Clinics Holdings, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	38-3969193				Optum Clinics Intermediate Holdings, Inc.	DE	NIA	Optum Clinics Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Optum Digital Health Holdings, LLC	DE	NIA	Consumer Wellness Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1325466				Optum Finance (Ireland) Unlimited Company	IRL	NIA	UnitedHealthcare International VIII S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1103015				Optum Global Solutions (India) Private Limited	IND	NIA	Optum Global Solutions International B.V.	Ownership	99.999	UnitedHealth Group Incorporated		
		.0000	98-1103015				Optum Global Solutions (India) Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.001	UnitedHealth Group Incorporated		
		.0000	98-1097776				Optum Global Solutions (Philippines), Inc.	PHL	NIA	Optum Global Solutions International B.V.	Ownership	99.991	UnitedHealth Group Incorporated		2
		.0000	98-1201187				Optum Global Solutions International B.V.	NLD	NIA	Optum Technology, LLC	Ownership	97.480	UnitedHealth Group Incorporated		
		.0000	98-1201187				Optum Global Solutions International B.V.	NLD	NIA	OptumHealth International B.V.	Ownership	2.520	UnitedHealth Group Incorporated		
		.0000	04-3574101				Optum Government Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	84-3719654				Optum Growth Partners, LLC	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Optum Health & Technology (Hong Kong) Limited	CHN	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	99.999	UnitedHealth Group Incorporated		
		.0000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	United Behavioral Health	Ownership	0.001	UnitedHealth Group Incorporated		
		.0000	98-1097886				Optum Health & Technology (Singapore) Pte. Ltd.	SGP	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-2149493				Optum Health & Technology (US), LLC	MO	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	43-1747235				Optum Health & Technology Holdings (US), Inc.	MO	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	BRA	NIA	Optum Global Solutions International B.V.	Ownership	99.998	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	.BRA	NIA	OptumInsight, Inc.	Ownership	0.002	UnitedHealth Group Incorporated		
		.0000	98-1276517				Optum Health and Technology FZ-LLC	.ARE	NIA	Optum Global Solutions International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1097921				Optum Health Services (Canada) Ltd.	.CAN	NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1406274				Optum Health Solutions (Australia) Pty Ltd	.AUS	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1147355				Optum Health Solutions (UK) Limited	.GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2068880				Optum Healthcare of Illinois, Inc.	.GA	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-0212381				Optum Hospice Pharmacy Services, LLC	.DE	NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	11-2997132				Optum Infusion Services 100, Inc.	.NY	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	11-3485985				Optum Infusion Services 101, Inc.	.NY	NIA	Optum Infusion Services 100, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-1533840				Optum Infusion Services 103, LLC	.DE	NIA	Serquinox Holdings LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	55-0802777				Optum Infusion Services 201, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4881413				Optum Infusion Services 202, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-1012700				Optum Infusion Services 203, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-3738273				Optum Infusion Services 205, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-1284325				Optum Infusion Services 206, Inc.	.AL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-0964525				Optum Infusion Services 207, Inc.	.AL	NIA	Optum Infusion Services 206, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4963945				Optum Infusion Services 208, Inc.	.NC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2196224				Optum Infusion Services 301, LP	.OK	NIA	BriovaRx Infusion Services, Inc.	Ownership	99.950	UnitedHealth Group Incorporated		
		.0000	75-2196224				Optum Infusion Services 301, LP	.OK	NIA	BriovaRx Infusion Services 305, LLC	Ownership	0.050	UnitedHealth Group Incorporated		
		.0000	27-0668812				Optum Infusion Services 302, LLC	.NE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-3741084				Optum Infusion Services 308, LLC	.AZ	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	02-0653265				Optum Infusion Services 401, LLC	.CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-0941801				Optum Infusion Services 403, LLC	.CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	93-1103256				Optum Infusion Services 404, LLC	.OR	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	84-2822134				Optum Infusion Services 501, Inc.	.DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	69647	31-0628424				Optum Insurance of Ohio, Inc.	.OH	IA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-4734521				Optum Labs Dimensions, Inc.	.DE	NIA	Optum Labs, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1249178				Optum Labs International (UK) Ltd.	.GBR	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-1615964				Optum Labs, Inc.	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1209730				Optum Life Sciences (Canada) Inc.	.CAN	NIA	OptumInsight Life Sciences, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1098190				Optum Management Consulting (Shanghai) Co., Ltd.	.CHN	NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0826311				Optum Medical Services of California, P.C.	.CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.0000	45-3866363				Optum Medical Services, P.C.	.NC	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
.0707	UnitedHealth Group Incorporated	.11068	30-0029448				Optum Networks of New Jersey, Inc.	.DE	IA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-1873062				Optum of New York, Inc.	.NY	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1097761				Optum Operations (Ireland) Unlimited Company	.IRL	NIA	UnitedHealthcare International VII S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8911466				Optum Palliative and Hospice Care of Pennsylvania, Inc.	.TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8911303				Optum Palliative and Hospice Care of Texas, Inc.	.TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0226127				Optum Palliative and Hospice Care, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3629080				Optum Perks LLC	.DE	NIA	OptumRx PBM of Illinois, Inc.	Ownership	58.000	UnitedHealth Group Incorporated		
		.0000	45-3629080				Optum Perks LLC	.DE	NIA	OptumRx Health Solutions, LLC	Ownership	42.000	UnitedHealth Group Incorporated		
		.0000	84-2827343				Optum Pharmacy 701, LLC	.DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-2731176				Optum Pharmacy 702, LLC	.IN	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-2532834				Optum Pharmacy 703, LLC	.NV	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	55-0824381				Optum Pharmacy 705, LLC	.AL	NIA	BriovaRx of Maine, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4581265				Optum Public Sector Solutions, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-3328009				Optum Rocket, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-0543382				Optum Senior Services, LLC	.AL	NIA	Optum Hospice Pharmacy Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	98-1307821				Optum Services (Ireland) Limited	IRL	NIA	Optum Operations (Ireland) Unlimited Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	66-0870003				Optum Services (Puerto Rico) LLC	PR	NIA	UnitedHealthcare International III B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-4683454				Optum Services, Inc.	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1284698				Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1284698				Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	98-0644599				Optum Solutions UK Holdings Limited	GBR	NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-5713629				Optum Technology, LLC	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1097769				Optum UK Solutions Group Limited	GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2205984				Optum Women's and Children's Health, LLC	DE	NIA	My Wellness Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0580620	3119994			Optum, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-3983926				Optum360 Services, Inc.	DE	NIA	Optum Rocket, Inc.	Ownership	69.000	UnitedHealth Group Incorporated		2
		.0000	82-3446942				Optum360 Solutions, LLC	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-3328307				Optum360, LLC	DE	NIA	Optum Rocket, Inc.	Ownership	69.000	UnitedHealth Group Incorporated		2
		.0000	45-3007684				OptumCare ACO Florida, LLC	FL	NIA	OptumCare ACO Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3006976				OptumCare ACO Holdings, LLC	CA	NIA	OptumCare Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0940296				OptumCare ACO New Mexico, LLC	DE	NIA	OptumCare New Mexico, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-1422097				OptumCare Clinical Trials, LLC	DE	NIA	OptumCare Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2597463				OptumCare Colorado ASC, LLC	CO	NIA	OptumCare Colorado, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-2218380				OptumCare Colorado Springs, LLC	CO	NIA	OptumCare Holdings Colorado, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-2196783				OptumCare Colorado, LLC	CO	NIA	OptumCare Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-1508741				OptumCare Endoscopy Center New Mexico, LLC	NM	NIA	OptumCare New Mexico, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-2227280				OptumCare Florida CI, LLC	DE	NIA	OptumCare Florida, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	87-0408859				OptumCare Florida, LLC	DE	NIA	Intermountain Medical Holdings Nevada, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.0000	46-2385459				OptumCare Health Plan of California, Inc.	DE	NIA	OptumCare Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0990665				OptumCare Holdings Colorado, LLC	CO	NIA	OptumCare Colorado, LLC	Ownership	85.000	UnitedHealth Group Incorporated		2
		.0000	20-8571405				OptumCare Holdings New Mexico, LLC	NM	NIA	OptumCare Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	56-2592163				OptumCare Holdings, LLC	CA	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	95-4509662				OptumCare Management, LLC	CA	NIA	OptumCare Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4043287				OptumCare New Mexico, LLC	DE	NIA	OptumCare Holdings New Mexico, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	13-4138668				OptumCare New York IPA, Inc.	NY	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3462809				OptumCare South Florida, LLC	FL	NIA	OptumCare Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1591944				OptumHealth Care Solutions, LLC	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-0858530				OptumHealth Financial Services, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-1192395				OptumHealth Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1106868				OptumHealth International B.V.	NLD	NIA	Catamaran S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1401978				OptumInsight Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1401978				OptumInsight India Private Limited	IND	NIA	ABC International Holdings, LLC	Ownership	99.065	UnitedHealth Group Incorporated		
		.0000	04-3383745				OptumInsight India Private Limited	IND	NIA	The Advisory Board Company	Ownership	0.935	UnitedHealth Group Incorporated		
		.0000	41-1858498				OptumInsight Life Sciences, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2578509				OptumInsight, Inc.	DE	NIA	OptumInsight Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	31-1728846				OptumRx Administrative Services, LLC	TX	NIA	OptumRx Holdings I, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-4734235				OptumRx Discount Card Services, LLC	DE	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-0666840				OptumRx Group Holdings, Inc.	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	80-0870454				OptumRx Health Solutions, LLC	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	34-1472211				OptumRx Holdings I, LLC	DE	NIA	OptumRx Group Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-0218027				OptumRx Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-0151096				OptumRx Home Delivery of Ohio, LLC	OH	NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					OptumRx IPA III, Inc.	NY	NIA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					OptumRx NY IPA, Inc.	NY	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.00000	27-3419292				OptumRx of Pennsylvania, LLC	DE	NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-2581812				OptumRx PBM of Illinois, Inc.	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0361447				OptumRx PBM of Maryland, LLC	NV	NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	03-0592263				OptumRx PBM of Pennsylvania, LLC	PA	NIA	OptumRx of Pennsylvania, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1424534				OptumRx PBM of Puerto Rico, LLC	NV	NIA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-3693753				OptumRx PBM of Wisconsin, LLC	WI	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	16-1767416				OptumRx PD of Pennsylvania, LLC	PA	NIA	OptumRx of Pennsylvania, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0373347				OptumRx Pharmacy of Nevada, Inc.	NV	NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3146510				OptumRx Pharmacy, Inc.	DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0441200				OptumRx, Inc.	CA	NIA	OptumRx Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2016292				OptumServe Technology Services, Inc.	MD	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	22-3883387				OREGON OUTPATIENT SURGERY CENTER, LLC	OR	NIA	Providence & SCA Off-Campus Holdings, LLC	Influence	51.180	UnitedHealth Group Incorporated		5
		.00000	59-3125869				Orlando Center for Outpatient Surgery, L.P.	GA	NIA	Surgical Health of Orlando, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	46-2881462				Orthology Mid-Atlantic, Inc.	DE	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2742615				Orthology, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3960641				OrthoNet Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3818652				OrthoNet LLC	NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-4025898				OrthoNet New York IPA, Inc.	NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2884306				OrthoNet of the South, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1581769				OrthoNet Services, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0221966				OrthoNet West, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2594417				ORTHOPEDIC SURGERY CENTER OF PALM BEACH COUNTY, LLC	FL	NIA	SCA-Palm Beach, LLC	Influence	18.500	UnitedHealth Group Incorporated		5
		.00000					OSB – Tecnologia e Serviços de Suporte Ltda.	BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	99.990	UnitedHealth Group Incorporated		
		.00000					OSB – Tecnologia e Serviços de Suporte Ltda.	BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.010	UnitedHealth Group Incorporated		
		.00000	41-1921007				Ovations, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1587795				Oxford Benefit Management, Inc.	CT	NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.78026	22-2797560				Oxford Health Insurance, Inc.	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96798	06-1181201				Oxford Health Plans (CT), Inc.	CT	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95506	22-2745725				Oxford Health Plans (NJ), Inc.	NJ	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95479	06-1181200				Oxford Health Plans (NY), Inc.	NY	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2443751				Oxford Health Plans LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0008097				P2P Link, LLC	DE	NIA	SRPS, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2857077				Pacific Casualty Company, Inc.	HI	IA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.70785	35-1137395				PacificCare Life and Health Insurance Company	IN	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.84506	95-2829463				PacificCare Life Assurance Company	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95617	94-3267522				PacificCare of Arizona, Inc.	AZ	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95434	84-1011378				PacificCare of Colorado, Inc.	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95685	86-0875231				PacificCare of Nevada, Inc.	NV	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1444613				Pacifico S.A. Entidad Prestadora de Salud	PER	NIA	Empremédica S. A.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	62-1595402				Paoli Ambulatory Surgery Center	PA	NIA	SCA-Paoli, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	62-1547618				Paoli Surgery Center, L.P.	TN	NIA	Paoli Ambulatory Surgery Center	Ownership	64.250	UnitedHealth Group Incorporated		2
		.00000	45-1484375				Park Hill Surgery Center, LLC	TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	20-4127100				Parkway Surgery Center, LLC	DE	NIA	SCA-Hagerstown, LLC	Ownership	73.690	UnitedHealth Group Incorporated		2
		.00000	63-1271644				Pasteur Plaza Surgery Center GP, Inc.	DE	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2310011				PatientsLikeMe LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Patrimonio Autónomo Nueva Clínica – PANC	COL	NIA	Clínica del Country S.A.	Ownership	65.170	UnitedHealth Group Incorporated		2
		.00000					Patrimonio Autónomo Nueva Clínica – PANC	COL	NIA	Banmédica Internacional SpA	Ownership	9.590	UnitedHealth Group Incorporated		2
		.00000	62-1451147				Payment Resolution Services, LLC	TN	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-3265056				PCCCV, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0707	UnitedHealth Group Incorporated	13607	20-5662149				Peoples Health, Inc.	LA	IA	New Orleans Regional Physician Hospital Organization, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1978405				Perimeter Center for Outpatient Surgery, L.P.	GA	NIA	SHC Atlanta, LLC	Influence	26.643	UnitedHealth Group Incorporated		5
		.00000	23-2171049				Pharmacy Software Holdco, Inc.	PA	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2288416				PHC Subsidiary Holdings, LLC	TX	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2902954				Physician Alliance of the Rockies, LLC	CO	NIA	New West Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0516435				Physician Partners Medical Group, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	59-3438026				Physicians Care Network, L.L.C.	WA	NIA	The Polyclinic, PLLC	Influence	0.010	UnitedHealth Group Incorporated		4
		.00000	04-3677255				PHYSICIANS DAY SURGERY CENTER, LLC	FL	NIA	SCA-Naples, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
.0707	UnitedHealth Group Incorporated	11494	04-3677255				Physicians Health Choice of Texas, LLC	TX	IA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1162824				Physicians Health Plan of Maryland, Inc.	MD	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1388873				Plano de Saúde Ana Costa Ltda.	BRA	IA	Amil Assistência Médica Internacional S.A.	Ownership	74.860	UnitedHealth Group Incorporated		
		.00000	98-1388873				Plano de Saúde Ana Costa Ltda.	BRA	IA	Santos Administração e Participações S.A.	Ownership	25.140	UnitedHealth Group Incorporated		
		.00000	66-0742844				Plus One Health Management Puerto Rico, Inc.	PR	NIA	Plus One Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3613705				Plus One Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0670247				PMI Acquisition, LLC	DE	NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3148744				PMSI Holdings, LLC	DE	NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	59-3166848				PMSI Settlement Solutions, LLC	FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-2422696				PMSI, LLC	FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1083164				Polar II Fundo de Investimento em Participações Multiestrategia	BRA	NIA	UnitedHealthcare International IV S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5563848				Polo Holdco, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		2
		.00000	46-5415205				POMCO Network, Inc.	NY	NIA	POMCO, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	15-0581348				POMCO, Inc.	NY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0261822				Pomerado Outpatient Surgical Center, Inc.	CA	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0752699				Pomerado Outpatient Surgical Center, L.P.	CA	NIA	Pomerado Outpatient Surgical Center, Inc.	Ownership	57.500	UnitedHealth Group Incorporated		2
		.00000	27-1454121				PPH Holdings, LLC	DE	NIA	Practice Partners in Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2225186				Precision Dialing Services, Inc.	DE	NIA	USHEALTH Career Agency, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-0683927				Preferred Care Partners Holding, Corp.	FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1845018				Preferred Care Partners Medical Group, Inc.	FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	11176	65-0885893				Preferred Care Partners, Inc.	FL	IA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-3265059				Premier Choice ACO, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1378216				Premier Surgery Center of Louisville, L.P.	TN	NIA	SCA Premier Surgery Center of Louisville, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	33-0527335				Primary Care Associated Medical Group, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	30-0516440				Prime Community Care, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	88-0253112				Prime Health, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0607478				PrimeCare Medical Network, Inc.	CA	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	87-0757397				PrimeCare of Citrus Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	33-0674407				PrimeCare of Corona, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674401				PrimeCare of Hemet Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674408				PrimeCare of Inland Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674402				PrimeCare of Moreno Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674400				PrimeCare of Redlands, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674404				PrimeCare of Riverside, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1915328				PrimeCare of San Bernardino, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0698439				PrimeCare of Sun City, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674409				PrimeCare of Temecula, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1873402				Procura Management, Inc.	DE	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-4371197				Progressive Enterprises Holdings, Inc.	DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	31-1192384				Progressive Medical, LLC	OH	NIA	PMI Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.00000	45-4469117				ProHEALTH Accountable Care Medical Group, PLLC	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	11-3447394				ProHEALTH Ambulatory Surgery Center, Inc.	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	11-3355604				ProHEALTH Care Associates LLP	NY	NIA	ProHEALTH Medical NY, P.C.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	11-3355604				ProHEALTH Care Associates, L.L.P.	NY	NIA	ProHEALTH Medical NY, P.C.	Ownership	51.000	UnitedHealth Group Incorporated		
		.00000	32-0229091				ProHEALTH Fitness of Lake Success, LLC	NY	NIA	ProHEALTH Medical Management, LLC	Ownership	82.620	UnitedHealth Group Incorporated		2
		.00000	47-1049961				ProHEALTH Medical Management, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-5470737				ProHealth Physicians ACO, LLC	CT	NIA	ProHealth Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1446075				ProHealth Physicians, Inc.	CT	NIA	Polo Holdco, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1469068				ProHealth Physicians, P.C.	CT	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	32-0455430				ProHealth Proton Center Management, LLC	DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5661535				ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	46-1883579				ProHEALTH Urgent Care Medicine, PLLC	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000					Promotora Country S.A.	COL	NIA	Banmedica S.A.	Ownership	50.000	UnitedHealth Group Incorporated		3
		.00000	22-3493126				Pronounced Health Solutions, Inc.	DE	NIA	My Wellness Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1444638				Prosemedic S.A.C.	PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	80.000	UnitedHealth Group Incorporated		1
		.00000					Prospero Health, LLC	DE	NIA	Optum Growth Partners, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-4217561				Prospero Management Services, LLC	DE	NIA	Optum Growth Partners, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3765555				Providence & SCA Off-Campus Holdings, LLC	DE	NIA	SCA-Portland, LLC	Ownership	40.000	UnitedHealth Group Incorporated		
		.00000	82-3270499				Providence & SCA On-Campus Holdings, LLC	DE	NIA	SCA-Portland, LLC	Ownership	20.000	UnitedHealth Group Incorporated		
		.00000					Providence & SCA Outreach Markets Holdings, LLC	DE	NIA	SCA-Portland, LLC	Ownership	49.000	UnitedHealth Group Incorporated		
		.00000	83-1591205				PS Center, LLC	CA	NIA	Beach Surgical Holdings II, LLC	Influence	100.000	UnitedHealth Group Incorporated		5
		.00000	90-0876656				Pueblo-SCA Surgery Center, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-1068319				Pulse Platform, LLC	DE	NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3901920				QoL Acquisition Holdings Corp.	DE	NIA	Genoa Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2493256				Rally Health, Inc.	DE	NIA	Optum Digital Health Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0947972				Real Appeal, Inc.	DE	NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Recaudación y Cobranzas Honodav Ltda.	CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000					Recaudación y Cobranzas Honodav Ltda.	CHL	NIA	Servicios Integrados de Salud Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	94-3115625				Redlands Ambulatory Surgery Center	CA	NIA	Redlands-SCA Surgery Centers, Inc.	Ownership	54.000	UnitedHealth Group Incorporated		2
		.00000					Redlands Family Practice Medical Group, Inc.	CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	56-2627067				Redlands-SCA Surgery Centers, Inc.	CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	94-3115627				Redwood City Endoscopy Suite, LLC	CA	NIA	SCA Pacific Holdings, Inc.	Influence	50.000	UnitedHealth Group Incorporated		5
		.00000	82-3745100				Reliant MSO, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0543788				Renai Health Holdings, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3161933				Renai Health IPA, LLC	DE	NIA	Renai Health Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3130872				Renai Health Management, LLC	DE	NIA	Renai Health Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-0758315				River Valley ASC, LLC	CT	NIA	SCA-River Valley, LLC	Ownership	55.360	UnitedHealth Group Incorporated		2
		.00000					Riverside Electronic Healthcare Resources, Inc.	CA	NIA	Riverside Community Healthplan Medical Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3420379				Riverside Medical Management, LLC	DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0500242				Riverside Pediatric Group, P.C.	NJ	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	22-3624559				Riverside Surgical Center of Meadowlands, LLC	NJ	NIA	Riverside Medical Management, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000					Riverside Surgical Center of Newark, LLC	NJ	NIA	Riverside Medical Management, LLC	Influence	44.100	UnitedHealth Group Incorporated		5
		.00000	86-0857176				Robert B. McBeath, M.D. II, P.C.	NV	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	46-2662506				Robert B. McBeath, M.D. III, P.C.	NV	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000					Robert B. McBeath, M.D., Professional Corporation	NV	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
.0707	UnitedHealth Group Incorporated	.95482	84-0614905				Rocky Mountain Health Maintenance Organization, Incorporated	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	84-1224718				Rocky Mountain HealthCare Options, Inc.	CO	NIA	Rocky Mountain Health Maintenance Organization, Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-0521940				Sacred Heart ASC, LLC	FL	NIA	Formation Documents Pending	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000					Saden S.A.	CHL	NIA	Banmedica S.A.	Ownership	99.920	UnitedHealth Group Incorporated		
		.00000					Saden S.A.	CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	0.080	UnitedHealth Group Incorporated		
		.00000					Sahtu Medical Ltd	CAN	NIA	UnitedHealthcare Global Canada Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2462470				Salem Surgery Center, LLC	OR	NIA	Surgicare of Salem, LLC	Ownership	70.000	UnitedHealth Group Incorporated		2
		.00000	45-2219585				Salveo Specialty Pharmacy, Inc.	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	77-0322251				San Diego Endoscopy Center	CA	NIA	Endoscopy Center Affiliates, Inc.	Ownership	39.000	UnitedHealth Group Incorporated		
		.00000	27-3787593				Sand Lake SurgiCenter, LLC	FL	NIA	SCA-Sand Lake, LLC	Ownership	51.450	UnitedHealth Group Incorporated		2
		.00000	91-2127820				Santa Cruz Endoscopy Center, LLC	CA	NIA	SCA Pacific Holdings, Inc.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000					Santa Helena Assistência Médica S.A.	BRA	NIA	Elual Participações S.A.	Ownership	77.301	UnitedHealth Group Incorporated		2
		.00000					Santa Helena Assistência Médica S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	22.292	UnitedHealth Group Incorporated		2
		.00000					Santa Helena Assistência Médica S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	22.292	UnitedHealth Group Incorporated		2
		.00000					Santos Administração e Participações S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-1754732				Sanvello Behavioral Health Services, P.A.	DE	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	83-3057919				Sanvello Health Holdings, LLC	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	85.790	UnitedHealth Group Incorporated		
		.00000	47-1920345				Sanvello Health Inc.	DE	NIA	Sanvello Health Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-4028885				Savvysherpa Administrative Services, LLC	MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Savvysherpa Asia, Inc.	PHL	NIA	Savvysherpa, LLC	Ownership	99.986	UnitedHealth Group Incorporated		2
		.00000	41-1934238				Savvysherpa, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1149229				SC Affiliates, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	92-0080881				SCA Alaska Surgery Center, inc.	AK	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5537316				SCA Athens, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5014406				SCA Austin Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-2110605				SCA California Surgical Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3916468				SCA Capital, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5030792				SCA Cedar Park Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3170801				SCA Danbury Surgical Center, LLC	DE	NIA	SunSurgery, LLC	Ownership	63.010	UnitedHealth Group Incorporated		2
		.00000	62-1535981				SCA Development, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1372069				SCA eCode Solutions Private Limited	IND	NIA	eCode Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1372069				SCA eCode Solutions Private Limited	IND	NIA	eCode Solutions, LLC	Ownership	99.990	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5064834				SCA Hays Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-2735871				SCA Heartland Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4869243				SCA HoldCo, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1664837				SCA Holding Company, Inc.	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1256943				SCA Holdings, Inc.	CA	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	20-8116987				SCA Nashville ASC, LLC	TN	NIA	Nashville-SCA Surgery Centers, Inc.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000	20-8116987				SCA Nashville ASC, LLC	TN	NIA	SC Affiliates, LLC	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	62-1505276				SCA of Clarksville, Inc.	TN	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1707364				SCA Pacific Holdings, Inc.	CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1686425				SCA Pennsylvania Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1386840				SCA Premier Surgery Center of Louisville, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-5211225				SCA Rockledge JV, LLC	DE	NIA	SCA-Merritt, LLC	Ownership	97.000	UnitedHealth Group Incorporated		2
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	84-3673924				SCA Sage Medical, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4928368				SCA Southwestern PA, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3165040				SCA Specialists of Florida, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5038680				SCA Stonegate Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1286887				SCA Surgery Center of Cullman, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2602268				SCA Surgery Holdings, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-4774546				SCA Surgery Partners, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2501088				SCA Surgicare of Laguna Hills, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2096767				SCA Teammate Support Network	AL	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2555097				SCA-Albuquerque Surgery Properties, Inc.	NM	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1807383				SCA-Alliance, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-4763869				SCA-Anne Arundel, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-2703057				SCA-Applecare Partners, LLC	DE	NIA	SCA-Downey, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3857984				SCA-Bethesda, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1530120				SCA-Blue Ridge, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1529292				SCA-Bonita Springs, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-1980137				SCA-Brandon, LLC	DE	NIA	SC Affiliates, LLC	Ownership	50.980	UnitedHealth Group Incorporated		2
		.00000	83-1094012				SCA-Castle Rock, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1535510				SCA-Central Florida, LLC	FL	NIA	SC Affiliates, LLC	Ownership	55.360	UnitedHealth Group Incorporated		2
		.00000	58-1709758				SCA-Charleston, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-4511713				SCA-Chatham, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1093626				SCA-Cherry Creek, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-3301058				SCA-Chevy Chase, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1516306				SCA-Citrus, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1541326				SCA-Colonial Partners, LLC	DE	NIA	SCA-Ft. Myers, LLC	Ownership	69.698	UnitedHealth Group Incorporated		
		.00000	93-1047471				SCA-Colorado Springs, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1585952				SCA-Connecticut Partners, LLC	DE	NIA	SunSurgery, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4028383				SCA-Davenport, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-2003112				SCA-Denver Physicians Holdings, LLC	DE	NIA	SCA-Denver, LLC	Ownership	55.000	UnitedHealth Group Incorporated		
		.00000	84-2997638				SCA-Denver, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.00000	82-1470227				SCA-Derry, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	78.873	UnitedHealth Group Incorporated		2
		.00000	81-3734814				SCA-Doral, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-3055579				SCA-Downey, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1093886				SCA-DRY CREEK, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1102015				SCA-DTC Holdings, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1594261				SCA-Dublin, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-3301305				SCA-Encinitas, Inc.	DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1541235				SCA-Eugene, Inc.	TN	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-2805878				SCA-First Coast, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1551099				SCA-Florence, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-1067967				SCA-Fort Collins, Inc.	CO	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1502719				SCA-Fort Walton, Inc.	TN	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3641516				SCA-Franklin, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2727879				SCA-Frederick, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3535257				SCA-Freeway Holdings, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4907566				SCA-Ft. Myers, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1547690				SCA-Gainesville, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1956407				SCA-Gladiolus, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-1438326				SCA-GRANTS PASS, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2376695				SCA-Grove Place, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3466283				SCA-Hagerstown, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4605501				SCA-Hamden, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5229514				SCA-Hilton Head, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506650				SCA-Honolulu, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-3445356				SCA-Houston Executive, LLC	DE	NIA	SCA Pacific Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4905342				SCA-I Holdings, LLC	DE	NIA	SCA HoldCo, Inc	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1666861				SCA-Illinois, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3930052				SCA-IT Holdings, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-3090526				SCA-JPM Holdings, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1102109				SCA-Kissing Camels Holdings, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4292506				SCA-Main Street, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1751165				SCA-Marina del Rey, LLC	CA	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1367813				SCA-MC VBP, Inc.	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1184188				SCA-Mecklenburg Development Corp.	NC	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4616104				SCA-Memorial City, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1771410				SCA-Merritt, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-2455773				SCA-Midlands, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2976543				SCA-Midway Management, LLC	IL	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1093787				SCA-Mile High Holdings, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0070617				SCA-Mobile, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1320467				SCA-Mokena Properties, LLC	DE	NIA	SCA-Mokena, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1065674				SCA-Mokena, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506655				SCA-Morris County, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2850365				SCA-Mt. Pleasant, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3002171				SCA-Naperville, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1347328				SCA-Naples, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1347328				SCA-ND VBP, Inc.	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4418919				SCA-New Jersey, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1760663				SCA-Newport Beach, LLC	CA	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1589343				Scanner Centromed S.A.	CHL	NIA	Administradora Médica Centromed S.A.	Ownership	84.500	UnitedHealth Group Incorporated		2
		.00000	81-3445510				SCA-Northeast Georgia Health, LLC	TN	NIA	SCA-Gainesville, LLC	Ownership	50.100	UnitedHealth Group Incorporated		2
		.00000	82-3050836				SCA-Palm Beach MSO Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3050836				SCA-Palm Beach, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1538850				SCA-Paoli, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	47-2785908				SCA-Phoenix, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-1620189				SCA-Pocono, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-4139195				SCA-PORTLAND, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					SCA-Practice Partners Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-4304317				SCA-River Valley, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	83-2111732				SCA-Riverside Partners, LLC	DE	NIA	SCA-Riverside, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.0000	83-2721919				SCA-Riverside, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-1647512				SCA-Rockville, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-2963561				SCA-San Diego, Inc.	DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	94-3138088				SCA-San Luis Obispo, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-1685878				SCA-Sand Lake, LLC	FL	NIA	SC Affiliates, LLC	Ownership	83.480	UnitedHealth Group Incorporated		2
		.0000	88-0185362				SCA-Santa Rosa, Inc.	NV	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1179532				SCA-Shelby Development Corp.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-3300613				SCA-Somerset, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	22-3117714				SCA-South Jersey, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-2676325				SCA-Sparta, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-4499088				SCA-Spartanburg Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-4106989				SCA-St. Louis, LLC	DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-3270591				SCA-St. Lucie, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-4371453				SCA-SurgiCare, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-2455241				SCA-Swiftpath, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-1987225				SCA-VERTA, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-2294882				SCA-Wake Forest, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-1449412				SCA-Western Connecticut, LLC	DE	NIA	SC Affiliates, LLC	Ownership	67.000	UnitedHealth Group Incorporated		2
		.0000	82-3689825				SCA-Westover Hills, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	83-3082789				SCA-Wilmington, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-2890788				SCA-Wilson, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-1159878				SCA-Winchester, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1525777				SCA-Winter Park, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-3528300				SCA-Woodlands Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2635371				SCP Specialty Infusion, LLC	DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1097822				ScriptSwitch Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	42-1709357				Senate Street Surgery Center, LLC	IN	NIA	SCA SSSC Holdings, LLC	Ownership	50.720	UnitedHealth Group Incorporated		2
		.0000	86-0739432				Senior Benefits, L.L.C.	AZ	NIA	USHEALTH Career Agency, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-1533951				Serquinox Holdings LLC	DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Servicios de Entrenamiento en Competencias Clínicas Ltda.	CHL	NIA	Clínica Santa María S.A.	Ownership	99.900	UnitedHealth Group Incorporated		
		.0000					Servicios de Entrenamiento en Competencias Clínicas Ltda.	CHL	NIA	Sociedad de Inversiones Santa María S.A.	Ownership	0.100	UnitedHealth Group Incorporated		
		.0000					Servicios Integrados de Salud Ltda.	CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	99.900	UnitedHealth Group Incorporated		
		.0000					Servicios Integrados de Salud Ltda.	CHL	NIA	Clínica Santa María S.A.	Ownership	0.100	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Amed Quilpué S.A.	CHL	NIA	Centromed Quilpué S.A.	Ownership	99.900	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Amed Quilpué S.A.	CHL	NIA	Laboratorios Médicos Amed Quilpué S.A.	Ownership	0.100	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Bio Bio Limitada	CHL	NIA	Clínica Bio Bio S.A.	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Bio Bio Limitada	CHL	NIA	Saden S.A.	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Ciudad del Mar Ltda.	CHL	NIA	Clínica Ciudad del Mar S.A.	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Ciudad del Mar Ltda.	CHL	NIA	Saden S.A.	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Santa María Limitada	CHL	NIA	Sociedad de Inversiones Santa María S.A.	Ownership	99.176	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Santa María Limitada	CHL	NIA	Clínica Santa María S.A.	Ownership	0.824	UnitedHealth Group Incorporated		
		.0000					Servicios Médicos Vespucio Ltda.	CHL	NIA	Clínica Vespucio S.A.	Ownership	99.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000					Servicios Médicos Vespucio Ltda.	CHL	NIA	Saden S.A.	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000	45-4233576				SharedClarity LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-1978974				SHC Atlanta, LLC	DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2013443				SHC Austin, Inc.	GA	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2062812				SHC Hawthorn, Inc.	GA	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2101924				SHC Melbourne, Inc.	GA	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1223273				Shelby Surgery Properties, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	71420	94-0734860				Sierra Health and Life Insurance Company, Inc.	NV	IA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0200415				Sierra Health Services, Inc.	NV	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0254322				Sierra Health-Care Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0385705				Sierra Home Medical Products, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0264562				Sierra Nevada Administrators, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Sistema de Administración Hospitalaria S.A.C.	PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	99.870	UnitedHealth Group Incorporated		1
		.0000	20-1004228				Small Business Insurance Advisors, Inc.	TX	NIA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Sobam – Centro Médico Hospitalar S.A.	BRA	IA	Santa Helena Assistência Médica S.A.	Ownership	98.080	UnitedHealth Group Incorporated		2
		.0000					Sobam – Centro Médico Hospitalar S.A.	BRA	IA	CNO – Centro Médico de Oftalmologia S/S Ltda.	Ownership	1.910	UnitedHealth Group Incorporated		2
		.0000	98-1453235				Sociedad de Inversiones Santa María S.A.	CHL	NIA	Clínica Santa María S.A.	Ownership	99.743	UnitedHealth Group Incorporated		
		.0000	98-1453235				Sociedad de Inversiones Santa María S.A.	CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	0.257	UnitedHealth Group Incorporated		
		.0000	98-1462570				Sociedad Editorial para la Ciencia Limitada.	COL	NIA	Banmédica S.A.	Ownership	76.290	UnitedHealth Group Incorporated		2
		.0000	20-8433398				Somerset Outpatient Surgery, L.L.C.	NJ	NIA	SCA-Somerset, LLC	Ownership	59.520	UnitedHealth Group Incorporated		2
		.0000	30-0743767				Southern California Medical Practice Concepts, LLC	CA	NIA	Riverside Electronic Healthcare Resources, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0201420				Southwest Medical Associates, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	38-2609888				Southwest Michigan Health Network Inc.	MI	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4369359				Southwest Surgery Center, LLC	IL	NIA	SCA-Mokena, LLC	Ownership	54.300	UnitedHealth Group Incorporated		2
		.0000	75-2516426				Space Coast Surgical Center, Ltd.	FL	NIA	SCA Rockledge JV, LLC	Ownership	52.190	UnitedHealth Group Incorporated		2
		.0000	57-0953005				Spartanburg Surgery Center, LLC	SC	NIA	SCA-Spartanburg Holdings, LLC	Ownership	10.700	UnitedHealth Group Incorporated		
		.0000	55-0790742				Specialists in Urology Surgery Center, LLC	FL	NIA	SCA Specialists of Florida, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	25-1868213				Specialized Pharmaceuticals, Inc.	PA	NIA	QoL Acquisition Holdings Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1921983				Specialty Benefits, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-3412545				Specialty Surgical Center, LLC	NJ	NIA	SCA-Sparta, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.0000	71-0886811				Spectera of New York, IPA, Inc.	NY	NIA	Spectera, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-1260282				Spectera, Inc.	MD	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	81-1387232				SPINETRACK 20/20, Inc.	CA	NIA	SCA-ND VBP, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4615218				Sports and Spinal Physical Therapy, Inc.	DC	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-5587702				Spotlite, Inc.	DE	NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1770924				SRPS, LLC	DE	NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2201400				St. Cloud Outpatient Surgery, Ltd., a Minnesota Limited Partnership	MN	NIA	St. Cloud Surgical Center, LLC	Influence	23.947	UnitedHealth Group Incorporated		5
		.0000	41-1348916				St. Cloud Surgical Center, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-1211544				Stonegate Surgery Center, L.P.	TX	NIA	SCA Stonegate Holdings, LLC	Ownership	58.670	UnitedHealth Group Incorporated		2
		.0000	27-2944223				Streamlines Health, LLC	MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	06-1082848				SunSurgery, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-5164277				Surgery Center at Cherry Creek, LLC	CO	NIA	SCA-Denver Physicians Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-5207693				Surgery Center at Kissing Camels, LLC	CO	NIA	SCA-Kissing Camels Holdings, LLC	Ownership	55.000	UnitedHealth Group Incorporated		2
		.0000	81-3129674				Surgery Center at St. Vincent, LLC	OR	NIA	Providence & SCA On-Campus Holdings, LLC	Ownership	57.700	UnitedHealth Group Incorporated		
		.0000	62-1739361				Surgery Center Holding, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1509341				Surgery Center of Boca Raton, Inc.	FL	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1506370				Surgery Center of Clarksville, L.P.	TN	NIA	Surgical Health, LLC	Ownership	99.900	UnitedHealth Group Incorporated		2
		.0000	63-1214140				Surgery Center of Colorado Springs, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	42-1166764				Surgery Center of Des Moines, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	72-1349752				Surgery Center of Easton, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-1212213				Surgery Center of Ellicott City, Inc.	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-1733152				Surgery Center of Fairfield County, LLC	DE	NIA	SunSurgery, LLC	Ownership	47.032	UnitedHealth Group Incorporated		
		.0000	62-1179539				Surgery Center of Lexington, LLC	DE	NIA	SC Affiliates, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.0000	62-1179537				Surgery Center of Louisville, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-1231944				Surgery Center of Maui, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-1194204				Surgery Center of Muskogee, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	11-3701564				Surgery Center of Rockville, L.L.C.	MD	NIA	SCA-Rockville, LLC	Ownership	59.000	UnitedHealth Group Incorporated		2
		.0000	63-1212214				Surgery Center of Southern Pines, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-1178497				Surgery Center of Spokane, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-1184216				Surgery Center of Summerlin, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-3448050				Surgery Center of The Woodlands, LLC	TX	NIA	SCA-Woodlands Holdings, LLC	Ownership	55.790	UnitedHealth Group Incorporated		2
		.0000	62-1491963				Surgery Center of Vero Beach, Inc.	TN	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Surgery Center of Wilmington Properties, LLC	NC	NIA	Surgery Center of Wilmington, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Surgery Center of Wilmington, LLC	NC	NIA	SCA-Wilmington, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-3562598				Surgery Centers of Des Moines, Ltd., an Iowa Limited Partnership	IA	NIA	Surgery Center Holding, LLC	Ownership	67.950	UnitedHealth Group Incorporated		2
		.0000	68-0282268				Surgery Centers-West Holdings, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-1187498				Surgical Care Affiliates Political Action Committee	AL	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8922307				Surgical Care Affiliates, LLC	DE	NIA	SCAI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-2971080				Surgical Care Partners of Melbourne, LLC	DE	NIA	SHC Melbourne, Inc.	Ownership	72.750	UnitedHealth Group Incorporated		2
		.0000	75-1925497				Surgical Caregivers of Fort Worth, LLC	TX	NIA	THR-SCA Holdings, LLC	Influence	0.000	UnitedHealth Group Incorporated		5
		.0000	63-1251243				Surgical Center of Greensboro, LLC	NC	NIA	NSC Greensboro, LLC	Influence	35.716	UnitedHealth Group Incorporated		5
		.0000	22-2709324				Surgical Center of South Jersey, Limited Partnership	NJ	NIA	SCA-South Jersey, LLC	Ownership	61.853	UnitedHealth Group Incorporated		2
		.0000	63-1138507				Surgical Center of Tuscaloosa Holdings, LLC	AL	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-1997354				Surgical Health of Orlando, LLC	FL	NIA	Surgical Health, LLC	Ownership	81.760	UnitedHealth Group Incorporated		2
		.0000	58-1941168				Surgical Health, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-0168681				Surgical Hospital Holdings of Oklahoma, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2157730				Surgicare of Belleville, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	64-0629000				Surgicare of Jackson, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2162993				Surgicare of Jackson, Ltd., a Mississippi Limited Partnership	MS	NIA	Surgicare of Jackson, LLC	Influence	40.000	UnitedHealth Group Incorporated		5
		.0000	75-2287141				Surgicare of Joliet, Inc.	IL	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2501191				Surgicare of La Veta, Inc.	CA	NIA	Surgery Centers-West Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2507129				Surgicare of La Veta, Ltd., a California Limited Partnership	CA	NIA	Beach Surgical Holdings III, LLC	Ownership	28.333	UnitedHealth Group Incorporated		
		.0000	41-1437636				Surgicare of Minneapolis, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1624905				Surgicare of Minneapolis, Ltd., a Minnesota Limited Partnership	MN	NIA	Surgicare of Minneapolis, LLC	Influence	20.305	UnitedHealth Group Incorporated		5
		.0000	75-2459713				Surgicare of Mobile, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2459715				Surgicare of Mobile, Ltd.	AL	NIA	Surgicare of Mobile, LLC	Influence	20.000	UnitedHealth Group Incorporated		5
		.0000	75-2448926				Surgicare of Oceanside, Inc.	CA	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2184730				Surgicare of Owensboro, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2200171				Surgicare of Salem, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-1975122				Surgicare, LLC	IN	NIA	SCA-SurgiCare, LLC	Ownership	53.680	UnitedHealth Group Incorporated		2
		.0000	82-3717201				SurgiCenter of San Antonio at Westover Hills, LLC	TX	NIA	SCA-Westover Hills, LLC	Ownership	48.105	UnitedHealth Group Incorporated		
		.0000	95-3329855				Surgicenters of Southern California, Inc.	CA	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-1536748				Symphonix Health Holdings, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	84549	38-2044243				Symphonix Health Insurance, Inc.	IL	IA	Symphonix Health Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	98-1260384				Taidene Medical Ltd.	.CAN	NIA	UnitedHealthcare Global Canada Limited	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	93-1172065				Talbert Medical Group, P.C.	.CA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	47-4751035				TeamMD Holdings, Inc.	.DE	NIA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4850893				TeamMD Iowa, Inc.	.DE	NIA	TeamMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2584893				TeamMD Physicians of Texas, Inc.	.TX	NIA	TeamMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0445773				TeamMD Physicians, P.C.	.IA	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	82-1019055				TeamUP Insurance Services, Inc.	.CA	NIA	HealthMarkets Insurance Agency, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Tecnologías de Información en Salud S.A.	.CHL	NIA	Clínica Santa María S.A.	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000					Tecnologías de Información en Salud S.A.	.CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	50.000	UnitedHealth Group Incorporated		
		.00000	38-3897811				Texas Health Craig Ranch Surgery Center, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	80-0866449				Texas Health Flower Mound Orthopedic Surgery Center, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	81-4977249				Texas Health Orthopedic Surgery Center Alliance, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	82-2296081				Texas Health Surgery Center Alliance, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	82-1307876				Texas Health Surgery Center Bedford, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	83-0781259				Texas Health Surgery Center Las Colinas, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	20-3991622				Texas Health Surgery Center Preston Plaza, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	47-4425996				Texas Health Surgery Center Rockwall, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	83-1464243				Texas Health Surgery Center Waxahachie, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	84-1953918				Texas Health Surgery Center Willow Park, LLC	.TX	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	52-1468699				The Advisory Board (Chile) SpA	.CHL	NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	52-0676509				The Advisory Board Company	.DE	NIA	The Advisory Board Company	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.61832	52-0676509				The Chesapeake Life Insurance Company	.OK	IA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	91-0214500				The Everett Clinic, PLLC	.WA	NIA	HealthMarkets Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		4
		.00000	20-5562797				The Eye Surgery Center of the Carolinas, L.P.	.NC	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		5
		.00000	56-1970224				The Lewin Group, Inc.	.NC	NIA	Surgery Center of Southern Pines, LLC	Influence	46.000	UnitedHealth Group Incorporated		5
		.00000					The Magan Medical Group	.CA	NIA	Optum Public Sector Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	61-1409045				The Outpatient Surgery Center of Hilton Head, LLC	.SC	NIA	DaVita Magan Management, Inc.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	91-0369070				The Polyclinic MSO, LLC	.DE	NIA	SCA-Hilton Head, LLC	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	72-1349755				The Polyclinic, PLLC	.WA	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		2
		.00000	63-1184215				The Surgery Center of Easton, L.P.	.TN	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	06-1552689				The Surgical Center at Tenaya, L.P.	.TN	NIA	Surgery Center of Easton, LLC	Ownership	42.000	UnitedHealth Group Incorporated		5
		.00000					The Surgical Center of Connecticut, LLC	.CT	NIA	Surgery Center of Summerlin, LLC	Influence	20.000	UnitedHealth Group Incorporated		5
		.00000	37-1446353				THE SURGICAL CENTER OF THE TREASURE COAST, L.L.C.	.FL	NIA	SCA-Main Street, LLC	Influence	20.000	UnitedHealth Group Incorporated		5
		.00000	26-1479919				Thomas Johnson Surgery Center, LLC	.MD	NIA	SCA-St. Lucie, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	77-0367271				Thousand Oaks Endoscopy Center, LLC	.CA	NIA	SCA-Frederick, LLC	Ownership	65.000	UnitedHealth Group Incorporated		2
		.00000	25-1825549				Three Rivers Holdings, Inc.	.DE	NIA	Endoscopy Center Affiliates, Inc.	Ownership	99.000	UnitedHealth Group Incorporated		2
		.00000	63-1194203				THR-SCA Holdings, LLC	.TX	NIA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1096461				Tmesys, LLC	.FL	NIA	Muskogee Surgical Investors, LLC	Ownership	72.530	UnitedHealth Group Incorporated		2
		.00000	98-1287904				Topimagem Diagnóstico por Imagem Ltda.	.BRA	NIA	Texas Health Resources	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	83-1528858				Trails Edge Surgery Center, LLC	.FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-5482620				Trauma Surgery Affiliates, LLC	.TX	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	89.000	UnitedHealth Group Incorporated		2
		.00000	52-1431155				Travel Express Incorporated	.MD	NIA	SCA-Bonita Springs, LLC	Ownership	59.000	UnitedHealth Group Incorporated		2
		.00000								National Surgery Centers, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000								FrontierMEDEX, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.0000	46-2613170				Treasure Valley Emerald Properties, LLC Treasure Valley Hospital Limited Partnership	DE	NIA	Treasure Valley Hospital Limited Partnership	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0592165				Trimed, LLC	ID	NIA	Surgical Health, LLC	Ownership	40.375	UnitedHealth Group Incorporated		
		.0000	47-5088596				Trio Motion, LLC	UT	NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-5530255				Tucson Arizona Surgical Center, LLC	DE	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-4692800				Tuscaloosa Surgical Center, L.P.	AZ	NIA	Formation Documents Pending	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	63-0974161				U.S. Behavioral Health Plan, California	AL	NIA	Surgical Center of Tuscaloosa Holdings, LLC	Ownership	30.000	UnitedHealth Group Incorporated		
		.0000	94-3077084				UHC Finance (Ireland) Unlimited Company	CA	IA	United Behavioral Health	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1388279				UHC International Services, Inc.	CA	IA	UnitedHealth Group International Finance (Ireland) Unlimited Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1913059				UHC of California	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	95-2931460				UHC - FZE	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1103713				UHC Holdings (Ireland) Limited	ARE	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1372063				UHC Services (Ireland) Limited	JRL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1372064				UHG Brasil Participações S.A.	JRL	NIA	UHG Holdings (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1122490				UHC Holdings, Inc.	ARE	NIA	Polar II Fundo de Investimento em Participações Multiestrategia	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1921008				UICI Funding Corp. 2	BRA	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2922396				UMR, Inc.	DE	NIA	HealthMarkets, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	39-1995276				Unidad Médica Diagnóstico S.A.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1444648				Unidad Médica Diagnóstico S.A.	COL	NIA	Colmedica Medicina Prepagada	Ownership	92.380	UnitedHealth Group Incorporated		2
		.0000	98-1444648				Unimerica Insurance Company	COL	NIA	Banmedica Colombia SpA	Ownership	7.619	UnitedHealth Group Incorporated		2
.0707	UnitedHealth Group Incorporated	.91529	52-1996029				Unimerica Life Insurance Company of New York	WI	IA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.11596	01-0637149				Unison Health Plan of Delaware, Inc.	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-5917714				United Behavioral Health	DE	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	94-2649097				United Behavioral Health of New York, I.P.A., Inc.	CA	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1868911				United Group Reinsurance, Inc.	NY	NIA	United Behavioral Health	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2583080				United Health Foundation	TCA	NIA	HealthMarkets, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1941615				United HealthCare Services, Inc.	MN	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1289245	3410132			United Management Services, Inc.	NY	NIA	HealthMarkets, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2601147				United Resource Networks IPA of New York, Inc.	NY	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0318238				UnitedHealth Advisors, LLC	ME	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	01-0538317				UnitedHealth Group Finance Inc.	DE	NIA	Bordeaux (Barbados) Holdings III, SRL	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	84-3188598				UnitedHealth Group Incorporated	DE	UIP	Self	Ownership	0.000	UnitedHealth Group Incorporated		2
		.0000	41-1321939	4665014	0000731766		UnitedHealth Group International Finance (Ireland) Unlimited Company	JRL	NIA	UnitedHealthcare Europe S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1422474				UnitedHealth Group International GP	CYM	NIA	FrontierMEDX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1079826				UnitedHealth Group Ventures, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-3311984				UnitedHealth International, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1917398				UnitedHealth Military & Veterans Services, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-2574977				UnitedHealth UK Limited	GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95174	33-0115163				UnitedHealthcare Benefits of Texas, Inc.	TX	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-3221444				UnitedHealthcare Benefits Plan of California	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-4348775				UnitedHealthcare Community Plan of California, Inc.	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

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..0707	UnitedHealth Group Incorporated	13168	26-2688274				UnitedHealthcare Community Plan of Georgia, Inc.	GA	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	12323	56-2451429				UnitedHealthcare Community Plan of Ohio, Inc.	OH	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	11141	91-2008361				UnitedHealthcare Community Plan of Texas, L.L.C.	TX	IA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95467	38-3204052				UnitedHealthcare Community Plan, Inc.	MI	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1200034				UnitedHealthcare Consulting & Assistance Service (Beijing) Co., Ltd.	CHN	NIA	UnitedHealthcare International I B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1199879				UnitedHealthcare Europe S.à r.l.	LUX	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1104429				UnitedHealthcare Global Canada Limited	CAN	NIA	UnitedHealthcare International I B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1029201				UnitedHealthcare Global Medical (UK) Limited	GBR	NIA	UnitedHealthcare International I B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1099116				UnitedHealthcare India Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	99.999	UnitedHealth Group Incorporated		
		00000	98-1099116				UnitedHealthcare India Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.001	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	79413	36-2739571				UnitedHealthcare Insurance Company	CT	IA	UHC Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	60318	36-3800349				UnitedHealthcare Insurance Company of Illinois	IL	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	60093	11-3283886				UnitedHealthcare Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	12231	20-1902768				UnitedHealthcare Insurance Company of the River Valley	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372065				UnitedHealthcare Insurance Designated Activity Company	IRL	IA	UHC Holdings (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	00000	86-0618309				UnitedHealthcare Integrated Services, Inc.	AZ	IA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	41-1988797				UnitedHealthcare International Asia, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1100512				UnitedHealthcare International I B.V.	NLD	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1079459				UnitedHealthcare International II S.à r.l.	LUX	NIA	UnitedHealthcare Europe S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1340853				UnitedHealthcare International III B.V.	NLD	NIA	UnitedHealthcare Europe S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1077436				UnitedHealthcare International III S.à r.l.	LUX	NIA	Optum Services (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1080926				UnitedHealthcare International IV S.à r.l.	LUX	NIA	UnitedHealthcare International VIII S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372058				UnitedHealthcare International VI S.à r.l.	LUX	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372060				UnitedHealthcare International VII S.à r.l.	LUX	NIA	UHC Finance (Ireland) Unlimited Company	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372062				UnitedHealthcare International VIII S.à r.l.	LUX	NIA	UnitedHealthcare International X S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	00000	98-1443728				UnitedHealthcare International X S.à r.l.	LUX	NIA	UnitedHealthcare International III S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	97179	86-0207231				UnitedHealthcare Life Insurance Company	WI	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95784	63-0899562				UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	96016	86-0507074				UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95446	63-1036819				UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95090	84-1004639				UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95264	59-1293865				UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95850	58-1653544				UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95776	36-3280214				UnitedHealthcare of Illinois, Inc.	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	United HealthCare Services, Inc.	Ownership	94.170	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	UnitedHealthcare, Inc.	Ownership	5.830	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95833	72-1074008				UnitedHealthcare of Louisiana, Inc.	LA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95716	63-1036817				UnitedHealthcare of Mississippi, Inc.	MS	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95149	05-0413469				UnitedHealthcare of New England, Inc.	RI	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	13214	26-2697886				UnitedHealthcare of New Mexico, Inc.	NM	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95085	06-1172891				UnitedHealthcare of New York, Inc.	NY	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	95103	56-1461010				UnitedHealthcare of North Carolina, Inc.	NC	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0707	UnitedHealth Group Incorporated	95186	31-1142815				UnitedHealthcare of Ohio, Inc.	OH	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	96903	33-0115166				UnitedHealthcare of Oklahoma, Inc.	OK	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95893	93-0938819				UnitedHealthcare of Oregon, Inc.	OR	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95220	25-1756858				UnitedHealthcare of Pennsylvania, Inc.	PA	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	00000	35-2674992				UnitedHealthcare of South Carolina, Inc.	SC	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95765	95-3939697				UnitedHealthcare of Texas, Inc.	TX	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95025	52-1130183				UnitedHealthcare of the Mid-Atlantic, Inc.	MD	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95591	47-0676824				UnitedHealthcare of the Midlands, Inc.	NE	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	96385	43-1361841				UnitedHealthcare of the Midwest, Inc.	MO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95501	41-1488563				UnitedHealthcare of Utah, Inc.	UT	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	48038	91-1312551				UnitedHealthcare of Washington, Inc.	WA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95710	39-1555888				UnitedHealthcare of Wisconsin, Inc.	WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1099116				UnitedHealthcare Parekh Insurance TPA Private Limited	IND	NIA	UnitedHealth International, Inc.	Influence	25.926	UnitedHealth Group Incorporated		5
.0707	UnitedHealth Group Incorporated	95378	36-3379945				UnitedHealthcare Plan of the River Valley, Inc.	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	47-0854646				UnitedHealthcare Service LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	01-0518346				UnitedHealthcare Specialty Benefits, LLC	ME	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	41-1922511				UnitedHealthcare, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	26-4219191				UpFront Insurance Agency, LLC	MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	83-4657754				Upland Holdings, LLC	CA	NIA	NSC Upland, LLC	Ownership	58.990	UnitedHealth Group Incorporated		2
		00000	33-0812827				Upland Outpatient Surgical Center, L.P.	CA	NIA	NSC Upland, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		00000	26-0382877				Urgent Care Holdings, Inc.	DE	NIA	Optum Clinics Intermediate Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	26-3667220				Urgent Care MSO, LLC	DE	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	82-2400620				Urgent Care New York, P.C.	NY	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		00000	75-2613230				Urology Associates of North Texas, P.L.L.C.	TX	NIA	USMD Affiliated Services	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	75-2613230				Urology Associates of North Texas, P.L.L.C.	TX	NIA	USMD Affiliated Services	Influence	100.000	UnitedHealth Group Incorporated		5
		00000	20-3887008				USHEALTH Academy, Inc.	TX	NIA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	26-4163593				USHEALTH Administrators, LLC	DE	NIA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	26-3887598				USHEALTH Advisors, L.L.C.	TX	NIA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	75-2192748				USHEALTH Career Agency, Inc.	DE	NIA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	75-2225185				USHEALTH Funding, Inc.	DE	NIA	USHEALTH Group, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	73-1165000				USHEALTH Group, Inc.	DE	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	20-8048861				USMD Administrative Services, L.L.C.	TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	27-2956222				USMD Affiliated Services	TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	84-2381722				USMD ASC IV1, LLC	TX	NIA	USMD PPM, LLC	Influence	20.000	UnitedHealth Group Incorporated		5
		00000	27-2866866				USMD Holdings, Inc.	DE	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	20-8050318				USMD Inc.	TX	NIA	USMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	73-1662757				USMD of Arlington GP, L.L.C.	TX	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		00000	35-2446102				USMD PPM, LLC	TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1259657				V & L Medical Ltd.	CAN	NIA	UnitedHealthcare Global Canada Limited	Influence	100.000	UnitedHealth Group Incorporated		5
		00000	63-1182191				Valley Hospital, L.L.C.	WA	NIA	Surgery Center of Spokane, LLC	Ownership	50.000	UnitedHealth Group Incorporated		2
		00000	87-0757396				Valley Physicians Network, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	81-4629242				VERTA MANAGEMENT SERVICES, LLC	DE	NIA	SCA-VERTA, LLC	Ownership	50.000	UnitedHealth Group Incorporated		2
		00000	98-1444067				Vida Tres Internacional S.A.	CHL	NIA	Banmedica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1443076				Vida Integra S.A.	CHL	NIA	Banmedica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Virtual Therapeutics Corporation	DE	NIA	United HealthCare Services, Inc.	Influence	33.000	UnitedHealth Group Incorporated		5
		00000					Vivify Health Canada, Inc.	CAN	NIA	Vivify Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	27-1348358				Vivify Health, Inc.	DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	36-3469841				Wauwatosa Outpatient Surgery Center, LLC	DE	NIA	Surgery Centers-West Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	36-3469839				Wauwatosa Surgery Center, Limited Partnership	WI	NIA	Wauwatosa Outpatient Surgery Center, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		00000	20-5429310				Wayland Square Surgicare Acquisition, L.P.	RI	NIA	Wayland Square Surgicare GP, Inc.	Ownership	99.000	UnitedHealth Group Incorporated		2
		00000	75-2500274				Wayland Square Surgicare GP, Inc.	RI	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	46-2854394				Waypoint Minnesota PC	..MN	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000					WebInsure Benefits, LLC	..DE	..NIA	hCentive, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	74-2574229				WellMed Medical Group, P.A.	..TX	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	74-2797745				WellMed Medical Management of Florida, Inc.	..FL	..NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	74-2786364				WellMed Medical Management, Inc.	..TX	..NIA	Collaborative Care Holdings, LLC	Ownership	85.000	UnitedHealth Group Incorporated		.2
		.0000	35-2314192				WellMed Network of Florida, Inc.	..TX	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	74-2889447				WellMed Networks, Inc.	..TX	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	92-0183013				WellMed of Las Cruces, Inc.	..TX	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	27-2809113				West Coast Endoscopy Holdings, LLC	..DE	..NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	06-1521999				Western Connecticut Orthopedic Surgical Center, LLC	..CT	..NIA	SCA-Western Connecticut, LLC	Ownership	61.380	UnitedHealth Group Incorporated		.2
		.0000	45-0636596				WESTMED Practice Partners LLC	..DE	..NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	83-3608739				WillowB Labs LLC	..DE	..NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Wilmington ASC, LLC	..NC	..NIA	SCA-Wilmington, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-4816583				Wilson Creek Surgical Center, LLC	..TX	..NIA	THR-SCA Holdings, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	46-5548304				Winchester Endoscopy, LLC	..IL	..NIA	SCA-Winchester, LLC	Ownership	51.000	UnitedHealth Group Incorporated		.2
		.0000	62-1525776				Winter Park Surgery Center, L.P.	..TN	..NIA	SCA-Winter Park, Inc.	Influence	1.000	UnitedHealth Group Incorporated		.5
		.0000	62-1587564				Winter Park, LLC	..TN	..NIA	SCA-Winter Park, Inc.	Ownership	51.000	UnitedHealth Group Incorporated		.2
		.0000	45-2158334				WIND Medical, PLLC	..TX	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	52-2102846				XLHealth Corporation	..MD	..NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1107695				XLHealth Corporation India Private Limited	..IND	..NIA	XLHealth Corporation	Ownership	99.998	UnitedHealth Group Incorporated		
		.0000	98-1107695				XLHealth Corporation India Private Limited	..IND	..NIA	UnitedHealth International, Inc.	Ownership	0.002	UnitedHealth Group Incorporated		
		.0000	46-3537245				XLHome Michigan, P.C.	..MI	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	45-5530241				XLHome Northeast, P.C.	..NJ	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	46-2931689				XLHome Oklahoma, Inc.	..OK	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	27-3543997				XLHome, P.C.	..MD	..NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.0000	11-3764012				Your Health Options Insurance Services, Inc.	..CA	..NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

Asterisk	Explanation
1	TBD - Majority and/or Minority or additional shareholder information will be disclosed in a future reporting period.
2	The remaining percentage is owned by either: 1) non-affiliated entity(ies), 2) external shareholders, 3) outside investors or 4) multiple sources.
3	Currently undergoing a liquidation procedure
4	Represents a physician or physicians' owned entity, where the entity is deemed to be influenced by the ultimate owner.
5	Represents a minority-owned entity (with respect to the ultimate owner), where the ultimate owner is deemed to have influence over the entity.

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1913523	ACN Group IPA of New York, Inc.	0	0	0	0	831,902	0		0	831,902	0
	27-0015861	ACN Group of California, Inc.	(5,000,000)	0	0	0	10,765,570	0		0	5,765,570	0
82406	35-1665915	All Savers Insurance Company	(250,000,000)	0	0	0	(80,823,813)	(4,097)		0	(330,827,910)	(1,075)
73130	35-1744596	All Savers Life Insurance Company of California	0	0	0	0	(3,505)	0		0	(3,505)	0
52623	35-2108729	American Health Network of Indiana, LLC	0	0	0	0	0	0		0	0	0
	54-1743136	AmeriChoice Corporation	0	(150,000,000)	0	0	0	0		0	(150,000,000)	0
95497	22-3368602	AmeriChoice of New Jersey, Inc.	0	150,000,000	0	0	(323,024,551)	0		0	(173,024,551)	0
	86-0813232	Arizona Physicians IPA, Inc.	(60,000,000)	0	0	0	(792,818,137)	0		0	(852,818,137)	0
	30-0842394	AxelaCare Intermediate Holdings, LLC	0	0	0	0	239,137,554	0		0	239,137,554	0
	88-0267857	Behavioral Healthcare Options, Inc.	0	0	0	0	7,505,811	0		0	7,505,811	0
12558	45-4976934	Care Improvement Plus of Texas Insurance Company	(15,000,000)	0	0	0	(287,774,842)	0		0	(302,774,842)	0
12567	20-3888112	Care Improvement Plus South Central Insurance Company	(125,000,000)	0	0	0	(459,282,855)	(35)		0	(584,282,890)	0
14041	27-5038136	Care Improvement Plus Wisconsin Insurance Company	0	0	0	0	(66,336,006)	0		0	(66,336,006)	0
	52-1811176	DBP Services of New York IPA, Inc.	0	0	0	0	1,896,823	0		0	1,896,823	0
	52-1452809	Dental Benefit Providers of California, Inc.	(5,000,000)	0	0	0	(11,833,285)	0		0	(16,833,285)	0
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.	0	0	0	0	2,387	0		0	2,387	0
	41-2014834	Dental Benefit Providers, Inc.	0	0	0	0	173,401,855	0		0	173,401,855	0
	75-1617708	Enterprise Life Insurance Company	0	0	0	0	(5,674,957)	27,517,754		0	21,842,797	(25,895,257)
	20-0087132	Excelsior Insurance Brokerage, Inc.	0	0	0	0	26,296	0		0	26,296	0
	61-1096685	Freedom Life Insurance Company of America	0	0	0	0	(91,049,301)	(26,402,999)		0	(117,452,300)	26,655,307
	20-3420886	Golden Outlook, Inc.	0	0	0	0	3,643,159	0		0	3,643,159	0
	37-0855360	Golden Rule Financial Corporation	0	0	0	0	0	0		0	0	0
62286	37-6028756	Golden Rule Insurance Company	(130,000,000)	0	0	0	(270,998,156)	0		0	(400,998,156)	0
	98-0213198	H&W Indemnity (SPC), Ltd.	0	0	0	0	0	1,015,101		0	1,015,101	37,639,788
79480	35-1279304	Harken Health Insurance Company	(10,000,000)	7,000,000	0	0	(9,005,632)	0		0	(12,005,632)	0
96342	88-0201035	Health Plan of Nevada, Inc.	(125,000,000)	0	0	0	(312,650,058)	(1,057,318)		0	(438,707,376)	(16,902)
	27-0277771	HealthMarkets Insurance Agency, Inc.	0	0	0	0	67,856,560	0		0	67,856,560	0
	46-1131431	HealthMarkets Services, Inc.	0	0	0	0	(24,058)	0		0	(24,058)	0
	75-2044750	HealthMarkets, Inc.	0	0	0	0	2,292,661	0		0	2,292,661	0
	45-3143218	Lifepoint East, Inc.	0	0	0	0	204,316,053	0		0	204,316,053	0
	27-2309024	LifePrint Health, Inc.	0	0	0	0	3,936,178,227	0		0	3,936,178,227	0
60321	52-1803283	MAMSI Life and Health Insurance Company	0	0	0	0	(18,943,523)	(3,270)		0	(18,946,793)	150
	95-4874334	March Vision Care Group, Incorporated	0	0	0	0	16,916,416	0		0	16,916,416	0
96310	52-1169135	MD-Individual Practice Association, Inc.	(25,000,000)	0	0	0	(18,767,069)	(252,665)		0	(44,019,734)	689
12756	20-3391186	Medica Health Plans of Florida, Inc.	0	0	0	0	12,339	0		0	12,339	0
12155	01-0788576	Medica HealthCare Plans, Inc.	(10,000,000)	0	0	0	(78,103,876)	0		0	(88,103,876)	0
	32-0037402	Medical Transportation Services, LLC	0	0	0	0	3,297,749	0		0	3,297,749	0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
66087	62-0724538	Mid-West National Life Insurance Company of Tennessee	0	0	0	0	(2,013,705)	187,607		0	(1,826,098)	2,181,537
	22-3935634	Monarch Health Plan, Inc.	0	0	0	0	0	2,322,695		0	2,322,695	(16,850)
	73-1187572	National Foundation Life Insurance Company	0	0	0	0	(13,280,773)	(1,114,755)		0	(14,395,528)	(760,050)
	47-2336925	National MedTrans, LLC	0	0	0	0	16,941,632	0		0	16,941,632	0
95251	76-0196559	National Pacific Dental, Inc.	(1,500,000)	0	0	0	(1,023,753)	0		0	(2,523,753)	0
95123	65-0996107	Neighborhood Health Partnership, Inc.	(17,500,000)	0	0	0	(99,148,788)	0		0	(116,648,788)	0
95758	88-0228572	Nevada Pacific Dental	0	0	0	0	(407,373)	0		0	(407,373)	0
	72-1267232	New Orleans Regional Physician Hospital Organization, L.L.C.	0	0	0	0	1,032,941,002	0		0	1,032,941,002	0
	84-1250135	New West Physicians, Inc.	0	0	0	0	35,237	0		0	35,237	0
96940	52-1518174	Optimum Choice, Inc.	0	0	0	0	(33,048,135)	(301,618)		0	(33,349,753)	66
69647	31-0628424	Optum Insurance of Ohio, Inc.	(35,000,000)	0	0	0	(10,403,347)	0		0	(45,403,347)	0
11068	30-0029448	Optum Networks of New Jersey, Inc.	0	15,000,000	0	0	(1,474,935)	0		0	13,525,065	0
	46-2385459	OptumCare Health Plan of California, Inc.	0	0	0	0	384,860,805	0		0	384,860,805	0
	95-4509662	OptumCare Management, LLC	0	0	0	0	0	0		0	0	0
	13-4138668	OptumCare New York IPA, Inc.	0	0	0	0	120,120,784	0		0	120,120,784	0
	41-1591944	OptumHealth Care Solutions, LLC	0	0	0	0	198,320,603	0		0	198,320,603	0
	41-1858498	OptumInsight, Inc.	0	0	0	0	334,759,444	0		0	334,759,444	0
	33-0441200	OptumRx, Inc.	0	0	0	0	8,200,488,453	0		0	8,200,488,453	0
	13-3818652	OrthoNet LLC	0	0	0	0	7,141,187	0		0	7,141,187	0
78026	22-2797560	Oxford Health Insurance, Inc.	(270,000,000)	0	0	0	(1,106,633,634)	(885,931)		0	(1,377,519,565)	181,534
96798	06-1181201	Oxford Health Plans (CT), Inc.	(80,000,000)	0	0	0	(402,673,737)	(1,750,301)		0	(484,424,038)	893
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(40,000,000)	0	0	0	(341,358,500)	535,333		0	(380,823,167)	6,110
95479	06-1181200	Oxford Health Plans (NY), Inc.	0	0	0	0	(133,288,950)	0		0	(133,288,950)	0
	52-2443751	Oxford Health Plans LLC	0	0	0	0	0	0		0	0	0
70785	35-1137395	PacifiCare Life and Health Insurance Company	0	0	0	0	(1,215,200)	136		0	(1,215,064)	12,426
84506	95-2829463	PacifiCare Life Assurance Company	0	5,000,000	0	0	(5,378,343)	0		0	(378,343)	0
95617	94-3267522	PacifiCare of Arizona, Inc.	(6,000,000)	0	0	0	(10,110,394)	(511)		0	(16,110,905)	0
95434	84-1011378	PacifiCare of Colorado, Inc.	(138,000,000)	0	0	0	(1,940,818,440)	(5,378,144)		0	(2,084,196,584)	0
95685	86-0875231	PacifiCare of Nevada, Inc.	0	0	0	0	(83,052)	(36)		0	(83,088)	0
	20-5662149	Peoples Health, Inc.	0	0	0	0	(1,034,344,032)	0		0	(1,034,344,032)	0
11494	04-3677255	Physicians Health Choice of Texas, LLC	0	20,000,000	0	0	(730,642,989)	12,049		0	(710,630,940)	2,287
11176	65-0885893	Preferred Care Partners, Inc.	(66,000,000)	0	0	0	(811,175,451)	0		0	(877,175,451)	0
	33-0607478	PrimeCare Medical Network, Inc.	(60,000,000)	0	0	0	288,337,094	0		0	228,337,094	0
	87-0757397	PrimeCare of Citrus Valley, Inc.	0	0	0	0	(650)	0		0	(650)	0
	33-0674407	PrimeCare of Corona, Inc.	0	0	0	0	(300)	0		0	(300)	0
	33-0674401	PrimeCare of Hemet Valley, Inc.	0	0	0	0	(100)	0		0	(100)	0
	33-0674408	PrimeCare of Inland Valley, Inc.	0	0	0	0	(8,517)	0		0	(8,517)	0
	33-0674400	PrimeCare of Redlands, Inc.	0	0	0	0	(200)	0		0	(200)	0
	33-0674404	PrimeCare of Riverside, Inc.	0	0	0	0	(1,630)	0		0	(1,630)	0

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	14-1915328	PrimeCare of San Bernardino, Inc.	0	0	0	0	(39)	0		0	(39)	0
	33-0674409	PrimeCare of Temecula, Inc.	0	0	0	0	(360)	0		0	(360)	0
95482	84-0614905	Rocky Mountain Health Maintenance Organization, Incorporated	(7,400,000)	0	0	0	(86,249,895)	(215,156)		0	(93,865,051)	0
71420	94-0734860	Sierra Health and Life Insurance Company, Inc.	(300,000,000)	0	0	0	(3,195,084,717)	(95,670)		0	(3,495,180,387)	(95,098)
	88-0201420	Southwest Medical Associates, Inc.	0	0	0	0	193,559,151	0		0	193,559,151	0
	71-0886811	Spectera of New York, IPA, Inc.	0	0	0	0	28,280	0		0	28,280	0
	52-1260282	Spectera, Inc.	0	0	0	0	54,868,866	0		0	54,868,866	0
84549	38-2044243	Symphonix Health Insurance, Inc.	(25,000,000)	0	0	0	(116,224,037)	0		0	(141,224,037)	0
	30-0445773	TeamMD Physicians, P.C.	0	0	0	0	2,986,206	0		0	2,986,206	0
61832	52-0676509	The Chesapeake Life Insurance Company	0	0	0	0	(92,359,399)	0		0	(92,359,399)	0
	94-3077084	U.S. Behavioral Health Plan, California	0	20,000,000	0	0	106,433,157	0		0	126,433,157	0
	95-2931460	UHC of California	(200,000,000)	0	0	0	(1,514,633,162)	0		0	(1,714,633,162)	0
91529	52-1996029	Unimerica Insurance Company	(73,000,000)	0	0	0	(29,740,956)	(1,351,023)		0	(104,091,979)	(415,920)
11596	01-0637149	Unimerica Life Insurance Company of New York	0	0	0	0	(1,724,019)	0		0	(1,724,019)	0
	20-5917714	Unison Health Plan of Delaware, Inc.	(10,000,000)	0	0	0	90,804	0		0	(9,909,196)	0
	94-2649097	United Behavioral Health	0	0	0	0	1,955,369,584	0		0	1,955,369,584	0
	41-1868911	United Behavioral Health of New York, I.P.A., Inc.	0	0	0	0	2,003,273	0		0	2,003,273	0
	75-2583080	United Group Reinsurance, Inc.	0	0	0	0	0	(187,607)		0	(187,607)	(2,181,537)
	41-1289245	United HealthCare Services, Inc.	5,016,754,273	(163,000,000)	0	0	13,054,548,663	0		0	17,908,302,936	0
	41-1321939	UnitedHealth Group Incorporated	620,500,000	0	0	0	2,160,887,138	0		0	2,781,387,138	0
95174	33-0115163	UnitedHealthcare Benefits of Texas, Inc.	(74,000,000)	0	0	0	(2,795,305,174)	(4,059,682)		0	(2,873,364,856)	15,891
	47-3221444	UnitedHealthcare Benefits Plan of California	0	0	0	0	(83,009)	0		0	(83,009)	0
	46-4348775	UnitedHealthcare Community Plan of California, Inc.	0	0	0	0	(12,300,577)	0		0	(12,300,577)	0
13168	26-2688274	UnitedHealthcare Community Plan of Georgia, Inc.	0	0	0	0	5,349	0		0	5,349	0
12323	56-2451429	UnitedHealthcare Community Plan of Ohio, Inc.	(50,000,000)	0	0	0	(556,223,987)	(3,756,091)		0	(609,980,078)	18,409,942
11141	91-2008361	UnitedHealthcare Community Plan of Texas, L.L.C.	0	10,000,000	0	0	(325,052,808)	214,587		0	(314,838,221)	244,410
95467	38-3204052	UnitedHealthcare Community Plan, Inc.	(25,000,000)	0	0	0	(158,919,820)	625,550		0	(183,294,270)	1,197,835
79413	36-2739571	UnitedHealthcare Insurance Company	(2,511,554,273)	0	0	0	(10,420,162,768)	95,420,329		0	(12,836,296,712)	(545,438,407)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(70,000,000)	0	0	0	(147,429,115)	(107,273)		0	(217,536,388)	2,620
60093	11-3283886	UnitedHealthcare Insurance Company of New York	0	0	0	0	(570,144,332)	(60,535,970)		0	(630,680,302)	320,773,851
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley	(15,000,000)	0	0	0	(267,307,621)	(206,693)		0	(282,514,314)	(73,774)

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	86-0618309	UnitedHealthcare Integrated Services, Inc.	.0	.0	.0	.0	487,433	.0		0	487,433	0
97179	86-0207231	UnitedHealthcare Life Insurance Company	(35,500,000)	.0	.0	.0	(41,950,501)	(136)		0	(77,450,637)	(12,426)
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(20,000,000)	.0	.0	.0	(33,188,123)	(156,426)		0	(53,344,549)	0
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	(10,000,000)	.0	.0	.0	(10,927,193)	(115,019)		0	(21,042,212)	0
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.	.0	.0	.0	.0	(24,548,595)	(131,877)		0	(24,680,472)	0
95090	84-1004639	UnitedHealthcare of Colorado, Inc.	(1,500,000)	.0	.0	.0	(17,378,506)	(112,421)		0	(18,990,927)	0
95264	59-1293865	UnitedHealthcare of Florida, Inc.	(75,000,000)	.0	.0	.0	(327,485,979)	(2,069,007)		0	(404,554,986)	0
95850	58-1653544	UnitedHealthcare of Georgia, Inc.	.0	.0	.0	.0	(48,892,800)	(333,987)		0	(49,226,787)	0
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(10,000,000)	.0	.0	.0	(20,634,308)	(171,252)		0	(30,805,560)	2
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.	(1,800,000)	10,000,000	.0	.0	(20,497,697)	(175,111)		0	(12,472,808)	0
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.	.0	.0	.0	.0	(248,424,305)	(2,679,550)		0	(251,103,855)	(1,245)
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.	(20,000,000)	.0	.0	.0	(118,390,855)	(172,330)		0	(138,563,185)	27,804
95149	05-0413469	UnitedHealthcare of New England, Inc.	.0	.0	.0	.0	(307,283,023)	(2,338,532)		0	(309,621,555)	1,201,427
13214	26-2697886	UnitedHealthcare of New Mexico, Inc.	(50,000,000)	.0	.0	.0	(14,295,511)	.0		0	(64,295,511)	0
95085	06-1172891	UnitedHealthcare of New York, Inc.	.0	.0	.0	.0	(897,178,488)	.0		0	(897,178,488)	0
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	.0	76,000,000	.0	.0	(57,681,443)	(571,020)		0	17,747,537	0
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(26,000,000)	.0	.0	.0	(6,492,161)	(52,331)		0	(32,544,492)	0
96903	33-0115166	UnitedHealthcare of Oklahoma, Inc.	(26,500,000)	.0	.0	.0	(84,429,758)	.0		0	(110,929,758)	0
95893	93-0938819	UnitedHealthcare of Oregon, Inc.	(43,500,000)	.0	.0	.0	(269,382,516)	.0		0	(312,882,516)	0
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.	.0	.0	.0	.0	(200,888,351)	(1,202,724)		0	(202,091,075)	0
95765	95-3939697	UnitedHealthcare of Texas, Inc.	.0	.0	.0	.0	(16,885,444)	(170,100)		0	(17,055,544)	7
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.	.0	.0	.0	.0	(245,504,594)	(1,800,228)		0	(247,304,822)	16
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.	(110,000,000)	.0	.0	.0	(714,307,230)	(14,332,541)		0	(838,639,771)	0
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(25,000,000)	.0	.0	.0	(413,435,486)	21,681,958		0	(416,753,528)	166,353,595
95501	41-1488563	UnitedHealthcare of Utah, Inc.	(7,500,000)	.0	.0	.0	(865,597,213)	(901,799)		0	(873,999,012)	0
48038	91-1312551	UnitedHealthcare of Washington, Inc.	(15,000,000)	.0	.0	.0	(185,348,633)	.0		0	(200,348,633)	0
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(325,000,000)	.0	.0	.0	(1,528,685,480)	(9,657,936)		0	(1,863,343,416)	354
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	.0	.0	.0	.0	(558,444,080)	(4,721,927)		0	(563,166,007)	0
	47-0854646	UnitedHealthcare Service LLC	.0	.0	.0	.0	971,462	.0		0	971,462	0
	01-0518346	UnitedHealthcare Specialty Benefits, LLC	.0	.0	.0	.0	40,855	.0		0	40,855	0
	73-1165000	USHEALTH Group, Inc.	.0	.0	.0	.0	102,810,105	.0		0	102,810,105	0
	35-2314192	WellMed Network of Florida, Inc.	.0	.0	.0	.0	1,014,473,684	.0		0	1,014,473,684	0
	74-2889447	WellMed Networks, Inc.	.0	.0	.0	.0	3,171,161,007	.0		0	3,171,161,007	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) NO
- 35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? YES
- 36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? NO
- 37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? NO
- 38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? NO
- 39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? NO
- 40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? NO

APRIL FILING

- 41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? YES
- 42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? YES
- 43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ... NO
- 44. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES
- 45. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? YES
- 46. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? YES
- 47. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? YES
- 48. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? YES
- 49. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? NO

AUGUST FILING

- 50. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? YES

Explanations:

- 12.
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Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]



14. Trusteed Surplus Statement [Document Identifier 490]



18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]



19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]



20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]



22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]



23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 6 2 2 8 6 2 0 1 9 4 4 9 0 0 0 0 0
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 6 2 2 8 6 2 0 1 9 4 5 0 0 0 0 0 0
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 6 2 2 8 6 2 0 1 9 4 5 1 0 0 0 0 0
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 6 2 2 8 6 2 0 1 9 4 5 2 0 0 0 0 0
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 6 2 2 8 6 2 0 1 9 4 5 3 0 0 0 0 0
29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 6 2 2 8 6 2 0 1 9 4 3 6 0 0 0 0 0
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 6 2 2 8 6 2 0 1 9 4 3 7 0 0 0 0 0
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 6 2 2 8 6 2 0 1 9 4 3 8 0 0 0 0 0
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 6 2 2 8 6 2 0 1 9 4 3 9 0 0 0 0 0
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 6 2 2 8 6 2 0 1 9 4 5 4 0 0 0 0 0
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 6 2 2 8 6 2 0 1 9 4 9 5 0 0 0 0 0
36. Medicare Part D Coverage Supplement [Document Identifier 365]	 6 2 2 8 6 2 0 1 9 3 6 5 0 0 0 0 0
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 6 2 2 8 6 2 0 1 9 2 2 4 0 0 0 0 0
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 6 2 2 8 6 2 0 1 9 2 2 5 0 0 0 0 0
39. Relief from the Requirements for Audit Committees [Document Identifier 226]	 6 2 2 8 6 2 0 1 9 2 2 6 0 0 0 0 0
40. VM-20 Reserves Supplement [Document Identifier 456]	 6 2 2 8 6 2 0 1 9 4 5 6 0 0 0 0 0
43. Credit Insurance Experience Exhibit [Document Identifier 230]	 6 2 2 8 6 2 0 1 9 2 3 0 0 0 0 0 0
49. Variable Annuities Supplement [Document Identifier 286]	 6 2 2 8 6 2 0 1 9 2 8 6 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Fines and Penalties	40,000	75,000
2597. Summary of remaining write-ins for Line 25 from overflow page	40,000	75,000

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance			4 All Other Lines of Business	5 Investment	6 Fraternal	7 Total
	1	Accident and Health					
	Life	2 Cost Containment	3 All Other				
09.304. Professional Fees	27,165	2,442,948	18,922,809	0	0	0	21,392,922
09.305. Training/Recruiting	747	67,153	520,164	0	0	0	588,064
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	27,912	2,510,101	19,442,973	0	0	0	21,980,986



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	4,854	5,014	103.3	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,854	5,014	103.3	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Alaska.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/22/2005	12/31/2009	M-CARE SUPP	12,579	6,007	47.8	5	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		06/22/2005	12/31/2009	M-CARE SUPP	8,360	6,031	72.1	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										20,938	12,037	57.5	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.AK



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Arizona.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	22,045	7,541	34.2	3	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,544	551	15.6	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	18,650	15,939	85.5	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	998	10	1.0	0	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	83,991	39,456	47.0	33	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	4,361	4,247	97.4	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		07/05/2005	01/01/2006	M-CARE SUPP	208,347	136,966	65.7	50	0	0	0.0	0
0199999. Total Experience on Individual Policies										341,936	204,710	59.9	90	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,640	109	3.0	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	7,121	650	9.1	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	74,454	42,413	57.0	31	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	5,265	2,250	42.7	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		07/28/2005	12/31/2009	M-CARE SUPP	191,722	144,300	75.3	94	0	0	0.0	0
0199999. Total Experience on Individual Policies										282,202	189,722	67.2	132	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

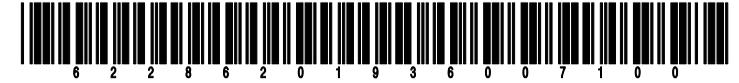
For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Colorado.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	24,186	18,218	75.3	3	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	9,024	3,224	35.7	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		12/08/2005	12/31/2009	M-CARE SUPP	250,514	150,806	60.2	86	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		12/08/2005	12/31/2009	M-CARE SUPP	282,447	156,849	55.5	71	0	0	0.0	0
0199999. Total Experience on Individual Policies										566,171	329,096	58.1	161	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Connecticut
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	33,663	8,848	26.3	10	0	0	0.0	0
0199999. Total Experience on Individual Policies										33,663	8,848	26.3	10	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Florida.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,882	2,888	74.4	1	0	0	0.0	0
YES	2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	35,685	41,309	115.8	7	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	14,194	4,655	32.8	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	271,503	160,196	59.0	52	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	45,618	51,147	112.1	35	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	673,754	723,727	107.4	298	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,044,636	983,923	94.2	397	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

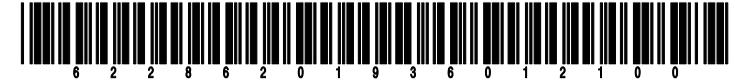
For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Georgia.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	9,997	6,174	61.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	9,331	6,686	71.6	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										19,329	12,860	66.5	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Hawaii.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360 HI



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Idaho.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	2,713	64	2.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,713	64	2.4	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360 ID



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	17,508	10,555	60.3	4	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	22,683	2,916	12.9	2	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	30,195	23,917	79.2	10	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	180,080	86,985	48.3	26	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	12,106	314	2.6	4	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	68,946	11,097	16.1	9	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	10,994	6,903	62.8	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	547,052	439,851	80.4	208	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	4,105	1,046	25.5	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/02/2005	12/31/2009	M-CARE SUPP	310,475	261,013	84.1	91	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,204,144	844,597	70.1	359	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
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 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

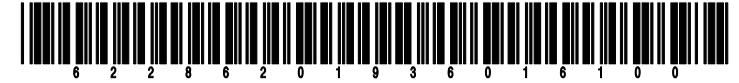
For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,073	581	14.3	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	12,191	13,814	113.3	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	4,293	3,919	91.3	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	34,934	16,314	46.7	5	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	6,001	2,711	45.2	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	26,310	39,357	149.6	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	16	0	0.0	0	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	254,397	234,038	92.0	83	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	32,794	14,049	42.8	8	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	390,623	205,662	52.6	97	0	0	0.0	0
0199999. Total Experience on Individual Policies										765,632	530,444	69.3	202	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Iowa.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	6,701	3,320	49.5	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	14,766	18,005	121.9	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	7,842	12,094	154.2	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	44,922	24,567	54.7	18	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/27/2005	12/31/2009	M-CARE SUPP	59,335	27,852	46.9	20	0	0	0.0	0
0199999. Total Experience on Individual Policies										133,567	85,838	64.3	43	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Kansas.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	48	0	0.0	0	0	0.0	0	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	15,222	5,824	38.3	2	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	4,261	4,682	109.9	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		10/20/2005	12/31/2009	M-CARE SUPP	1,690	10,398	615.3	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		10/20/2005	12/31/2009	M-CARE SUPP	6,458	4,442	68.8	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										27,679	25,346	91.6	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	7,566	13,585	179.6	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	24,151	29,021	120.2	5	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	7,061	11,807	167.2	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	22,298	10,697	48.0	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/06/2005	12/31/2009	M-CARE SUPP	1,703	2,233	131.1	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/06/2005	12/31/2009	M-CARE SUPP	143,353	137,683	96.0	74	0	0	0.0	0
0199999. Total Experience on Individual Policies										206,131	205,026	99.5	88	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,527	2,908	64.2	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	6,674	100	1.5	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	57,711	51,202	88.7	8	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	30,184	30,900	102.4	9	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	24,595	4,453	18.1	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	2,174	555	25.5	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	450,010	298,446	66.3	160	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	3,494	811	23.2	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		08/03/2005	12/31/2009	M-CARE SUPP	149,401	69,662	46.6	40	0	0	0.0	0
0199999. Total Experience on Individual Policies										728,769	459,038	63.0	225	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
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 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Maine.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Maryland.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		11/23/2005	12/31/2009	M-CARE SUPP	64,384	68,277	106.0	21	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/23/2005	12/31/2009	M-CARE SUPP	58,904	72,865	123.7	15	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		11/23/2005	12/31/2009	M-CARE SUPP	172,227	65,274	37.9	49	0	0	0.0	0
0199999. Total Experience on Individual Policies										295,515	206,416	69.8	85	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	8,323	1,222	14.7	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	64,969	21,128	32.5	11	0	0	0.0	0
YES	GRI-H-2D	P	NO	.0034060	02/01/1982		.04/01/1991	.08/01/1992	M-GAP BASIC	4,420	663	15.0	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	11,816	3,685	31.2	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	249,541	124,502	49.9	93	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	77,874	31,224	40.1	20	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.06/21/2005	.12/31/2009	M-CARE SUPP	461,709	288,424	62.5	142	0	0	0.0	0
0199999. Total Experience on Individual Policies										878,652	470,848	53.6	273	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/06/2005	12/31/2009	M-CARE SUPP	52,016	69,216	133.1	20	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/06/2005	12/31/2009	M-CARE SUPP	52,134	21,524	41.3	13	0	0	0.0	0
0199999. Total Experience on Individual Policies										104,150	90,741	87.1	33	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.MS



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Missouri.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	.0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,025	2,026	50.3	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	8,334	5,441	65.3	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	60,920	38,744	63.6	15	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	12,849	8,613	67.0	4	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	30,094	9,751	32.4	5	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	12,528	11,695	93.4	8	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	1,349,280	950,887	70.5	492	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,478,029	1,027,157	69.5	528	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Montana.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Nebraska.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	3,317	2,158	65.1	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	8,862	3,892	43.9	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	3,357	253	7.5	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	10,656	1,599	15.0	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.06/20/2005	.12/31/2009	M-CARE SUPP	70,877	42,447	59.9	27	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034000	12/01/1991		.06/20/2005	.12/31/2009	M-CARE SUPP	2,887	3,014	104.4	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.06/20/2005	.12/31/2009	M-CARE SUPP	92,523	64,249	69.4	27	0	0	0.0	0
0199999. Total Experience on Individual Policies										192,478	117,613	61.1	59	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

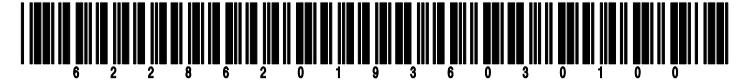
For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Nevada.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,722	3,029	111.3	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/24/2005	12/31/2009	M-CARE SUPP	30,235	36,315	120.1	13	0	0	0.0	0
0199999. Total Experience on Individual Policies										32,957	39,345	119.4	14	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,664	266	10.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,664	266	10.0	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360 NH



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

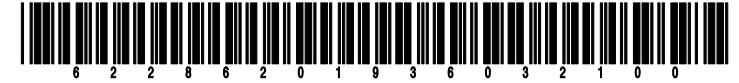
FOR THE STATE OF New Jersey.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.NI



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	261	0	0.0	0	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		09/23/2005	12/31/2009	M-CARE SUPP	22,701	10,234	45.1	8	0	0	0.0	0
0199999. Total Experience on Individual Policies										22,962	10,234	44.6	8	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.NM



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF New York.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/12/2005	12/31/2009	M-CARE SUPP	19,161	19,077	99.6	7	0	0	0.0	0
0199999. Total Experience on Individual Policies										19,161	19,077	99.6	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/14/2005	12/31/2009	M-CARE SUPP	34,782	21,825	62.7	15	0	0	0.0	0
0199999. Total Experience on Individual Policies										34,782	21,825	62.7	15	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,197	2,118	50.5	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	25,475	22,314	87.6	2	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	16,662	13,780	82.7	5	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	155,914	168,410	108.0	21	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	15,863	11,481	72.4	5	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	53,166	28,020	52.7	6	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	31,017	11,989	38.7	14	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,629,571	1,000,846	61.4	580	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	917,676	488,644	53.2	243	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	1,536,357	1,191,625	77.6	451	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,385,897	2,939,226	67.0	1,328	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	5,643	5,599	99.2	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	13,513	93	0.7	2	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	5,883	403	6.8	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	9,756	2,223	22.8	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	17,221	12,942	75.2	6	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	133,716	74,093	55.4	55	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,877	966	24.9	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	287,496	150,233	52.3	88	0	0	0.0	0
0199999. Total Experience on Individual Policies										477,105	246,552	51.7	157	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Oregon.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	6,904	5,756	83.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,904	5,756	83.4	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	6,001	4,987	83.1	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,001	4,987	83.1	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	11,693	7,049	60.3	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	114,312	87,939	76.9	47	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	10,067	25,496	253.3	3	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		07/01/2005	12/31/2009	M-CARE SUPP	113,652	82,482	72.6	36	0	0	0.0	0
0199999. Total Experience on Individual Policies										249,724	202,965	81.3	88	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/01/2005	12/31/2009	M-CARE SUPP	26,179	25,734	98.3	8	0	0	0.0	0
0199999. Total Experience on Individual Policies										26,179	25,734	98.3	8	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
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- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	9,043	4,260	47.0	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	49,054	18,996	38.7	9	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	14,221	41,194	289.7	5	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	4,336	1,162	26.8	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	1,812	8,209	453.0	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	192,254	160,504	83.5	86	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	4,219	0	0.0	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034060	12/01/1998		.12/07/2005	.12/31/2009	M-CARE SUPP	98,512	40,277	40.9	29	0	0	0.0	0
0199999. Total Experience on Individual Policies										373,451	274,592	73.5	135	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,566	417	9.1	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	9,462	2,486	26.3	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,511	722	20.6	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	54,070	20,427	37.8	8	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	22,733	8,539	37.6	8	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	52,640	18,911	35.9	6	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	16,755	2,376	14.2	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	711,400	415,582	58.4	233	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	23,275	24,838	106.7	5	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		09/30/2005	12/31/2009	M-CARE SUPP	1,390,217	797,278	57.3	413	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,288,628	1,291,576	56.4	681	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".

360.TX



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Vermont.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	7,841	1,731	22.1	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,841	1,731	22.1	5	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Virginia.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,778	2,086	75.1	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	14,859	1,654	11.1	2	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	17,360	8,677	50.0	6	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	10,470	3,611	34.5	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	8,116	4,379	54.0	3	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	236,543	137,539	58.1	88	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	20,467	20,731	101.3	5	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		11/30/2005	12/31/2009	M-CARE SUPP	198,823	171,257	86.1	52	0	0	0.0	0
0199999. Total Experience on Individual Policies										509,415	349,934	68.7	158	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,410	187	5.5	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	8,049	3,386	42.1	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,827	6,795	177.6	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	118,573	99,574	84.0	46	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	8,155	1,044	12.8	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	80,553	51,156	63.5	24	0	0	0.0	0
0199999. Total Experience on Individual Policies										222,568	162,142	72.9	76	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF Guam.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
 (To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016			Policies Issued in 2017; 2018; 2019				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

Of The Golden Rule Insurance Company
ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
NAIC Group Code 0707 NAIC Company Code 62286 Employer's Identification Number (FEIN) 37-6028756

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Table with 6 rows (Prior to 2019) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2015-2019). Values range from 0 to 789,538.

Section B - Other Accident and Health

Table with 6 rows (Prior to 2019) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2015-2019). Values range from 0 to 167,839.

Section C - Credit Accident and Health

Table with 6 rows (Prior to 2019) and 5 columns. All values are 'NONE'.

Section D -

Table with 6 rows (Prior to 2019) and 5 columns. All values are 'NONE'.

Section E -

Table with 6 rows (Prior to 2019) and 5 columns. All values are 'NONE'.

Section F -

Table with 6 rows (Prior to 2019) and 5 columns. All values are 'NONE'.

Section G -

Table with 6 rows (Prior to 2019) and 5 columns. All values are 'NONE'.

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

SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	1,477	0	0	0	0
2. 2015	11,521	1,840	0	0	0
3. 2016	XXX	11,725	1,969	0	0
4. 2017	XXX	XXX	14,001	2,165	0
5. 2018	XXX	XXX	XXX	10,159	2,710
6. 2019	XXX	XXX	XXX	XXX	15,404

Section B - Other Accident and Health

1. Prior	93	0	0	0	0
2. 2015	2,101	69	0	0	0
3. 2016	XXX	2,078	471	0	0
4. 2017	XXX	XXX	2,335	398	0
5. 2018	XXX	XXX	XXX	3,025	492
6. 2019	XXX	XXX	XXX	XXX	5,841

Section C - Credit Accident and Health

1. Prior					
2. 2015	NONE				
3. 2016	NONE				
4. 2017	NONE				
5. 2018	NONE				
6. 2019	XXX	XXX	XXX	XXX	

Section D -

1. Prior					
2. 2015	NONE				
3. 2016	NONE				
4. 2017	NONE				
5. 2018	NONE				
6. 2019	XXX	XXX	XXX	XXX	

Section E -

1. Prior					
2. 2015	NONE				
3. 2016	NONE				
4. 2017	NONE				
5. 2018	NONE				
6. 2019	XXX	XXX	XXX	XXX	

Section F -

1. Prior					
2. 2015	NONE				
3. 2016	NONE				
4. 2017	NONE				
5. 2018	NONE				
6. 2019	XXX	XXX	XXX	XXX	

Section G -

1. Prior					
2. 2015	NONE				
3. 2016	NONE				
4. 2017	NONE				
5. 2018	NONE				
6. 2019	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2019 OF THE Golden Rule Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

**Development of Incurred Losses
(\$000 Omitted)**

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015	925,405	920,569	917,730	XXX	XXX
2. 2016	XXX	849,850	842,278	840,383	XXX
3. 2017	XXX	XXX	837,281	791,928	789,538
4. 2018	XXX	XXX	XXX	721,401	700,989
5. 2019	XXX	XXX	XXX	XXX	735,756

Section B - Other Accident and Health

1. 2015	158,729	156,574	156,317	XXX	XXX
2. 2016	XXX	126,995	125,807	124,678	XXX
3. 2017	XXX	XXX	133,321	129,198	127,842
4. 2018	XXX	XXX	XXX	154,610	147,759
5. 2019	XXX	XXX	XXX	XXX	211,213

Section C - Credit Accident and Health

1. 2015				XXX	XXX
2. 2016	XXX				XXX
3. 2017	XXX				
4. 2018	XXX	XX	XXX		
5. 2019	XXX	XX	XXX	XXX	

NONE

Section D -

1. 2015				XXX	XXX
2. 2016	XXX				XXX
3. 2017	XXX				
4. 2018	XXX	XX	XXX		
5. 2019	XXX	XX	XXX	XXX	

NONE

Section E -

1. 2015				XXX	XXX
2. 2016	XXX				XXX
3. 2017	XXX				
4. 2018	XXX	XX	XXX		
5. 2019	XXX	XX	XXX	XXX	

NONE

Section F -

1. 2015				XXX	XXX
2. 2016	XXX				XXX
3. 2017	XXX				
4. 2018	XXX	XX	XXX		
5. 2019	XXX	XX	XXX	XXX	

NONE

Section G -

1. 2015				XXX	XXX
2. 2016	XXX				XXX
3. 2017	XXX				
4. 2018	XXX	XX	XXX		
5. 2019	XXX	XX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

**Development of Incurred Losses
(\$000 Omitted)**

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015	937,316	922,409	917,730	0	0
2. 2016	XXX	862,037	844,215	840,383	0
3. 2017	XXX	XXX	851,529	794,094	789,538
4. 2018	XXX	XXX	XXX	731,706	703,699
5. 2019	XXX	XXX	XXX	XXX	751,139

Section B - Other Accident and Health

1. 2015	160,880	156,643	156,317	0	0
2. 2016	XXX	129,124	126,310	124,678	0
3. 2017	XXX	XXX	135,679	129,596	127,842
4. 2018	XXX	XXX	XXX	157,650	148,250
5. 2019	XXX	XXX	XXX	XXX	216,520

Section C - Credit Accident and Health

1. 2015					
2. 2016	XXX				
3. 2017	XXX				
4. 2018	XXX				
5. 2019	XXX	XX	XXX	XXX	

NONE

Section D -

1. 2015					
2. 2016	XXX				
3. 2017	XXX				
4. 2018	XXX				
5. 2019	XXX	XX	XXX	XXX	

NONE

Section E -

1. 2015					
2. 2016	XXX				
3. 2017	XXX				
4. 2018	XXX				
5. 2019	XXX	XX	XXX	XXX	

NONE

Section F -

1. 2015					
2. 2016	XXX				
3. 2017	XXX				
4. 2018	XXX				
5. 2019	XXX	XX	XXX	XXX	

NONE

Section G -

1. 2015					
2. 2016	XXX				
3. 2017	XXX				
4. 2018	XXX				
5. 2019	XXX	XX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		0
2. Ordinary Life	Standard Factor	453
3. Individual Annuity		0
4. Supplementary Contracts		0
5. Credit Life		0
6. Group Life	Standard Factor	497
7. Group Annuities		0
8. Group Accident and Health	Development	136,066
9. Credit Accident and Health		0
10. Other Accident and Health	Development	43,317
11. Total		180,333

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