



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## Empheysys Insurance Company

NAIC Group Code 0119 0119 NAIC Company Code 88595 Employer's ID Number 31-0935772  
(Current) (Prior)

Organized under the Laws of Texas, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 03/13/1978 Commenced Business 05/12/1978

Statutory Home Office 1221 S. Mo Pac Expy., Suite 300, Austin, TX, US 78746-7625  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 West Main Street  
(Street and Number)  
Louisville, KY, US 40202, 502-580-1000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P. O. Box 740036, Louisville, KY, US 40201-7436  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 West Main Street  
(Street and Number)  
Louisville, KY, US 40202, 502-580-1000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Bryan Oberholtzer, 502-580-1077  
(Name) (Area Code) (Telephone Number)  
DOIINQUIRIES@humana.com, 502-580-3750  
(E-mail Address) (FAX Number)

### OFFICERS

President George Renaudin II Chief Financial Officer Celeste Marie Mellet #  
Secretary Courtney Danielle Durall VP & Treasurer Robert Martin Marcoux Jr.

### OTHER

Erin Fegan Banet #, SVP, Chief Audit and Risk Officer Susan Renee Crowe #, SVP, Chief Compliance Officer Daniel Kevin Feld, Associate VP, Tax  
John-Paul William Felter, SVP, Chief Accounting Officer  
& Controller John Stephen Littig, VP, Medicare Regional President William Mark Preston, VP, Investments  
Frederick William Roth, VP, Medicare Supplement Lisa Thornell Stephens #, SVP & Chief Operating Officer,  
Insurance Gilbert Alan Stewart, SVP, Medicare Divisional Leader

### DIRECTORS OR TRUSTEES

Susan Renee Crowe # Courtney Danielle Durall # John-Paul William Felter  
Robert Martin Marcoux Jr. George Renaudin II

State of Kentucky SS  
County of Jefferson

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.

George Renaudin II  
President

Courtney Danielle Durall  
Corporate Secretary

Robert Martin Marcoux, Jr.  
VP & Treasurer

Subscribed and sworn to before me this  
20th day of February, 2026

- 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.....

Julia Wentworth  
Notary Public  
January 10, 2029

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	9,227	1,616	1,437	8,768	8,768	12,279
Group Subscribers:						
SMART - R1 - LOCAL 12 .....	196,198	188,322	0	0	0	384,520
SMART - R3 - LOCAL 7 .....	121,578	119,027	0	0	0	240,605
SMART- R3 - LOCAL 110 .....	94,743	93,333	0	0	0	188,076
SMART- R3 - LOCAL 292 .....	91,315	90,568	0	0	0	181,884
0299997. Group subscriber subtotal	503,834	491,250	0	0	0	995,083
0299998. Premiums due and unpaid not individually listed	249,632	42,189	9,680	17,731	17,731	301,500
0299999. Total group	753,466	533,439	9,680	17,731	17,731	1,296,584
0399999. Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	762,692	535,054	11,116	26,499	26,499	1,308,863

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate pharmaceutical rebate receivables not individually listed	4,301,712	0	0	171,856	171,856	4,301,712
0199999. Total pharmaceutical rebate receivables	4,301,712	0	0	171,856	171,856	4,301,712
0299998. Aggregate claim overpayment receivables not individually listed	(137)	0	0	205	205	(137)
0299999. Total claim overpayment receivables	(137)	0	0	205	205	(137)
0399998. Aggregate loans and advances to providers not individually listed	0	0	0	0	0	0
0399999. Total loans and advances to providers	0	0	0	0	0	0
0499998. Aggregate capitation arrangement receivables not individually listed	0	0	0	0	0	0
0499999. Total capitation arrangement receivables	0	0	0	0	0	0
0599998. Aggregate risk sharing receivables not individually listed	0	0	0	601,264	601,264	0
0599999. Total risk sharing receivables	0	0	0	601,264	601,264	0
0699998. Aggregate other health care receivables not individually listed	71,374	0	0	0	0	71,374
0699999. Total other health care receivables	71,374	0	0	0	0	71,374
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**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	3,707,435	16,907,266	(96,290)	4,569,857	3,611,145	3,706,056
2. Claim overpayment receivables .....	0	0	0	68	0	0
3. Loans and advances to providers .....	0	0	0	0	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	605,911	0	2,522	598,742	608,433	608,434
6. Other health care receivables.....	107,433	0	0	71,374	107,433	107,433
7. Totals (Lines 1 through 6)	4,420,779	16,907,266	(93,768)	5,240,042	4,327,011	4,421,923

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	198,135	18,374	0	1,389	43	217,941
0399999. Aggregate accounts not individually listed-covered	1,882,827	174,605	0	13,195	406	2,071,033
0499999. Subtotals	2,080,962	192,980	0	14,583	449	2,288,974
0599999. Unreported claims and other claim reserves						19,254,261
0699999. Total amounts withheld						0
0799999. Total claims unpaid						21,543,235
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0899999. Accrued medical incentive pool and bonus amounts						58,680



**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>NONE</b>				
0399999 Total gross payables				

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0	29,176	100.0	0	0
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	0	0.0	29,176	100.0	0	0
<b>Other Payments:</b>						
5. Fee-for-service .....	3,258,317	1.5	XXX	XXX	0	3,258,317
6. Contractual fee payments .....	204,522,138	95.8	XXX	XXX	0	204,522,138
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	5,794,051	2.7	XXX	XXX	0	5,794,051
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	213,574,506	100.0	XXX	XXX	0	213,574,506
13. TOTAL (Line 4 plus Line 12)	213,574,506	100%	XXX	XXX	0	213,574,506

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Alabama		2025										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year	1,090	0	0	1,063	0	0	0	27	0	0	0	0	0	0	0
2. First quarter	1,238	0	0	1,210	0	0	0	28	0	0	0	0	0	0	0
3. Second quarter	1,295	0	0	1,270	0	0	0	25	0	0	0	0	0	0	0
4. Third quarter	1,382	0	0	1,355	0	0	0	27	0	0	0	0	0	0	0
5. Current year	1,599	0	0	1,571	0	0	0	28	0	0	0	0	0	0	0
6. Current year member months	16,013	0	0	15,677	0	0	0	336	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	24,777	0	0	23,868	0	0	0	909	0	0	0	0	0	0	0
8. Non-physician	6,236	0	0	5,865	0	0	0	371	0	0	0	0	0	0	0
9. Total	31,013	0	0	29,733	0	0	0	1,280	0	0	0	0	0	0	0
10. Hospital patient days incurred	872	0	0	810	0	0	0	62	0	0	0	0	0	0	0
11. Number of inpatient admissions	176	0	0	167	0	0	0	9	0	0	0	0	0	0	0
12. Health premiums written (b)	2,925,890	0	0	2,423,638	0	0	0	502,252	0	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	2,925,890	0	0	2,423,638	0	0	0	502,252	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	2,751,285	0	0	1,969,703	0	0	0	781,582	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	2,992,131	0	0	2,196,498	0	0	0	795,633	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....28 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....502,252

30.A1



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Alaska			DURING THE YEAR 2025										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

**NONE**

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Arizona		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		88595	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
<b>Total Members at end of:</b>																					
1. Prior year .....	43	0	0	0	0	0	0	43	0	0	0	0	0	0	0	0	0	0	0	0	
2. First quarter .....	82	0	0	0	0	0	0	82	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second quarter .....	85	0	0	0	0	0	0	85	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third quarter .....	85	0	0	0	0	0	0	85	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current year .....	87	0	0	0	0	0	0	87	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current year member months	1,015	0	0	0	0	0	0	1,015	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>																					
7. Physician .....	2,429	0	0	0	0	0	0	2,429	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-physician .....	1,150	0	0	0	0	0	0	1,150	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total .....	3,579	0	0	0	0	0	0	3,579	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	596	0	0	0	0	0	0	596	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of inpatient admissions	30	0	0	0	0	0	0	30	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health premiums written (b) .....	1,672,092	0	0	0	0	0	0	1,672,092	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned .....	1,672,092	0	0	0	0	0	0	1,672,092	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services .....	1,790,611	0	0	0	0	0	0	1,790,611	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	1,910,588	0	0	0	0	0	0	1,910,588	0	0	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ..... 87 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 1,672,092

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	Arkansas			2025										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

**NONE**

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF California			DURING THE YEAR 2025 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior year .....														
2. First quarter .....														
3. Second quarter .....														
4. Third quarter .....														
5. Current year														
6. Current year member months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-physician .....														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b) .....														
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services .....														
18. Amount incurred for provision of health care services														

**NONE**

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

30 CA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2025										(LOCATION)	
					NAIC Company Code 88595											
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. First quarter	1	0	0	0	0	0	0	1	0	0	0	0	0			
3. Second quarter	1	0	0	0	0	0	0	1	0	0	0	0	0			
4. Third quarter	1	0	0	0	0	0	0	1	0	0	0	0	0			
5. Current year	1	0	0	0	0	0	0	1	0	0	0	0	0			
6. Current year member months	12	0	0	0	0	0	0	12	0	0	0	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician	59	0	0	0	0	0	0	59	0	0	0	0	0			
8. Non-physician	27	0	0	0	0	0	0	27	0	0	0	0	0			
9. Total	86	0	0	0	0	0	0	86	0	0	0	0	0			
10. Hospital patient days incurred	4	0	0	0	0	0	0	4	0	0	0	0	0			
11. Number of inpatient admissions	1	0	0	0	0	0	0	1	0	0	0	0	0			
12. Health premiums written (b)	11,445	0	0	0	0	0	0	11,445	0	0	0	0	0			
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health premiums earned	11,445	0	0	0	0	0	0	11,445	0	0	0	0	0			
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount paid for provision of health care services	22,842	0	0	0	0	0	0	22,842	0	0	0	0	0			
18. Amount incurred for provision of health care services	23,771	0	0	0	0	0	0	23,771	0	0	0	0	0			

(a) For health business: number of persons insured under PPO managed care products .....1 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 11,445

30.CO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Connecticut			DURING THE YEAR 2025										NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

NONE

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

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

30 CT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Delaware		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)												88595	
	1	2		4	5	6	7	8	9	10	11	12	13	14	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year	1	0	0	1	0	0	0	0	0	0	0	0	0	0	
2. First quarter	7	0	0	7	0	0	0	0	0	0	0	0	0	0	
3. Second quarter	9	0	0	9	0	0	0	0	0	0	0	0	0	0	
4. Third quarter	20	0	0	20	0	0	0	0	0	0	0	0	0	0	
5. Current year	33	0	0	33	0	0	0	0	0	0	0	0	0	0	
6. Current year member months	163	0	0	163	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	145	0	0	145	0	0	0	0	0	0	0	0	0	0	
8. Non-physician	71	0	0	71	0	0	0	0	0	0	0	0	0	0	
9. Total	216	0	0	216	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	3	0	0	3	0	0	0	0	0	0	0	0	0	0	
11. Number of inpatient admissions	2	0	0	2	0	0	0	0	0	0	0	0	0	0	
12. Health premiums written (b)	24,597	0	0	24,597	0	0	0	0	0	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	24,597	0	0	24,597	0	0	0	0	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	19,940	0	0	19,940	0	0	0	0	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	29,781	0	0	29,781	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30 DE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR									
	District of Columbia			2025									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>													
1. Prior year .....													
2. First quarter .....													
3. Second quarter .....													
4. Third quarter .....													
5. Current year													
6. Current year member months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician .....													
8. Non-physician .....													
9. Total													
10. Hospital patient days incurred													
11. Number of inpatient admissions													
12. Health premiums written (b) .....													
13. Life premiums direct .....													
14. Property/casualty premiums written .....													
15. Health premiums earned .....													
16. Property/casualty premiums earned													
17. Amount paid for provision of health care services .....													
18. Amount incurred for provision of health care services													

**NONE**

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

30.DC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR							2025				(LOCATION)									
														NAIC Company Code				88595									
	1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13		14		
Total		2		3		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
<b>Total Members at end of:</b>																											
1. Prior year		400		0		0		0		0		0		400		0		0		0		0		0		0	
2. First quarter		465		0		0		0		0		0		465		0		0		0		0		0		0	
3. Second quarter		460		0		0		0		0		0		460		0		0		0		0		0		0	
4. Third quarter		457		0		0		0		0		0		457		0		0		0		0		0		0	
5. Current year		454		0		0		0		0		0		454		0		0		0		0		0		0	
6. Current year member months		5,527		0		0		0		0		0		5,527		0		0		0		0		0		0	
<b>Total Member Ambulatory Encounters for Year:</b>																											
7. Physician		13,204		0		0		0		0		0		13,204		0		0		0		0		0		0	
8. Non-physician		5,554		0		0		0		0		0		5,554		0		0		0		0		0		0	
9. Total		18,758		0		0		0		0		0		18,758		0		0		0		0		0		0	
10. Hospital patient days incurred		793		0		0		0		0		0		793		0		0		0		0		0		0	
11. Number of inpatient admissions		110		0		0		0		0		0		110		0		0		0		0		0		0	
12. Health premiums written (b)		7,942,875		0		0		0		0		0		7,942,875		0		0		0		0		0		0	
13. Life premiums direct		0		0		0		0		0		0		0		0		0		0		0		0		0	
14. Property/casualty premiums written		0		0		0		0		0		0		0		0		0		0		0		0		0	
15. Health premiums earned		7,942,875		0		0		0		0		0		7,942,875		0		0		0		0		0		0	
16. Property/casualty premiums earned		0		0		0		0		0		0		0		0		0		0		0		0		0	
17. Amount paid for provision of health care services		7,891,595		0		0		0		0		0		7,891,595		0		0		0		0		0		0	
18. Amount incurred for provision of health care services		8,067,336		0		0		0		0		0		8,067,336		0		0		0		0		0		0	

(a) For health business: number of persons insured under PPO managed care products ..... 454 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 7,942,875

30.FL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	88595
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>																
1. Prior year	2,015	0	0	1,480	0	0	0	535	0	0	0	0	0	0		
2. First quarter	2,307	0	0	1,942	0	0	0	365	0	0	0	0	0	0		
3. Second quarter	2,520	0	0	2,157	0	0	0	363	0	0	0	0	0	0		
4. Third quarter	2,796	0	0	2,437	0	0	0	359	0	0	0	0	0	0		
5. Current year	3,175	0	0	2,813	0	0	0	362	0	0	0	0	0	0		
6. Current year member months	31,146	0	0	26,799	0	0	0	4,347	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician	49,115	0	0	38,984	0	0	0	10,131	0	0	0	0	0	0		
8. Non-physician	15,154	0	0	10,499	0	0	0	4,655	0	0	0	0	0	0		
9. Total	64,269	0	0	49,483	0	0	0	14,786	0	0	0	0	0	0		
10. Hospital patient days incurred	2,529	0	0	1,537	0	0	0	992	0	0	0	0	0	0		
11. Number of inpatient admissions	334	0	0	240	0	0	0	94	0	0	0	0	0	0		
12. Health premiums written (b)	11,166,345	0	0	4,294,961	0	0	0	6,871,384	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	11,166,345	0	0	4,294,961	0	0	0	6,871,384	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	8,883,480	0	0	3,654,447	0	0	0	5,229,033	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	9,166,219	0	0	4,167,632	0	0	0	4,998,587	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products ..... 362 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 6,871,384

30.GA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Hawaii		DURING THE YEAR							(LOCATION)			
	1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
	Total	Individual	Group	Medicare Supplement												Vision Only	Dental Only
<b>Total Members at end of:</b>																	
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First quarter	279	0	0	0	0	0	0	0	279	0	0	0	0	0	0		
3. Second quarter	276	0	0	0	0	0	0	0	276	0	0	0	0	0	0		
4. Third quarter	273	0	0	0	0	0	0	0	273	0	0	0	0	0	0		
5. Current year	272	0	0	0	0	0	0	0	272	0	0	0	0	0	0		
6. Current year member months	3,308	0	0	0	0	0	0	0	3,308	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	5,720	0	0	0	0	0	0	0	5,720	0	0	0	0	0	0		
8. Non-physician	4,841	0	0	0	0	0	0	0	4,841	0	0	0	0	0	0		
9. Total	10,561	0	0	0	0	0	0	0	10,561	0	0	0	0	0	0		
10. Hospital patient days incurred	611	0	0	0	0	0	0	0	611	0	0	0	0	0	0		
11. Number of inpatient admissions	69	0	0	0	0	0	0	0	69	0	0	0	0	0	0		
12. Health premiums written (b)	5,895,075	0	0	0	0	0	0	0	5,895,075	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	5,895,075	0	0	0	0	0	0	0	5,895,075	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	5,417,110	0	0	0	0	0	0	0	5,417,110	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	6,019,454	0	0	0	0	0	0	0	6,019,454	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products ..... 272 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,895,075

30.HI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_

NAIC Group Code	BUSINESS IN THE STATE OF Idaho			DURING THE YEAR 2025										(LOCATION)		
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	
		2 Individual	3 Group													
<b>Total Members at end of:</b>																
1. Prior year .....																
2. First quarter .....																
3. Second quarter .....																
4. Third quarter .....																
5. Current year																
6. Current year member months																
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....																
8. Non-physician .....																
9. Total																
10. Hospital patient days incurred																
11. Number of inpatient admissions																
12. Health premiums written (b) .....																
13. Life premiums direct .....																
14. Property/casualty premiums written .....																
15. Health premiums earned .....																
16. Property/casualty premiums earned																
17. Amount paid for provision of health care services .....																
18. Amount incurred for provision of health care services																

**NONE**

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

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	5	6	7	DURING THE YEAR						(LOCATION)			
		Illinois						2025						NAIC Company Code		13	14
		1	Comprehensive (Hospital & Medical)					8	9	10	11	12					
Total	2	3	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income						Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>																	
1. Prior year	1,720	0	0	1,370	0	0	0	350	0	0	0	0	0	0	0		
2. First quarter	2,140	0	0	1,785	0	0	0	355	0	0	0	0	0	0	0		
3. Second quarter	2,767	0	0	2,412	0	0	0	355	0	0	0	0	0	0	0		
4. Third quarter	3,414	0	0	3,066	0	0	0	348	0	0	0	0	0	0	0		
5. Current year	3,845	0	0	3,494	0	0	0	351	0	0	0	0	0	0	0		
6. Current year member months	34,614	0	0	30,356	0	0	0	4,258	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	49,658	0	0	40,068	0	0	0	9,590	0	0	0	0	0	0	0		
8. Non-physician	21,147	0	0	15,263	0	0	0	5,884	0	0	0	0	0	0	0		
9. Total	70,805	0	0	55,331	0	0	0	15,474	0	0	0	0	0	0	0		
10. Hospital patient days incurred	3,049	0	0	1,970	0	0	0	1,079	0	0	0	0	0	0	0		
11. Number of inpatient admissions	406	0	0	291	0	0	0	115	0	0	0	0	0	0	0		
12. Health premiums written (b)	11,689,172	0	0	4,759,465	0	0	0	6,929,707	0	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	11,689,172	0	0	4,759,465	0	0	0	6,929,707	0	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	11,382,070	0	0	4,359,280	0	0	0	7,022,790	0	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	12,159,007	0	0	5,015,302	0	0	0	7,143,705	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products ..... 351 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 6,929,707

30.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

EmpheSys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Indiana		2025										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year .....	3,943	0	0	0	0	0	0	3,943	0	0	0	0	0	0	0
2. First quarter .....	3,333	0	0	0	0	0	0	3,333	0	0	0	0	0	0	0
3. Second quarter .....	3,350	0	0	0	0	0	0	3,350	0	0	0	0	0	0	0
4. Third quarter .....	3,347	0	0	0	0	0	0	3,347	0	0	0	0	0	0	0
5. Current year	3,356	0	0	0	0	0	0	3,356	0	0	0	0	0	0	0
6. Current year member months	40,281	0	0	0	0	0	0	40,281	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	88,830	0	0	0	0	0	0	88,830	0	0	0	0	0	0	0
8. Non-physician .....	53,030	0	0	0	0	0	0	53,030	0	0	0	0	0	0	0
9. Total	141,860	0	0	0	0	0	0	141,860	0	0	0	0	0	0	0
10. Hospital patient days incurred	7,895	0	0	0	0	0	0	7,895	0	0	0	0	0	0	0
11. Number of inpatient admissions	831	0	0	0	0	0	0	831	0	0	0	0	0	0	0
12. Health premiums written (b) .....	51,176,672	0	0	0	0	0	0	51,176,672	0	0	0	0	0	0	0
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned .....	51,176,672	0	0	0	0	0	0	51,176,672	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services .....	47,144,932	0	0	0	0	0	0	47,144,932	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	46,349,783	0	0	0	0	0	0	46,349,783	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 3,356 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 51,176,672

30.IN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2025										(LOCATION)		
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	
		2 Individual	3 Group													
<b>Total Members at end of:</b>																
1. Prior year .....																
2. First quarter .....																
3. Second quarter .....																
4. Third quarter .....																
5. Current year																
6. Current year member months																
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....																
8. Non-physician .....																
9. Total																
10. Hospital patient days incurred																
11. Number of inpatient admissions																
12. Health premiums written (b) .....																
13. Life premiums direct .....																
14. Property/casualty premiums written .....																
15. Health premiums earned .....																
16. Property/casualty premiums earned																
17. Amount paid for provision of health care services .....																
18. Amount incurred for provision of health care services																

**NONE**

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

301A



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR							2025		NAIC Company Code		88595
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14				
		2	3															
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health					
<b>Total Members at end of:</b>																		
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First quarter	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0		
3. Second quarter	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0		
4. Third quarter	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0		
5. Current year	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0		
6. Current year member months	24	0	0	0	0	0	0	24	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																		
7. Physician	47	0	0	0	0	0	0	47	0	0	0	0	0	0	0	0		
8. Non-physician	12	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0		
9. Total	59	0	0	0	0	0	0	59	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health premiums written (b)	76,145	0	0	0	0	0	0	76,145	0	0	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	76,145	0	0	0	0	0	0	76,145	0	0	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	9,796	0	0	0	0	0	0	9,796	0	0	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	9,902	0	0	0	0	0	0	9,902	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....76,145

30 KS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

EmpheSys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Kentucky		2025										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year .....	2,895	0	0	0	0	0	0	2,895	0	0	0	0	0	0	0
2. First quarter .....	3,073	0	0	0	0	0	0	3,073	0	0	0	0	0	0	0
3. Second quarter .....	3,062	0	0	0	0	0	0	3,062	0	0	0	0	0	0	0
4. Third quarter .....	3,074	0	0	0	0	0	0	3,074	0	0	0	0	0	0	0
5. Current year	3,067	0	0	0	0	0	0	3,067	0	0	0	0	0	0	0
6. Current year member months	36,880	0	0	0	0	0	0	36,880	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	83,186	0	0	0	0	0	0	83,186	0	0	0	0	0	0	0
8. Non-physician .....	46,109	0	0	0	0	0	0	46,109	0	0	0	0	0	0	0
9. Total	129,295	0	0	0	0	0	0	129,295	0	0	0	0	0	0	0
10. Hospital patient days incurred	7,064	0	0	0	0	0	0	7,064	0	0	0	0	0	0	0
11. Number of inpatient admissions	750	0	0	0	0	0	0	750	0	0	0	0	0	0	0
12. Health premiums written (b) .....	57,260,345	0	0	0	0	0	0	57,260,345	0	0	0	0	0	0	0
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned .....	57,260,345	0	0	0	0	0	0	57,260,345	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services .....	53,462,896	0	0	0	0	0	0	53,462,896	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	53,851,187	0	0	0	0	0	0	53,851,187	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 3,067 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 57,260,345

30 KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	88595
		2 Individual	3 Group													
		Total														
<b>Total Members at end of:</b>																
1.	Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.	First quarter	155	0	0	0	0	0	155	0	0	0	0	0	0	0	
3.	Second quarter	152	0	0	0	0	0	152	0	0	0	0	0	0	0	
4.	Third quarter	150	0	0	0	0	0	150	0	0	0	0	0	0	0	
5.	Current year	145	0	0	0	0	0	145	0	0	0	0	0	0	0	
6.	Current year member months	1,807	0	0	0	0	0	1,807	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>																
7.	Physician	4,656	0	0	0	0	0	4,656	0	0	0	0	0	0	0	
8.	Non-physician	2,822	0	0	0	0	0	2,822	0	0	0	0	0	0	0	
9.	Total	7,478	0	0	0	0	0	7,478	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	305	0	0	0	0	0	305	0	0	0	0	0	0	0	
11.	Number of inpatient admissions	44	0	0	0	0	0	44	0	0	0	0	0	0	0	
12.	Health premiums written (b)	4,212,295	0	0	0	0	0	4,212,295	0	0	0	0	0	0	0	
13.	Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health premiums earned	4,212,295	0	0	0	0	0	4,212,295	0	0	0	0	0	0	0	
16.	Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount paid for provision of health care services	4,016,321	0	0	0	0	0	4,016,321	0	0	0	0	0	0	0	
18.	Amount incurred for provision of health care services	4,177,606	0	0	0	0	0	4,177,606	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ..... 145 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 4,212,295

30.LIA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Maine			DURING THE YEAR 2025										NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

**NONE**

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

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

30 ME



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2025										NAIC Company Code 88595	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health		
		2 Individual	3 Group													
<b>Total Members at end of:</b>																
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First quarter	26	0	0	0	0	0	0	26	0	0	0	0	0	0		
3. Second quarter	26	0	0	0	0	0	0	26	0	0	0	0	0	0		
4. Third quarter	26	0	0	0	0	0	0	26	0	0	0	0	0	0		
5. Current year	26	0	0	0	0	0	0	26	0	0	0	0	0	0		
6. Current year member months	312	0	0	0	0	0	0	312	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician	1,227	0	0	0	0	0	0	1,227	0	0	0	0	0	0		
8. Non-physician	527	0	0	0	0	0	0	527	0	0	0	0	0	0		
9. Total	1,754	0	0	0	0	0	0	1,754	0	0	0	0	0	0		
10. Hospital patient days incurred	96	0	0	0	0	0	0	96	0	0	0	0	0	0		
11. Number of inpatient admissions	20	0	0	0	0	0	0	20	0	0	0	0	0	0		
12. Health premiums written (b)	748,855	0	0	0	0	0	0	748,855	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	748,855	0	0	0	0	0	0	748,855	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	1,060,764	0	0	0	0	0	0	1,060,764	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	1,123,078	0	0	0	0	0	0	1,123,078	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....26 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 748,855

30 MD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	Massachusetts			2025										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

NONE

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

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

30 MA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Michigan		2025										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year .....	56	0	0	0	0	0	0	56	0	0	0	0	0	0	0
2. First quarter .....	416	0	0	0	0	0	0	416	0	0	0	0	0	0	0
3. Second quarter .....	400	0	0	0	0	0	0	400	0	0	0	0	0	0	0
4. Third quarter .....	393	0	0	0	0	0	0	393	0	0	0	0	0	0	0
5. Current year	400	0	0	0	0	0	0	400	0	0	0	0	0	0	0
6. Current year member months	4,858	0	0	0	0	0	0	4,858	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	16,757	0	0	0	0	0	0	16,757	0	0	0	0	0	0	0
8. Non-physician .....	7,047	0	0	0	0	0	0	7,047	0	0	0	0	0	0	0
9. Total	23,804	0	0	0	0	0	0	23,804	0	0	0	0	0	0	0
10. Hospital patient days incurred	641	0	0	0	0	0	0	641	0	0	0	0	0	0	0
11. Number of inpatient admissions	84	0	0	0	0	0	0	84	0	0	0	0	0	0	0
12. Health premiums written (b) .....	9,220,091	0	0	0	0	0	0	9,220,091	0	0	0	0	0	0	0
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned .....	9,220,091	0	0	0	0	0	0	9,220,091	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services .....	7,564,964	0	0	0	0	0	0	7,564,964	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	7,873,528	0	0	0	0	0	0	7,873,528	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 400 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....9,220,091

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Minnesota (LOCATION)													
	Comprehensive (Hospital & Medical)			4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
	1 Total	2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior year .....														
2. First quarter .....														
3. Second quarter .....														
4. Third quarter .....														
5. Current year														
6. Current year member months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-physician .....														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b) .....														
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services .....														
18. Amount incurred for provision of health care services														

**NONE**

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Mississippi			2025									
		Comprehensive (Hospital & Medical)			NAIC Company Code									
		2	3		5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior year	1,395	0	0	1,395	0	0	0	0	0	0	0	0	0	0
2. First quarter	1,782	0	0	1,782	0	0	0	0	0	0	0	0	0	0
3. Second quarter	2,040	0	0	2,040	0	0	0	0	0	0	0	0	0	0
4. Third quarter	2,354	0	0	2,354	0	0	0	0	0	0	0	0	0	0
5. Current year	2,739	0	0	2,739	0	0	0	0	0	0	0	0	0	0
6. Current year member months	25,515	0	0	25,515	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician	35,202	0	0	35,202	0	0	0	0	0	0	0	0	0	0
8. Non-physician	11,643	0	0	11,643	0	0	0	0	0	0	0	0	0	0
9. Total	46,845	0	0	46,845	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	1,331	0	0	1,331	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	200	0	0	200	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b)	3,478,782	0	0	3,478,782	0	0	0	0	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	3,478,782	0	0	3,478,782	0	0	0	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	3,417,675	0	0	3,417,675	0	0	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	3,757,515	0	0	3,757,515	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Missouri		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only												Dental Only
		Total	Individual	Group											
<b>Total Members at end of:</b>															
1. Prior year	1,243	0	0	0	0	0	0	0	1,243	0	0	0	0	0	
2. First quarter	1,309	0	0	0	0	0	0	0	1,309	0	0	0	0	0	
3. Second quarter	1,320	0	0	0	0	0	0	0	1,320	0	0	0	0	0	
4. Third quarter	1,341	0	0	0	0	0	0	0	1,341	0	0	0	0	0	
5. Current year	1,344	0	0	0	0	0	0	0	1,344	0	0	0	0	0	
6. Current year member months	15,934	0	0	0	0	0	0	0	15,934	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	33,077	0	0	0	0	0	0	0	33,077	0	0	0	0	0	
8. Non-physician	19,183	0	0	0	0	0	0	0	19,183	0	0	0	0	0	
9. Total	52,260	0	0	0	0	0	0	0	52,260	0	0	0	0	0	
10. Hospital patient days incurred	2,481	0	0	0	0	0	0	0	2,481	0	0	0	0	0	
11. Number of inpatient admissions	309	0	0	0	0	0	0	0	309	0	0	0	0	0	
12. Health premiums written (b)	22,812,156	0	0	0	0	0	0	0	22,812,156	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	22,812,156	0	0	0	0	0	0	0	22,812,156	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	20,688,823	0	0	0	0	0	0	0	20,688,823	0	0	0	0	0	
18. Amount incurred for provision of health care services	21,045,804	0	0	0	0	0	0	0	21,045,804	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ..... 1,344 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 22,812,156

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Montana		2025										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter .....	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0
3. Second quarter .....	60	0	0	60	0	0	0	0	0	0	0	0	0	0	0
4. Third quarter .....	224	0	0	224	0	0	0	0	0	0	0	0	0	0	0
5. Current year	441	0	0	441	0	0	0	0	0	0	0	0	0	0	0
6. Current year member months	1,663	0	0	1,663	0	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	1,006	0	0	1,006	0	0	0	0	0	0	0	0	0	0	0
8. Non-physician .....	524	0	0	524	0	0	0	0	0	0	0	0	0	0	0
9. Total	1,530	0	0	1,530	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	29	0	0	29	0	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	8	0	0	8	0	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b) .....	247,020	0	0	247,020	0	0	0	0	0	0	0	0	0	0	0
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned .....	247,020	0	0	247,020	0	0	0	0	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services .....	129,017	0	0	129,017	0	0	0	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	212,810	0	0	212,810	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Nebraska		2025										NAIC Company Code	
		Nebraska		2025										88595	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
		Individual	Group												
<b>Total Members at end of:</b>															
1. Prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First quarter .....	8	0	0	0	0	0	0	8	0	0	0	0	0	0	
3. Second quarter .....	9	0	0	0	0	0	0	9	0	0	0	0	0	0	
4. Third quarter .....	6	0	0	0	0	0	0	6	0	0	0	0	0	0	
5. Current year .....	6	0	0	0	0	0	0	6	0	0	0	0	0	0	
6. Current year member months	93	0	0	0	0	0	0	93	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	309	0	0	0	0	0	0	309	0	0	0	0	0	0	
8. Non-physician .....	111	0	0	0	0	0	0	111	0	0	0	0	0	0	
9. Total .....	420	0	0	0	0	0	0	420	0	0	0	0	0	0	
10. Hospital patient days incurred	68	0	0	0	0	0	0	68	0	0	0	0	0	0	
11. Number of inpatient admissions	8	0	0	0	0	0	0	8	0	0	0	0	0	0	
12. Health premiums written (b) .....	138,036	0	0	0	0	0	0	138,036	0	0	0	0	0	0	
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned .....	138,036	0	0	0	0	0	0	138,036	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services .....	156,909	0	0	0	0	0	0	156,909	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	191,459	0	0	0	0	0	0	191,459	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....6 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 138,036

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Nevada											DURING THE YEAR 2025		(LOCATION)	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 88595	
		2	3												Medicare Supplement	Vision Only
Total	Individual	Group														
<b>Total Members at end of:</b>																
1. Prior year	6	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0
2. First quarter	28	0	0	0	0	0	0	28	0	0	0	0	0	0	0	0
3. Second quarter	29	0	0	0	0	0	0	29	0	0	0	0	0	0	0	0
4. Third quarter	29	0	0	0	0	0	0	29	0	0	0	0	0	0	0	0
5. Current year	28	0	0	0	0	0	0	28	0	0	0	0	0	0	0	0
6. Current year member months	339	0	0	0	0	0	0	339	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician	747	0	0	0	0	0	0	747	0	0	0	0	0	0	0	0
8. Non-physician	262	0	0	0	0	0	0	262	0	0	0	0	0	0	0	0
9. Total	1,009	0	0	0	0	0	0	1,009	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	24	0	0	0	0	0	0	24	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	6	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0
12. Health premiums written (b)	486,623	0	0	0	0	0	0	486,623	0	0	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	486,623	0	0	0	0	0	0	486,623	0	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	474,211	0	0	0	0	0	0	474,211	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	502,818	0	0	0	0	0	0	502,818	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....28 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....486,623

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF		New Hampshire		DURING THE YEAR							2025		NAIC Company Code		88595
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14				
		2	3															
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health					
<b>Total Members at end of:</b>																		
1. Prior year	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0		
2. First quarter	40	0	0	40	0	0	0	0	0	0	0	0	0	0	0	0		
3. Second quarter	49	0	0	49	0	0	0	0	0	0	0	0	0	0	0	0		
4. Third quarter	72	0	0	72	0	0	0	0	0	0	0	0	0	0	0	0		
5. Current year	140	0	0	140	0	0	0	0	0	0	0	0	0	0	0	0		
6. Current year member months	767	0	0	767	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																		
7. Physician	1,418	0	0	1,418	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-physician	432	0	0	432	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	1,850	0	0	1,850	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	191	0	0	191	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of inpatient admissions	10	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health premiums written (b)	155,753	0	0	155,753	0	0	0	0	0	0	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	155,753	0	0	155,753	0	0	0	0	0	0	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	227,129	0	0	227,129	0	0	0	0	0	0	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	267,135	0	0	267,135	0	0	0	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF <u>New Jersey</u> (LOCATION)													
	Comprehensive (Hospital & Medical)			4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
	1 Total	2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior year .....														
2. First quarter .....														
3. Second quarter .....														
4. Third quarter .....														
5. Current year														
6. Current year member months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-physician .....														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b) .....														
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services .....														
18. Amount incurred for provision of health care services														

**NONE**

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	New Mexico			2025										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

**NONE**

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF New York			DURING THE YEAR 2025										NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

NONE

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

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

30 NY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR							2025		NAIC Company Code		88595
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14				
		2	3															
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health					
<b>Total Members at end of:</b>																		
1. Prior year	3	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0		
2. First quarter	20	0	0	0	0	0	0	20	0	0	0	0	0	0	0	0		
3. Second quarter	20	0	0	0	0	0	0	20	0	0	0	0	0	0	0	0		
4. Third quarter	20	0	0	0	0	0	0	20	0	0	0	0	0	0	0	0		
5. Current year	19	0	0	0	0	0	0	19	0	0	0	0	0	0	0	0		
6. Current year member months	238	0	0	0	0	0	0	238	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																		
7. Physician	467	0	0	0	0	0	0	467	0	0	0	0	0	0	0	0		
8. Non-physician	249	0	0	0	0	0	0	249	0	0	0	0	0	0	0	0		
9. Total	716	0	0	0	0	0	0	716	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0		
11. Number of inpatient admissions	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0		
12. Health premiums written (b)	424,885	0	0	0	0	0	0	424,885	0	0	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	424,885	0	0	0	0	0	0	424,885	0	0	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	201,383	0	0	0	0	0	0	201,383	0	0	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	226,614	0	0	0	0	0	0	226,614	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products ..... 19 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 424,885

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_

NAIC Group Code	BUSINESS IN THE STATE OF North Dakota													DURING THE YEAR 2025		(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health			
		2 Individual	3 Group														
<b>Total Members at end of:</b>																	
1. Prior year .....																	
2. First quarter .....																	
3. Second quarter .....																	
4. Third quarter .....																	
5. Current year																	
6. Current year member months																	
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician .....																	
8. Non-physician .....																	
9. Total																	
10. Hospital patient days incurred																	
11. Number of inpatient admissions																	
12. Health premiums written (b) .....																	
13. Life premiums direct .....																	
14. Property/casualty premiums written .....																	
15. Health premiums earned .....																	
16. Property/casualty premiums earned																	
17. Amount paid for provision of health care services .....																	
18. Amount incurred for provision of health care services																	

**NONE**

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2025										NAIC Company Code	
		Ohio		88595											
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year .....	445	0	0	0	0	0	0	445	0	0	0	0	0	0	
2. First quarter .....	497	0	0	0	0	0	0	497	0	0	0	0	0	0	
3. Second quarter .....	490	0	0	0	0	0	0	490	0	0	0	0	0	0	
4. Third quarter .....	487	0	0	0	0	0	0	487	0	0	0	0	0	0	
5. Current year .....	485	0	0	0	0	0	0	485	0	0	0	0	0	0	
6. Current year member months	5,899	0	0	0	0	0	0	5,899	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	14,169	0	0	0	0	0	0	14,169	0	0	0	0	0	0	
8. Non-physician .....	9,310	0	0	0	0	0	0	9,310	0	0	0	0	0	0	
9. Total .....	23,479	0	0	0	0	0	0	23,479	0	0	0	0	0	0	
10. Hospital patient days incurred	2,029	0	0	0	0	0	0	2,029	0	0	0	0	0	0	
11. Number of inpatient admissions	165	0	0	0	0	0	0	165	0	0	0	0	0	0	
12. Health premiums written (b) .....	9,346,940	0	0	0	0	0	0	9,346,940	0	0	0	0	0	0	
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned .....	9,346,940	0	0	0	0	0	0	9,346,940	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services .....	8,860,648	0	0	0	0	0	0	8,860,648	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	8,913,520	0	0	0	0	0	0	8,913,520	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ..... 485 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 9,346,940

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Oklahoma			DURING THE YEAR 2025										NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

NONE

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Oregon			DURING THE YEAR 2025										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

**NONE**

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Pennsylvania		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only												Dental Only
Total		Individual	Group												
<b>Total Members at end of:</b>															
1. Prior year	699	0	0	666	0	0	0	33	0	0	0	0	0	0	
2. First quarter	665	0	0	618	0	0	0	47	0	0	0	0	0	0	
3. Second quarter	645	0	0	600	0	0	0	45	0	0	0	0	0	0	
4. Third quarter	629	0	0	585	0	0	0	44	0	0	0	0	0	0	
5. Current year	613	0	0	570	0	0	0	43	0	0	0	0	0	0	
6. Current year member months	7,700	0	0	7,160	0	0	0	540	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	13,268	0	0	12,439	0	0	0	829	0	0	0	0	0	0	
8. Non-physician	6,055	0	0	5,409	0	0	0	646	0	0	0	0	0	0	
9. Total	19,323	0	0	17,848	0	0	0	1,475	0	0	0	0	0	0	
10. Hospital patient days incurred	521	0	0	480	0	0	0	41	0	0	0	0	0	0	
11. Number of inpatient admissions	92	0	0	87	0	0	0	5	0	0	0	0	0	0	
12. Health premiums written (b)	1,992,564	0	0	1,414,130	0	0	0	578,434	0	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	1,992,564	0	0	1,414,130	0	0	0	578,434	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	1,965,089	0	0	1,426,966	0	0	0	538,123	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	1,940,010	0	0	1,393,909	0	0	0	546,101	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ..... 43 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 578,434

30.PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Rhode Island			DURING THE YEAR 2025 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior year .....														
2. First quarter .....														
3. Second quarter .....														
4. Third quarter .....														
5. Current year														
6. Current year member months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-physician .....														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b) .....														
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services .....														
18. Amount incurred for provision of health care services														

**NONE**

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

30.RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										
		South Carolina		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 88595										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior year	27	0	0	0	0	0	0	27	0	0	0	0	0	0
2. First quarter	26	0	0	0	0	0	0	26	0	0	0	0	0	0
3. Second quarter	26	0	0	0	0	0	0	26	0	0	0	0	0	0
4. Third quarter	26	0	0	0	0	0	0	26	0	0	0	0	0	0
5. Current year	28	0	0	0	0	0	0	28	0	0	0	0	0	0
6. Current year member months	317	0	0	0	0	0	0	317	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician	572	0	0	0	0	0	0	572	0	0	0	0	0	0
8. Non-physician	290	0	0	0	0	0	0	290	0	0	0	0	0	0
9. Total	862	0	0	0	0	0	0	862	0	0	0	0	0	0
10. Hospital patient days incurred	39	0	0	0	0	0	0	39	0	0	0	0	0	0
11. Number of inpatient admissions	6	0	0	0	0	0	0	6	0	0	0	0	0	0
12. Health premiums written (b)	388,737	0	0	0	0	0	0	388,737	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	388,737	0	0	0	0	0	0	388,737	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	277,229	0	0	0	0	0	0	277,229	0	0	0	0	0	0
18. Amount incurred for provision of health care services	275,921	0	0	0	0	0	0	275,921	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....28 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 388,737

30.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR							2025		NAIC Company Code		88595
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14				
		2	3															
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health					
<b>Total Members at end of:</b>																		
1. Prior year	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0		
2. First quarter	7	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0		
3. Second quarter	12	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0		
4. Third quarter	24	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0		
5. Current year	45	0	0	45	0	0	0	0	0	0	0	0	0	0	0	0		
6. Current year member months	219	0	0	219	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																		
7. Physician	148	0	0	148	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-physician	80	0	0	80	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	228	0	0	228	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health premiums written (b)	39,117	0	0	39,117	0	0	0	0	0	0	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	39,117	0	0	39,117	0	0	0	0	0	0	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	10,510	0	0	10,510	0	0	0	0	0	0	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	16,934	0	0	16,934	0	0	0	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Tennessee		2025										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year .....	280	0	0	0	0	0	0	280	0	0	0	0	0	0	0
2. First quarter .....	285	0	0	0	0	0	0	285	0	0	0	0	0	0	0
3. Second quarter .....	287	0	0	0	0	0	0	287	0	0	0	0	0	0	0
4. Third quarter .....	287	0	0	0	0	0	0	287	0	0	0	0	0	0	0
5. Current year	278	0	0	0	0	0	0	278	0	0	0	0	0	0	0
6. Current year member months	3,417	0	0	0	0	0	0	3,417	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	8,142	0	0	0	0	0	0	8,142	0	0	0	0	0	0	0
8. Non-physician .....	3,731	0	0	0	0	0	0	3,731	0	0	0	0	0	0	0
9. Total	11,873	0	0	0	0	0	0	11,873	0	0	0	0	0	0	0
10. Hospital patient days incurred	682	0	0	0	0	0	0	682	0	0	0	0	0	0	0
11. Number of inpatient admissions	79	0	0	0	0	0	0	79	0	0	0	0	0	0	0
12. Health premiums written (b) .....	5,107,885	0	0	0	0	0	0	5,107,885	0	0	0	0	0	0	0
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned .....	5,107,885	0	0	0	0	0	0	5,107,885	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services .....	4,801,325	0	0	0	0	0	0	4,801,325	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	4,849,454	0	0	0	0	0	0	4,849,454	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 278 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,107,885

30.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Texas		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only												Dental Only
Total		Individual	Group												
<b>Total Members at end of:</b>															
1. Prior year	2,742	0	0	2,581	0	0	0	161	0	0	0	0	0	0	
2. First quarter	3,363	0	0	3,040	0	0	0	323	0	0	0	0	0	0	
3. Second quarter	3,510	0	0	3,191	0	0	0	319	0	0	0	0	0	0	
4. Third quarter	3,787	0	0	3,468	0	0	0	319	0	0	0	0	0	0	
5. Current year	5,435	0	0	5,111	0	0	0	324	0	0	0	0	0	0	
6. Current year member months	45,569	0	0	41,720	0	0	0	3,849	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	69,931	0	0	60,561	0	0	0	9,370	0	0	0	0	0	0	
8. Non-physician	19,282	0	0	14,723	0	0	0	4,559	0	0	0	0	0	0	
9. Total	89,213	0	0	75,284	0	0	0	13,929	0	0	0	0	0	0	
10. Hospital patient days incurred	3,255	0	0	2,553	0	0	0	702	0	0	0	0	0	0	
11. Number of inpatient admissions	465	0	0	397	0	0	0	68	0	0	0	0	0	0	
12. Health premiums written (b)	13,569,634	0	0	6,728,470	0	0	0	6,841,164	0	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	13,569,634	0	0	6,728,470	0	0	0	6,841,164	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	12,823,619	0	0	5,820,849	0	0	0	7,002,770	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	13,890,631	0	0	6,654,808	0	0	0	7,235,823	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ..... 324 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 6,841,164

30.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Utah		DURING THE YEAR							2025		NAIC Company Code		88595	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14					
		2	3																
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health						
<b>Total Members at end of:</b>																			
1. Prior year	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0		
2. First quarter	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0		
3. Second quarter	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0		
4. Third quarter	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0		
5. Current year	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0		
6. Current year member months	24	0	0	0	0	0	0	24	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																			
7. Physician	73	0	0	0	0	0	0	73	0	0	0	0	0	0	0	0	0		
8. Non-physician	34	0	0	0	0	0	0	34	0	0	0	0	0	0	0	0	0		
9. Total	107	0	0	0	0	0	0	107	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0		
11. Number of inpatient admissions	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0		
12. Health premiums written (b)	21,372	0	0	0	0	0	0	21,372	0	0	0	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	21,372	0	0	0	0	0	0	21,372	0	0	0	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	34,806	0	0	0	0	0	0	34,806	0	0	0	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	44,715	0	0	0	0	0	0	44,715	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....21,372

30 UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Vermont			DURING THE YEAR 2025										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior year .....															
2. First quarter .....															
3. Second quarter .....															
4. Third quarter .....															
5. Current year															
6. Current year member months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-physician .....															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b) .....															
13. Life premiums direct .....															
14. Property/casualty premiums written .....															
15. Health premiums earned .....															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services .....															
18. Amount incurred for provision of health care services															

**NONE**

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

30.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2025										(LOCATION)	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 88595	
		2	3												Medicare Supplement	Vision Only
Total	Individual	Group														
<b>Total Members at end of:</b>																
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter	25	0	0	0	0	0	0	25	0	0	0	0	0	0	0	0
3. Second quarter	25	0	0	0	0	0	0	25	0	0	0	0	0	0	0	0
4. Third quarter	25	0	0	0	0	0	0	25	0	0	0	0	0	0	0	0
5. Current year	26	0	0	0	0	0	0	26	0	0	0	0	0	0	0	0
6. Current year member months	301	0	0	0	0	0	0	301	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician	747	0	0	0	0	0	0	747	0	0	0	0	0	0	0	0
8. Non-physician	387	0	0	0	0	0	0	387	0	0	0	0	0	0	0	0
9. Total	1,134	0	0	0	0	0	0	1,134	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	74	0	0	0	0	0	0	74	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	8	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0
12. Health premiums written (b)	593,973	0	0	0	0	0	0	593,973	0	0	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	593,973	0	0	0	0	0	0	593,973	0	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	850,503	0	0	0	0	0	0	850,503	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	917,148	0	0	0	0	0	0	917,148	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....26 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 593,973

30 VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Washington			DURING THE YEAR 2025 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior year .....														
2. First quarter .....														
3. Second quarter .....														
4. Third quarter .....														
5. Current year														
6. Current year member months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-physician .....														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b) .....														
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services .....														
18. Amount incurred for provision of health care services														

NONE

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

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF West Virginia			DURING THE YEAR 2025 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior year .....														
2. First quarter .....														
3. Second quarter .....														
4. Third quarter .....														
5. Current year														
6. Current year member months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-physician .....														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b) .....														
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services .....														
18. Amount incurred for provision of health care services														

**NONE**

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

30100



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Wisconsin		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 88595										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior year .....	1,639	0	0	702	0	0	0	937	0	0	0	0	0	0
2. First quarter .....	962	0	0	693	0	0	0	269	0	0	0	0	0	0
3. Second quarter .....	967	0	0	700	0	0	0	267	0	0	0	0	0	0
4. Third quarter .....	971	0	0	707	0	0	0	264	0	0	0	0	0	0
5. Current year	991	0	0	732	0	0	0	259	0	0	0	0	0	0
6. Current year member months	11,641	0	0	8,452	0	0	0	3,189	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	19,500	0	0	10,821	0	0	0	8,679	0	0	0	0	0	0
8. Non-physician .....	12,078	0	0	6,524	0	0	0	5,554	0	0	0	0	0	0
9. Total	31,578	0	0	17,345	0	0	0	14,233	0	0	0	0	0	0
10. Hospital patient days incurred	1,296	0	0	324	0	0	0	972	0	0	0	0	0	0
11. Number of inpatient admissions	192	0	0	87	0	0	0	105	0	0	0	0	0	0
12. Health premiums written (b) .....	7,341,935	0	0	1,737,943	0	0	0	5,603,992	0	0	0	0	0	0
13. Life premiums direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned .....	7,341,935	0	0	1,737,943	0	0	0	5,603,992	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services .....	7,197,651	0	0	1,728,298	0	0	0	5,469,353	0	0	0	0	0	0
18. Amount incurred for provision of health care services	6,407,080	0	0	1,822,122	0	0	0	4,584,958	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 259 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,603,992

30.W1



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Wyoming			2025									
		Comprehensive (Hospital & Medical)			NAIC Company Code									
	1	2	3	5	6	7	8	9	10	11	12	13	14	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior year	10	0	0	8	0	0	0	2	0	0	0	0	0	0
2. First quarter	15	0	0	15	0	0	0	0	0	0	0	0	0	0
3. Second quarter	20	0	0	20	0	0	0	0	0	0	0	0	0	0
4. Third quarter	37	0	0	37	0	0	0	0	0	0	0	0	0	0
5. Current year	94	0	0	94	0	0	0	0	0	0	0	0	0	0
6. Current year member months	390	0	0	390	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician	354	0	0	353	0	0	0	1	0	0	0	0	0	0
8. Non-physician	176	0	0	176	0	0	0	0	0	0	0	0	0	0
9. Total	530	0	0	529	0	0	0	1	0	0	0	0	0	0
10. Hospital patient days incurred	17	0	0	17	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	6	0	0	6	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b)	66,099	0	0	66,383	0	0	0	(284)	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	66,099	0	0	66,383	0	0	0	(284)	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	39,373	0	0	39,130	0	0	0	243	0	0	0	0	0	0
18. Amount incurred for provision of health care services	56,008	0	0	57,247	0	0	0	(1,239)	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... (284)

30.WV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Puerto Rico			DURING THE YEAR 2025 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior year .....														
2. First quarter .....														
3. Second quarter .....														
4. Third quarter .....														
5. Current year														
6. Current year member months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-physician .....														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b) .....														
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services .....														
18. Amount incurred for provision of health care services														

**NONE**

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

30.PR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Emphesys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)		
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	88595
		2	3														
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																	
1. Prior year	20,659	0	0	9,271	0	0	0	11,388	0	0	0	0	0	0			
2. First quarter	22,561	0	0	11,142	0	0	0	11,419	0	0	0	0	0	0			
3. Second quarter	23,916	0	0	12,520	0	0	0	11,396	0	0	0	0	0	0			
4. Third quarter	25,741	0	0	14,349	0	0	0	11,392	0	0	0	0	0	0			
5. Current year	29,176	0	0	17,783	0	0	0	11,393	0	0	0	0	0	0			
6. Current year member months	295,986	0	0	158,881	0	0	0	137,105	0	0	0	0	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	538,940	0	0	225,013	0	0	0	313,927	0	0	0	0	0	0			
8. Non-physician	247,554	0	0	71,209	0	0	0	176,345	0	0	0	0	0	0			
9. Total	786,494	0	0	296,222	0	0	0	490,272	0	0	0	0	0	0			
10. Hospital patient days incurred	36,498	0	0	9,245	0	0	0	27,253	0	0	0	0	0	0			
11. Number of inpatient admissions	4,413	0	0	1,495	0	0	0	2,918	0	0	0	0	0	0			
12. Health premiums written (b)	230,233,403	0	0	25,370,258	0	0	0	204,863,145	0	0	0	0	0	0			
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health premiums earned	230,233,403	0	0	25,370,258	0	0	0	204,863,145	0	0	0	0	0	0			
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount paid for provision of health care services	213,574,506	0	0	22,802,943	0	0	0	190,771,563	0	0	0	0	0	0			
18. Amount incurred for provision of health care services	217,268,947	0	0	25,591,694	0	0	0	191,677,253	0	0	0	0	0	0			

(a) For health business: number of persons insured under PPO managed care products ..... 11,393 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 204,863,145

30.GT

Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

Schedule S - Part 6

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	123,816,013	0	123,816,013
2. Accident and health premiums due and unpaid (Line 15) .....	5,925,018	0	5,925,018
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	27,565,853	0	27,565,853
6. Total assets (Line 28)	157,306,884	0	157,306,884
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	21,543,235	0	21,543,235
8. Accrued medical incentive pool and bonus payments (Line 2) .....	58,680	0	58,680
9. Premiums received in advance (Line 8) .....	2,558,220	0	2,558,220
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	1,008,767	0	1,008,767
15. Total liabilities (Line 24) .....	25,168,902	0	25,168,902
16. Total capital and surplus (Line 33) .....	132,137,982	XXX	132,137,982
17. Total liabilities, capital and surplus (Line 34)	157,306,884	0	157,306,884
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	12151	20-1001348				Arcadian Health Plan, Inc.	..KY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	39-1514846				CareNetwork, Inc.	..WI	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95092	59-2598550				CarePlus Health Plans, Inc.	..FL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	..TN	..IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	35-2608414				CDO 1, LLC	..DE	..NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	32-0545504				CDO 2, LLC	..DE	..NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	..KY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	52015	59-2531815				CompBenefits Company	..FL	..IA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	..IL	..IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	..DE	..NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	..TX	..IA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	42-1575099				Humana Healthcare Research, Inc.	..IL	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	36-4880828				Conviva Care Solutions, LLC	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	15886	75-2043865				Humana Benefit Plan of Texas, Inc.	..TX	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management, Corp.	..IL	..NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	..TX	..IA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	88595	31-0935772				Emphesys Insurance Company	..TX	..RE	Emphesys, Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-1237697				Emphesys, Inc.	..DE	..UDP	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	59-3164234				CenterWell Senior Primary Care (FL), Inc.	..FL	..NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	81-3802918				FPG Acquisition Corp.	..DE	..NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	81-3819187				FPG Acquisition Holdings Corp.	..DE	..NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	32-0505460				FPG Holding Company, LLC	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	45-4685400				FPG Senior Services, LLC	..FL	..NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	..NY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	26-3592783				HJM Provider Holdings, LLC	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	..KY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	65-0274594				Humana At Home 1, Inc.	..FL	..NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	..IL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	59-1843760				Humana Dental Company	..FL	..NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	..GA	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	..LA	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	13558	26-2800286				Humana Health Insurance Company of Florida, Inc.	..NY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	69671	61-1041514				Humana Health Plan of California, Inc.	..FL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	16280	26-3473328				Humana Health Plan of California, Inc.	..CA	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	..OH	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	..TX	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	..KY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	..PR	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	..DE	..UIP	See Footnote 1	Other	0.000	See Footnote 1	..NO	..2
.0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	..KY	..IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	..KY	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	..NO	..0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14462	27-4460531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1316926				CenterWell Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	11695	39-1769093				Independent Care Health Plan	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5569675				Conviva Group Holdings, LLC	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5904436				Conviva Medical Center Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2957926				Conviva Speciality, LLC	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-1225873				Conviva Health MSO of Texas, Inc.	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	16717	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-0858631				CenterWell Care Solutions, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-1493628				Echo Primary Care Holdings, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2594868				Accredited Home Health of Broward, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4681334				Care Hope Holdings, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0732207				Care Hope Home Health Agency, Inc.	FL	NIA	Care Hope Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2769755				Corpus Christi Home Care, Inc.	TX	NIA	One Home Health Holdings CCTX, LLC	Ownership	100.000	Humana Inc.	NO	0

41.1

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**SCHEDULE Y**  
**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	20-3443369				On the Way Home Care, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3485437				One Home Health Holdings, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-2018741				One Home Health Holdings CCTX, LLC	TX	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2894851				One Home Medical Equipment, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3472028				One Home Medical Equipment TX, LLC	TX	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3116955				One Nursing Care, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3313080				One Homecare Solutions, LLC	FL	NIA	Humana Inc. - 100%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2882412				One Infusion Pharmacy, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-4271850				One TPA Systems, Inc.	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-2102603				Capital Care Resources of South Carolina, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2411159				Capital Care Resources, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2313705				Capital Health Management Group, LLC	GA	NIA	CHMG Acquisition LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0387821				Chattahoochee Valley Home Care Services, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	34-1994007				Chattahoochee Valley Home Health, LLC	GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	04-3813487				CHMG Acquisition LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089073				CHMG of Atlanta, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089075				CHMG of Griffin, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1590744				Eastern Carolina Home Health Agency, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0750157				First Home Health, Inc.	WV	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2855493				GBA Holding, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2944774				GBA West, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2645333				CenterWell Certified Healthcare Corp.	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454105				CenterWell Health Services (Certified), Inc.	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3414024				CenterWell Health Services (USA), LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454104				CenterWell Health Services Holding Corp.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4335801				CenterWell Health Services, Inc.	DE	NIA	Kentucky Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	64-0730826				Gilbert's Home Health Agency, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1743802				Harden Healthcare Holdings, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-3024009				Harden Healthcare, LLC	TX	NIA	Harden Healthcare Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1299601				Harden Home Health, LLC	DE	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1285486				Hawkeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1947694				Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0131980				Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593590				Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0831798				Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4425473				Healthfield Operating Group, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1819650				Healthfield, LLC	DE	NIA	Healthfield Operating Group, LLC	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	90-0527683				HHS Healthcare Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1807084				Home Health Care Affiliates of Central Mississippi, L.L.C.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1775256				Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2737989				Home Health Care Affiliates, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1556547				Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2374091				Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494759				Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0837269				Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	76-0456316				Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781607				Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2865632				Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781715				Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2915050				Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-2139332				Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-0638801				Integracare of Olney Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8768235				Integracare of Texas, LLC	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686207				Integracare of West Texas-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686266				Integracare of Wichita Falls, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3992741				KAH Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4002959				KAH Development 12, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4025157				KAH Development 14, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3902994				KAH Development 4, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3695166				Kentucky Homecare Holdings, Inc.	DE	NIA	Kentucky Homecare Parent Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3986306				Kentucky Homecare Parent Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717945				CenterWell Home Health Services, LLC	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717534				KND Development 50, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0277280				Med. Tech. Services of South Florida, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1033439				Med-Tech Services of Dade, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0644307				Med-Tech Services of Palm Beach, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-0559199				Mid-South Home Health Agency, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	14-1909499				Mid-South Home Health of Gadsden, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	63-0772385				Mid-South Home Health, LLC	DE	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1285069				Missouri Home Care of Rolla, Inc.	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0633030				Nursing Care-Home Health Agency, Inc.	WV	NIA	First Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2284154				Outreach Health Services of North Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106949				PF Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3107011				PF Development 15, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0818835				PF Development 16, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0860128				PF Development 21, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0718044				PF Development 5, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106911				PF Development 7, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106934				PF Development 9, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-1178066				PHC Acquisition Corp.	DE	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5143963				Professional Healthcare at Home, LLC	CA	NIA	99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5043143				Professional Healthcare, LLC	DE	NIA	PF Development 10, L.L.C.	Ownership	100.000	Humana Inc.	NO	0

41.3

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	11-2750425				QC-Medi New York, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	59-3080333				Senior Home Care, Inc.	FL	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1699530				SHC Holding, Inc.	DE	NIA	PF Development 21, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494757				Southern Nevada Home Health Care, Inc.	NV	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1487473				Synergy Home Care-Acadiana Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1376846				Synergy Home Care-Capitol Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4516940				Synergy Home Care-Central Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1178497				Synergy Home Care-Northeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1223659				Synergy Home Care-Northshore Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1431394				Synergy Home Care-Northwestern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1429305				Synergy Home Care-Southeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3419676				Synergy, Inc.	LA	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1456991				TAR Heal Health Care Services, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593592				Total Care Home Health of Louisburg, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091435				Total Care Home Health of North Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091422				Total Care Home Health of South Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1669388				Van Winkle Home Health Care, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1995143				Vernon Home Health Care Agency, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-1501792				Voyager Home Health, Inc.	DE	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1173787				Voyager Hospicecare, Inc.	DE	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2300938				Wake Forest Baptist Health Care at Home, LLC	NC	NIA	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-3700467				Elite Health Medical Centers, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	88-3715136				Elite Health Primary Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0270114				South Florida Cardiology Associates, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-2446186				Truethore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Truethore S.R. L.	DOM	NIA	Primary Care Holdings II, LLC - 1%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5171456				CenterWell Accountable Care, LLC	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-4020797				Amicus Medical Center LLC	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-3974953				Amicus Medical Group, Inc.	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1085323				Amicus Medical Services Organization, LLC	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	88-3465949				Innovative Financial Group Holdings, LLC	NC	NIA	Humana MarketPOINT, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-2232570				Innovative Financial Partners, LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5189010				Medicare Planning of America LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4085710				Rees Financial LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2258899				The Lead Store LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-4202700				Versa Management LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-2731153				Prime West JV Holdings, LLC	DE	NIA	Humana Innovation Enterprises, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-4307723				CenterWell IPA Solutions, LLC	MI	NIA	Prime West JV Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0523544				A and A Homecare, Inc	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2401497				All About Home Care Management, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3836040				Altercare of Palm Beach County, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0110337				Altercare, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-7287186				Balanced Home Healthcare, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1903568				Bridges Home Health, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	46-3433197				Medstar Home Health, LLC	FL	NIA	Trident Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5123865				M-SAC, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2823888				Quality Living Home Health Care, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2486995				Trident Home Health, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-4466479				Trilogy Home Health Care SW FL, Inc	DE	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2022629				Vitality HHS Holdings, Inc	DE	NIA	CenterWell Health Services (USA), LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2019673				Vitality Home Care, Inc	DE	NIA	Vitality HHS Holdings, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3311429				Conviva Physician Group, LLC	FL	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2663918				Humana Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2731074				Care Solutions ACO, LLC	DE	NIA	Humana Care Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2023109				Humana Life Insurance Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-3124105				CenterWell Therapy Services, LLC	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	39-2720728				CenterWell Senior Primary Care (Vitality), Inc.	FL	NIA	CenterWell Senior Primary Care (FL), Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2015136				Prime Healthcare Home Care Holdings, LLC	DE	NIA	CenterWell Health Services (USA), LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2315131				Prime Healthcare Home Care and Hospice, LLC	DE	NIA	Prime Healthcare Home Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	39-4752410				CenterWell Primary Care Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	17961	41-2623363				First Crown Insurance, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	41-2931599				Marvel Merger Sub, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0

Asterisk	Explanation
0000001	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
00000	03-0523544	A and A Homecare, Inc	0	0	0	0	(6,778)	0		0	(6,778)	0
00000	72-2695805	Aberdeen Holdings, Inc.	0	0	0	0	10,994	0		0	10,994	0
00000	77-0601595	Able Home Healthcare, Inc.	0	0	0	0	(130,476)	0		0	(130,476)	0
00000	06-1451363	Access Home Health of Florida, LLC	0	0	0	0	(2,515,555)	0		0	(2,515,555)	0
00000	45-2594868	Accredited Home Health of Broward, Inc.	0	0	0	0	(795,410)	0		0	(795,410)	0
00000	65-0180784	Advanced Oncology Services, Inc.	0	0	0	0	150	0		0	150	0
00000	45-2401497	All About Home Care Management, LLC	0	0	0	0	1,166	0		0	1,166	0
00000	36-4473376	Alpine Home Health Care, LLC	0	0	0	0	(535,696)	0		0	(535,696)	0
00000	11-3836040	Altercare of Palm Beach County, LLC	0	0	0	0	145	0		0	145	0
00000	20-0110337	Altercare, LLC	0	0	0	0	(24,999)	0		0	(24,999)	0
00000	11-3306095	American Homecare Management Corp.	0	0	0	0	(1,478,675)	0		0	(1,478,675)	0
00000	45-4020797	Amicus Medical Center LLC	0	0	0	0	(491,252)	0		0	(491,252)	0
00000	27-3974953	Amicus Medical Group, Inc.	0	0	0	0	150	0		0	150	0
00000	27-1085323	Amicus Medical Services Organization, LLC	0	0	0	0		0		0		0
			0	0	0	0	672,741	0		0	672,741	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	0	0	0	(4,243,720,705)	0		0	(4,243,720,705)	0
00000	94-3247811	Asian American Home Care, Inc.	0	0	0	0	(5,441,056)	0		0	(5,441,056)	0
00000	20-7287186	Balanced Home Healthcare, Inc.	0	0	0	0	(107,568)	0		0	(107,568)	0
00000	20-1903568	Bridges Home Health, Inc.	0	0	0	0	(997,287)	0		0	(997,287)	0
00000	75-1901342	BWB Sunbelt Home Health Services, LLC	0	0	0	0	(500,704)	0		0	(500,704)	0
00000	56-2102603	Capital Care Resources of South Carolina, LLC	0	0	0	0	(21,623,681)	0		0	(21,623,681)	0
00000	58-2411159	Capital Care Resources, LLC	0	0	0	0	(11,937,731)	0		0	(11,937,731)	0
00000	58-2313705	Capital Health Management Group, LLC	0	0	0	0	55	0		0	55	0
00000	47-4681334	Care Hope Holdings, Inc.	0	0	0	0	150	0		0	150	0
00000	80-0732207	Care Hope Home Health Agency, Inc.	0	0	0	0	6,820,841	0		0	6,820,841	0
00000	33-2731074	Care Solutions ACO, LLC	0	0	0	0	300	0		0	300	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	0	0		0	0	0
95092	59-2598550	CarePlus Health Plans, Inc.	120,000,000	0	0	0	(1,411,254,575)	0		0	(1,291,254,575)	0
95754	62-1579044	Cariten Health Plan Inc.	60,000,000	0	0	0	(1,077,270,338)	0		0	(1,017,270,338)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	116,838,156	0		0	116,838,156	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	215,746,225	0		0	215,746,225	0
00000	84-5171456	CenterWell Accountable Care, LLC	0	0	0	0	120,531	0		0	120,531	0
00000	85-0858631	CenterWell Care Solutions, Inc.	0	0	0	0	(65,429,981)	0		0	(65,429,981)	0
00000	11-2645333	CenterWell Certified Healthcare Corp.	0	0	0	0	(107,074,175)	0		0	(107,074,175)	0
00000	11-3454105	CenterWell Health Services (Certified), Inc.	0	0	0	0	(44,547,564)	0		0	(44,547,564)	0
00000	11-3414024	CenterWell Health Services (USA), LLC	0	0	0	0	450,033,850	0		0	450,033,850	0
00000	11-3454104	CenterWell Health Services Holding Corp.	0	0	0	0	(7,718,698)	0		0	(7,718,698)	0
00000	36-4335801	CenterWell Health Services, Inc.	0	0	0	0	840,871	0		0	840,871	0
00000	26-0717945	CenterWell Home Health Services, LLC	0	0	0	0	146,748	0		0	146,748	0
00000	84-4307723	CenterWell IPA Solutions, LLC	0	0	0	0	(247,078)	0		0	(247,078)	0
00000	61-1316926	CenterWell Pharmacy, Inc.	0	0	0	0	9,913,614,199	0		0	9,913,614,199	0
00000	39-4752410	CenterWell Primary Care Holdings, LLC	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
00000	59-3164234	CenterWell Senior Primary Care (FL), Inc.	0	0	0	0	209,918,225	0		0	209,918,225	0
00000	39-2720728	CenterWell Senior Primary Care (Vitality), Inc.	0	0	0	0	6,577,460	0		0	6,577,460	0
00000	33-3124105	CenterWell Therapy Services, LLC	0	0	0	0	(847)	0		0	(847)	0
95158	61-1279717	CHA HMO, Inc.	100,000,000	0	0	0	(3,319,966,848)	0		0	(3,219,966,848)	0
00000	03-0387821	Chattahoochee Valley Home Care Services, LLC	0	0	0	0	55	0		0	55	0
00000	34-1994007	Chattahoochee Valley Home Health, LLC	0	0	0	0	(2,084,506)	0		0	(2,084,506)	0
00000	04-3813487	CHMG Acquisition LLC	0	0	0	0	55	0		0	55	0
00000	54-2089073	CHMG of Atlanta, LLC	0	0	0	0	(1,322,347)	0		0	(1,322,347)	0
00000	54-2089075	CHMG of Griffin, LLC	0	0	0	0	(5,325,830)	0		0	(5,325,830)	0
52015	59-2531815	CompBenefits Insurance Company	2,500,000	9,000,000	0	0	(10,890,365)	0		0	609,635	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	390,994	0		0	390,994	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(881,849)	0		0	(881,849)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(67,011)	0		0	(67,011)	0
60984	74-2552026	CompBenefits Insurance Company	0	100,000,000	0	0	(2,158,216)	0		0	97,841,784	0
00000	85-3191430	Conviva Care Solutions II, LLC	0	0	0	0	43,880,538	0		0	43,880,538	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	250,806,457	0		0	250,806,457	0
00000	20-5569675	Conviva Group Holdings, LLC	0	0	0	0	139	0		0	139	0
00000	46-5329373	Conviva Health Management, LLC	0	0	0	0	546,440,118	0		0	546,440,118	0
00000	46-1225873	Conviva Health MSO of Texas, Inc.	0	0	0	0	(7,542,012)	0		0	(7,542,012)	0
00000	20-5904436	Conviva Medical Center Management, LLC	0	0	0	0	2,128,415,759	0		0	2,128,415,759	0
00000	82-3311429	Conviva Physician Group, LLC	0	0	0	0	160,560,232	0		0	160,560,232	0
00000	81-2957926	Conviva Speciality, LLC	0	0	0	0	4,088	0		0	4,088	0
00000	74-2769755	Corpus Christi Home Care, Inc.	0	0	0	0	2,246,454	0		0	2,246,454	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	(62,779)	0		0	(62,779)	0
95161	76-0039628	DentiCare, Inc.	1,500,000	0	0	0	(2,369,530)	0		0	(869,530)	0
00000	56-1590744	Eastern Carolina Home Health Agency, LLC	0	0	0	0	(6,611,842)	0		0	(6,611,842)	0
00000	87-1493628	Echo Primary Care Holdings, LLC	0	0	0	0	2,075,915	0		0	2,075,915	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	233	0		0	233	0
00000	84-3700467	Elite Health Medical Centers, LLC	0	0	0	0	182,207	0		0	182,207	0
00000	26-3715136	Elite Health Primary Care, LLC	0	0	0	0	(30,742)	0		0	(30,742)	0
88595	31-0935772	Emphesys Insurance Company	0	100,000,000	0	0	(85,760,182)	0		0	14,239,818	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	(62,554)	0		0	(62,554)	0
17961	41-2623363	First Crown Insurance, Inc.	0	250,000	0	0	(45)	0		0	249,955	0
00000	55-0750157	First Home Health, Inc.	0	0	0	0	25	0		0	25	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	225	0		0	225	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	225	0		0	225	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	300	0		0	300	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	39	0		0	39	0
00000	75-2855493	GBA Holding, Inc.	0	0	0	0	5,793	0		0	5,793	0
00000	26-2944774	GBA West, LLC	0	0	0	0	(287,646)	0		0	(287,646)	0
00000	64-0730826	Gilbert's Home Health Agency, Inc.	0	0	0	0	(5,576,514)	0		0	(5,576,514)	0
00000	27-4535747	Go365, LLC	0	0	0	0	41,667,838	0		0	41,667,838	0

42.1

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
00000	37-1743802	Harden Healthcare Holdings, LLC	0	0	0	0	300	0		0	300	0
00000	74-3024009	Harden Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	65-1299601	Harden Home Health, LLC	0	0	0	0	300	0		0	300	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	7,126,216	0		0	7,126,216	0
00000	42-1285486	Hawkeye Health Services, Inc.	0	0	0	0	(799,762)	0		0	(799,762)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	(557,831)	0		0	(557,831)	0
00000	58-1947694	Healthfield Home Health, LLC	0	0	0	0	(7,239,851)	0		0	(7,239,851)	0
00000	27-0131980	Healthfield of Southwest Georgia, LLC	0	0	0	0	(2,297,289)	0		0	(2,297,289)	0
00000	68-0593590	Healthfield of Statesboro, LLC	0	0	0	0	(3,891,552)	0		0	(3,891,552)	0
00000	01-0831798	Healthfield of Tennessee, LLC	0	0	0	0	(662,092)	0		0	(662,092)	0
00000	36-4425473	Healthfield Operating Group, LLC	0	0	0	0	300	0		0	300	0
00000	58-1819650	Healthfield, LLC	0	0	0	0	300	0		0	300	0
00000	90-0527683	HHS Healthcare Corp.	0	0	0	0	225	0		0	225	0
00000	62-1807084	Home Health Care Affiliates of Central Mississippi, L.L.C.	0	0	0	0	(4,717,327)	0		0	(4,717,327)	0
00000	62-1775256	Home Health Care Affiliates of Mississippi, Inc.	0	0	0	0	(3,641,585)	0		0	(3,641,585)	0
00000	74-2737989	Home Health Care Affiliates, Inc.	0	0	0	0	28	0		0	28	0
00000	56-1556547	Home Health Care of Carteret County, LLC	0	0	0	0	(1,100,859)	0		0	(1,100,859)	0
00000	75-2374091	Home Health of Rural Texas, Inc.	0	0	0	0	1,379	0		0	1,379	0
00000	87-0494759	Home Health Services, Inc.	0	0	0	0	18	0		0	18	0
00000	65-0837269	Homecare Holdings, Inc.	0	0	0	0	150	0		0	150	0
00000	76-0456316	Horizon Health Care Services, Inc.	0	0	0	0	(851,427)	0		0	(851,427)	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	73,131,557	0		0	73,131,557	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	52	0		0	52	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	294,092,845	0		0	294,092,845	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	1,906,722	0		0	1,906,722	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	200,000,000	20,000,000	0	0	(2,217,857,152)	0		0	(1,997,857,152)	0
16717	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	10,000,000	0	0	(69,508,840)	0		0	(59,508,840)	0
15886	75-2043865	Humana Benefit Plan of Texas, Inc.	7,000,000	0	0	0	(6,827,953)	0		0	172,047	0
00000	33-2663918	Humana Care Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	59-1843760	Humana Dental Company	0	0	0	0	(43,357)	0		0	(43,357)	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	1,112,015	0		0	1,112,015	0
00000	85-3099097	Humana Direct Contracting Entity, Inc.	0	0	0	0	(8,404,610)	0		0	(8,404,610)	0
95519	58-2209549	Humana Employers Health Plan of Georgia, Inc.	0	0	0	0	(639,805,778)	0		0	(639,805,778)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(52,136,051)	0		0	(52,136,051)	0
95642	72-1279235	Humana Health Benefit Plan of Louisiana, Inc.	0	0	0	0	(1,553,622,642)	0		0	(1,553,622,642)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	0	0	0	(203,154,053)	0		0	(203,154,053)	0
69671	61-1041514	Humana Health Insurance Company of Florida, Inc.	0	0	0	0	(102,929,648)	0		0	(102,929,648)	0

42.2

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
16280	26-3473328	Humana Health Plan of California, Inc.	7,000,000	0	0	0	1,645,211	0		0	8,645,211	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	15,000,000	0	0	(177,718,237)	0		0	(162,718,237)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	0	0	0	23,447,231	0		0	23,447,231	0
95885	61-1013183	Humana Health Plan, Inc.	0	50,000,000	0	0	(299,258,649)	0		0	(249,258,649)	0
95721	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	85,000,000	0	0	(159,554,734)	0		0	(74,554,734)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	1,965,845	0		0	1,965,845	0
00000	61-0647538	Humana Inc.	(1,069,000,000)	(1,022,250,000)	0	0	4,430,442,409	0		0	2,339,192,409	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	66,331,875	0		0	66,331,875	0
73288	39-1263473	Humana Insurance Company	0	335,000,000	0	0	(26,700,297,655)	(20,705,902)		0	(26,386,003,557)	0
60219	61-1311685	Humana Insurance Company of Kentucky	0	65,000,000	0	0	(116,989,242)	20,705,902		0	(31,283,340)	0
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(854,266,268)	0		0	(854,266,268)	0
84603	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(5,943,004)	0		0	(5,943,004)	0
00000	33-2023109	Humana Life Insurance Company of New York, Inc.	0	0	0	0	0	0		0	0	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	41,481,473	0		0	41,481,473	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	730	0		0	730	0
00000	61-1343508	Humana MarketPOINT, Inc.	0	0	0	0	886,100,716	0		0	886,100,716	0
14224	27-3991410	Humana Medical Plan of Michigan, Inc.	0	50,000,000	0	0	(318,351,671)	0		0	(268,351,671)	0
14462	27-4460531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	(5,352,250)	0		0	(5,352,250)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	2,000,000	0	0	0	(37,135,198)	0		0	(35,135,198)	0
95270	61-1103898	Humana Medical Plan, Inc.	510,000,000	0	0	0	(8,637,845,230)	0		0	(8,127,845,230)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	35,854,106,254	0		0	35,854,106,254	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	30,223,622	0		0	30,223,622	0
12282	20-2036444	Humana Regional Health Plan, Inc.	7,000,000	0	0	0	(91,614,855)	0		0	(84,614,855)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	300	0		0	300	0
95342	39-1525003	Humana Wisconsin Health Organization Insurance Corporation	0	135,000,000	0	0	(2,957,020,878)	0		0	(2,822,020,878)	0
70580	39-0714280	HumanaDental Insurance Company	50,000,000	0	0	0	(24,071,113)	0		0	25,928,887	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	(62,554)	0		0	(62,554)	0
00000	61-1239538	Humco, Inc.	0	0	0	0	9	0		0	9	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(7,995,244)	0		0	(7,995,244)	0
11695	39-1769093	Independent Care Health Plan	0	0	0	0	(188,278,342)	0		0	(188,278,342)	0
00000	88-3465849?	Innovative Financial Group Holdings, LLC	0	0	0	0	1,513,291	0		0	1,513,291	0
00000	83-2232570	Innovative Financial Partners, LLC	0	0	0	0	45,223,644	0		0	45,223,644	0
00000	20-8781607	Integracare Holdings, Inc.	0	0	0	0	3,883	0		0	3,883	0
00000	75-2865632	Integracare Home Health Services, Inc.	0	0	0	0	(5,529,328)	0		0	(5,529,328)	0
00000	20-8781715	Integracare Intermediate Holdings, Inc.	0	0	0	0	(13,969)	0		0	(13,969)	0
00000	26-2915050	Integracare of Albany, LLC	0	0	0	0	(166,288)	0		0	(166,288)	0
00000	27-2139332	Integracare of Athens-Home Health, LLC	0	0	0	0	(210,438)	0		0	(210,438)	0
00000	81-0638801	Integracare of Olney Home Health, LLC	0	0	0	0	(358,235)	0		0	(358,235)	0
00000	20-8768235	Integracare of Texas, LLC	0	0	0	0	(513,604)	0		0	(513,604)	0
00000	27-0686207	Integracare of West Texas-Home Health, LLC	0	0	0	0	(630,498)	0		0	(630,498)	0
00000	27-0686266	Integracare of Wichita Falls, LLC	0	0	0	0	1,209	0		0	1,209	0

423

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
00000	46-3992741	KAH Development 10, L.L.C.	0	0	0	0	(1,125,187)	0		0	(1,125,187)	0
00000	46-4002959	KAH Development 12, L.L.C.	0	0	0	0	(981,461)	0		0	(981,461)	0
00000	46-4025157	KAH Development 14, L.L.C.	0	0	0	0	(1,374,894)	0		0	(1,374,894)	0
00000	46-3902994	KAH Development 4, L.L.C.	0	0	0	0	(4,220,646)	0		0	(4,220,646)	0
00000	82-3695166	Kentucky Homecare Holdings, Inc.	0	0	0	0	225	0		0	225	0
00000	82-3986306	Kentucky Homecare Parent Inc.	0	0	0	0	(1,880)	0		0	(1,880)	0
00000	26-0717534	KND Development 50, L.L.C.	0	0	0	0	(279,759)	0		0	(279,759)	0
00000	61-1232669	Managed Care Indemnity, Inc.	0	45,000,000	0	0	(33,808,268)	0		0	11,191,732	0
00000	41-2931599	Marvel Merger Sub, LLC	0	0	0	0	0	0		0	0	0
00000	65-0277280	Med. Tech. Services of South Florida, Inc.	0	0	0	0	13,261	0		0	13,261	0
00000	84-5189010?	Medicare Planning of America LLC	0	0	0	0	1,512	0		0	1,512	0
00000	46-3433197	Medstar Home Health, LLC	0	0	0	0	(1,719)	0		0	(1,719)	0
00000	65-1033439	Med-Tech Services of Dade, Inc.	0	0	0	0	10,148	0		0	10,148	0
00000	65-0644307	Med-Tech Services of Palm Beach, Inc.	0	0	0	0	(997,912)	0		0	(997,912)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(12,867,070)	0		0	(12,867,070)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	2,997	0		0	2,997	0
00000	82-0559199	Mid-South Home Health Agency, LLC	0	0	0	0	(1,074,875)	0		0	(1,074,875)	0
00000	14-1909499	Mid-South Home Health of Gadsden, LLC	0	0	0	0	(2,307,778)	0		0	(2,307,778)	0
00000	63-0772385	Mid-South Home Health, LLC	0	0	0	0	(14,737,406)	0		0	(14,737,406)	0
00000	65-1285069	Missouri Home Care of Rolla, Inc.	0	0	0	0	(2,196,410)	0		0	(2,196,410)	0
00000	20-5123865	M-SAC, Inc.	0	0	0	0	(1,250,235)	0		0	(1,250,235)	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	300	0		0	300	0
00000	55-0633030	Nursing Care-Home Health Agency, Inc.	0	0	0	0	(467,590)	0		0	(467,590)	0
00000	20-3443369	On the Way Home Care, Inc.	0	0	0	0	8,223,802	0		0	8,223,802	0
00000	82-2018741	One Home Health Holdings CCTX, LLC	0	0	0	0	0	0		0	0	0
00000	81-3485437	One Home Health Holdings, LLC	0	0	0	0	5,856,429	0		0	5,856,429	0
00000	82-3472028	One Home Medical Equipment TX, LLC	0	0	0	0	208,132	0		0	208,132	0
00000	46-2894851	One Home Medical Equipment, LLC	0	0	0	0	82,236,433	0		0	82,236,433	0
00000	46-3313080	One Homecare Solutions, LLC	0	0	0	0	(53,962,765)	0		0	(53,962,765)	0
00000	46-2882412	One Infusion Pharmacy, LLC	0	0	0	0	(1,215,779)	0		0	(1,215,779)	0
00000	46-3116955	One Nursing Care, LLC	0	0	0	0	114,043,058	0		0	114,043,058	0
00000	20-4271850	One TPA Systems, Inc.	0	0	0	0	(40,151)	0		0	(40,151)	0
00000	75-2284154	Outreach Health Services of North Texas, LLC	0	0	0	0	(560,137)	0		0	(560,137)	0
00000	26-3106949	PF Development 10, L.L.C.	0	0	0	0	300	0		0	300	0
00000	26-3107011	PF Development 15, L.L.C.	0	0	0	0	(2,710,990)	0		0	(2,710,990)	0
00000	46-0818835	PF Development 16, L.L.C.	0	0	0	0	(578,243)	0		0	(578,243)	0
00000	46-0860128	PF Development 21, L.L.C.	0	0	0	0	300	0		0	300	0
00000	26-0718044	PF Development 5, L.L.C.	0	0	0	0	(2,193,930)	0		0	(2,193,930)	0
00000	26-3106911	PF Development 7, L.L.C.	0	0	0	0	(611,220)	0		0	(611,220)	0
00000	26-3106934	PF Development 9, L.L.C.	0	0	0	0	300	0		0	300	0
00000	33-1178066	PHHC Acquisition Corp.	0	0	0	0	(1,320,596)	0		0	(1,320,596)	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	(690,548)	0		0	(690,548)	0

424

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	20,710,708	0		0	20,710,708	0
00000	33-2315131	Prime Healthcare Home Care and Hospice, LLC	0	0	0	0	(304,286)	0		0	(304,286)	0
00000	33-2015136	Prime Healthcare Home Care Holdings, LLC	0	0	0	0	77	0		0	77	0
00000	86-2731153	Prime West JV Holdings, LLC	0	0	0	0	10,729	0		0	10,729	0
00000	20-5143963	Professional Healthcare at Home, LLC	0	0	0	0	15,836	0		0	15,836	0
00000	20-5043143	Professional Healthcare, LLC	0	0	0	0	300	0		0	300	0
00000	11-2750425	QC-Medi New York, Inc.	0	0	0	0	(12,950,718)	0		0	(12,950,718)	0
00000	45-2823888	Quality Living Home Health Care, LLC	0	0	0	0	(26,333)	0		0	(26,333)	0
00000	47-4085710?	Rees Financial LLC	0	0	0	0	1,754	0		0	1,754	0
00000	59-3080333	Senior Home Care, Inc.	0	0	0	0	(12,539,735)	0		0	(12,539,735)	0
00000	42-1699530	SHC Holding, Inc.	0	0	0	0	225	0		0	225	0
00000	65-0270114	South Florida Cardiology Associates, LLC	0	0	0	0	1,013,468	0		0	1,013,468	0
00000	87-0494757	Southern Nevada Home Health Care, Inc.	0	0	0	0	(922,179)	0		0	(922,179)	0
00000	72-1487473	Synergy Home Care-Acadiana Region, Inc.	0	0	0	0	(600,788)	0		0	(600,788)	0
00000	20-1376846	Synergy Home Care-Capitol Region, Inc.	0	0	0	0	(349,284)	0		0	(349,284)	0
00000	36-4516940	Synergy Home Care-Central Region, Inc.	0	0	0	0	(868,650)	0		0	(868,650)	0
00000	72-1178497	Synergy Home Care-Northeastern Region, Inc.	0	0	0	0	(327,676)	0		0	(327,676)	0
00000	72-1223659	Synergy Home Care-Northshore Region, Inc.	0	0	0	0	(196,697)	0		0	(196,697)	0
00000	72-1431394	Synergy Home Care-Northwestern Region, Inc.	0	0	0	0	(1,601,035)	0		0	(1,601,035)	0
00000	72-1429305	Synergy Home Care-Southeastern Region, Inc.	0	0	0	0	(203,061)	0		0	(203,061)	0
00000	94-3419676	Synergy, Inc.	0	0	0	0	35	0		0	35	0
00000	56-1456991	TAR Heel Health Care Services, LLC	0	0	0	0	(5,431,101)	0		0	(5,431,101)	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(20,742)	0		0	(20,742)	0
54739	52-1157181	The Dental Concern, Inc.	2,000,000	3,000,000	0	0	(5,837,082)	0		0	(837,082)	0
00000	84-2258899?	The Lead Store LLC	0	0	0	0	8,421	0		0	8,421	0
00000	68-0593592	Total Care Home Health of Louisburg, LLC	0	0	0	0	(720,472)	0		0	(720,472)	0
00000	20-0091435	Total Care Home Health of North Carolina, LLC	0	0	0	0	(15,888,894)	0		0	(15,888,894)	0
00000	20-0091422	Total Care Home Health of South Carolina, LLC	0	0	0	0	(3,674,829)	0		0	(3,674,829)	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	1,975	0		0	1,975	0
00000	35-2486995	Trident Home Health, LLC	0	0	0	0	139	0		0	139	0
00000	81-4466479	Trilogy Home Health Care SW FL, Inc	0	0	0	0	(510,483)	0		0	(510,483)	0
00000	47-2446186	Trueshore BPO, LLC	0	0	0	0	17,977,528	0		0	17,977,528	0
00000	00-0000000	Trueshore S.R. L.	0	0	0	0	23,822,491	0		0	23,822,491	0
00000	62-1669388	Van Winkle Home Health Care, Inc.	0	0	0	0	(308,519)	0		0	(308,519)	0
00000	75-1995143	Vernon Home Health Care Agency, LLC	0	0	0	0	(713,891)	0		0	(713,891)	0
00000	82-4202700	Versa Management LLC	0	0	0	0	1,708	0		0	1,708	0
00000	81-2022629	Vitality HHS Holdings, Inc	0	0	0	0	225	0		0	225	0

42.5

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS 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)
.....00000 .....	81-2019673 .....	Vitality Home Care, Inc .....	.....0	.....0	.....0	.....0	..... (1,640,251)	.....0	.....	.....0	..... (1,640,251)	.....0
.....00000 .....	26-1501792 .....	Voyager Home Health, Inc. ....	.....0	.....0	.....0	.....0	..... 243	.....0	.....	.....0	..... 243	.....0
.....00000 .....	20-1173787 .....	Voyager Hospicecare, Inc. ....	.....0	.....0	.....0	.....0	..... 2,263	.....0	.....	.....0	..... 2,263	.....0
.....00000 .....	46-2300938 .....	Wake Forest Baptist Health Care at Home, LLC .....	.....0	.....0	.....0	.....0	..... (753,132)	.....0	.....	.....0	..... (753,132)	.....0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**SCHEDULE Y**

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
ARCADIAN HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CAREPLUS HEALTH PLANS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CARITEN HEALTH PLAN INC.	PHP COMPANIES, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CHA HMO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS DENTAL, INC.	DENTAL CARE PLUS MANAGEMENT, CORP.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS INSURANCE COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
DENTICARE, INC.	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
EMPHESYS INSURANCE COMPANY	EMPHESYS, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
FIRST CROWN INSURANCE, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF ILLINOIS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN SOUTH CAROLINA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF OHIO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLANS OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF KENTUCKY	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF MICHIGAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF UTAH, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA REGIONAL HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANADENTAL INSURANCE COMPANY	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
MANAGED CARE INDEMNITY, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
INDEPENDENT CARE HEALTH PLAN	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
THE DENTAL CONCERN, INC.	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your annual 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
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will an Actuarial Opinion be filed by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an Audited Financial Report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

**SUPPLEMENTAL FILINGS**

The following supplemental reports are required to be filed as part of your 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.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	YES
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
<b>APRIL FILING</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	YES
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? .....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	YES
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:	
12. This type of business is not written.	
15. This type of business is not written.	
16. No relief will be requested.	
17. No relief will be requested.	
18. No relief will be requested.	
19. This type of business is not written.	
20. This type of business is not written.	

Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	ALMES2HCA	A	NO	0230500	08/13/2021					0	0	0.0	0	0	0.0	0	
	ALMES2HCF	F	NO	0230500	08/13/2021					73,944	49,990	67.6	23	222,340	213,326	95.9	81
	ALMES2HCG	G	NO	0230500	08/13/2021					129,330	101,225	78.3	72	533,518	506,082	94.9	310
	ALMES2HCG(HD)	G	NO	0230500	08/13/2021					488	0	0.0	1	3,725	1,327	35.6	7
	ALMES2HCN	N	NO	0230500	08/13/2021					86,558	116,253	134.3	48	241,472	187,288	77.6	183
	ALMES3M10A	A	NO	0234000	09/09/2021					0	0	0.0	0	4,105	8,582	209.1	2
	ALMES3M10F	F	NO	0234000	09/09/2021					27,987	39,989	142.9	9	145,403	127,219	87.5	58
	ALMES3M10G	G	NO	0234000	09/09/2021					193,029	174,271	90.3	99	587,817	572,129	97.3	422
	ALMES3M10G(HD)	G	NO	0234000	09/09/2021					7,638	39	0.5	13	24,567	4,058	16.5	62
	ALMES3M10N	N	NO	0234000	09/09/2021					30,005	33,287	110.9	19	111,713	61,434	55.0	162
0199999. Total experience on individual policies										548,979	515,054	93.8	284	1,874,659	1,681,444	89.7	1,287

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.
  - Address: 101 E. Main Street Louisville , KY 40202 .....
  - Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 101 E. Main Street Louisville , KY 40202 .....
  - Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Delaware.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	DEAIMESA	A	NO	0034060	07/29/2024					0	0	0.0	0	0	0.0	0	
	DEAIMESF	F	NO	0034060	07/29/2024					0	0	0.0	0	3,587	2,843	79.3	4
	DEAIMESG	G	NO	0034060	07/29/2024					0	0	0.0	0	11,399	16,655	146.1	12
	DEAIMESG(HD)	G	NO	0034060	07/29/2024					0	0	0.0	0	170	0	0.0	2
	DEAIMESN	N	NO	0034060	07/29/2024					0	0	0.0	0	9,441	10,283	108.9	15
0199999. Total experience on individual policies										0	0	0.0	0	24,597	29,781	121.1	33

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Georgia.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	GAMES3M10A	A	NO	0234060	07/25/2022					0	0	0.0	0	9,131	1,633	17.9	4
	GAMES3M10F	F	NO	0234060	07/25/2022					15,787	14,193	89.9	5	1,005,899	1,140,573	113.4	378
	GAMES3M10G	G	NO	0234060	07/25/2022					32,870	79,611	242.2	14	2,198,496	2,219,104	100.9	1,442
	GAMES3M10G(HD)	G	NO	0234060	07/25/2022					5,244	0	0.0	4	159,646	55,196	34.6	332
	GAMES3M10N	N	NO	0234060	07/25/2022					5,718	2,521	44.1	3	862,170	654,799	75.9	631
0199999. Total experience on individual policies										59,619	96,326	161.6	26	4,235,342	4,071,306	96.1	2,787

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	ILMES3M10A	A	NO	0234060	05/31/2022					0	0	0.0	0	1,627	130	8.0	1
	ILMES3M10F	F	NO	0234060	05/31/2022					13,195	11,934	90.4	4	825,063	910,353	110.3	348
	ILMES3M10G	G	NO	0234060	05/31/2022					56,034	55,978	99.9	28	3,488,425	3,591,262	102.9	2,768
	ILMES3M10G(HD)	G	NO	0234060	05/31/2022					6,881	835	12.1	11	101,542	141,772	139.6	152
	ILMES3M10N	N	NO	0234060	05/31/2022					6,888	366	5.3	4	259,811	302,672	116.5	178
0199999. Total experience on individual policies										82,998	69,113	83.3	47	4,676,467	4,946,189	105.8	3,447

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Mississippi.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	MSMES3M10A	A	NO	0234060	03/30/2023					0	0	0.0	0	0	0.0	0	
	MSMES3M10F	F	NO	0234060	03/30/2023					0	713,745	0.0	0	950,502	133.2	379	
	MSMES3M10G	G	NO	0234060	03/30/2023					0	2,431,082	0.0	0	2,503,883	103.0	2,027	
	MSMES3M10G(HD)	G	NO	0234060	03/30/2023					0	18,037	0.0	0	10,317	57.2	40	
	MSMES3M10N	N	NO	0234060	03/30/2023					0	315,918	0.0	0	292,813	92.7	293	
0199999. Total experience on individual policies										0	0	0.0	0	3,478,782	3,757,515	108.0	2,739

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Montana.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	MTAIMESA	A	NO	0034060	12/06/2024					0	0	0.0	0	0	0.0	0	
	MTAIMESF	F	NO	0034060	12/06/2024					0	0	0.0	0	17,152	9,614	56.1	20
	MTAIMESG	G	NO	0034060	12/06/2024					0	0	0.0	0	214,530	198,895	92.7	380
	MTAIMESG(HD)	G	NO	0034060	12/06/2024					0	0	0.0	0	531	0	0.0	3
	MTAIMESN	N	NO	0034060	12/06/2024					0	0	0.0	0	14,808	4,301	29.0	38
0199999. Total experience on individual policies										0	0	0.0	0	247,020	212,810	86.2	441

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	NHAIMESA	A	NO	0034060	11/15/2024					0	0	0.0	0	0	0.0	0	
	NHAIMESF	F	NO	0034060	11/15/2024					0	0	0.0	0	67,376	200,456	297.5	22
	NHAIMESG	G	NO	0034060	11/15/2024					0	0	0.0	0	27,426	20,751	75.7	24
	NHAIMESG(HD)	G	NO	0034060	11/15/2024					0	0	0.0	0	7,566	0	0.0	19
	NHAIMESN	N	NO	0034060	11/15/2024					0	0	0.0	0	53,384	45,929	86.0	75
0199999. Total experience on individual policies										0	0	0.0	0	155,753	267,135	171.5	140

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....

360.NH



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	PAAIMESA	A	NO	0034060	10/25/2019			09/30/2023		0	0	0.0	0	0	0.0	0	
	PAAIMESB	B	NO	0034060	10/25/2019			09/30/2023		0	0	0.0	2,239	5	0.2	1	
	PAAIMESF	F	NO	0034060	10/25/2019			09/30/2023		332,604	313,627	94.3	109	69,013	78,097	113.2	26
	PAAIMESG	G	NO	0034060	10/25/2019			09/30/2023		733,263	789,747	107.7	291	101,967	112,761	110.6	39
	PAAIMESG(HD)	G	NO	0034060	10/25/2019			09/30/2023		4,134	5,770	139.6	6	3,601	0	0.0	3
	PAAIMESN	N	NO	0034060	10/25/2019			09/30/2023		133,510	72,043	54.0	74	33,799	21,860	64.7	21
0199999. Total experience on individual policies										1,203,511	1,181,187	98.1	480	210,619	212,722	101.0	90

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF South Dakota.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	SDAIMESA	A	NO	0034060	06/25/2024					0	0	0.0	0	0	0.0	0	
	SDAIMESF	F	NO	0034060	06/25/2024					0	0	0.0	0	10,638	2,203	20.7	6
	SDAIMESG	G	NO	0034060	06/25/2024					0	0	0.0	0	21,682	11,085	51.1	27
	SDAIMESG(HD)	G	NO	0034060	06/25/2024					0	0	0.0	0	0	0	0.0	0
	SDAIMESN	N	NO	0034060	06/25/2024					0	0	0.0	0	6,797	3,646	53.6	12
0199999. Total experience on individual policies										0	0	0.0	0	39,117	16,934	43.3	45

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	TXMES3M10A	A	NO	0234060	10/21/2021					10,905	13,847	127.0	0	18,811	17,210	91.5	9
	TXMES3M10F	F	NO	0234060	10/21/2021					365,278	351,529	96.2	117	1,049,127	1,134,184	108.1	436
	TXMES3M10G	G	NO	0234060	10/21/2021					689,864	762,019	110.5	314	3,570,922	3,656,014	102.4	3,033
	TXMES3M10G(HD)	G	NO	0234060	10/21/2021					48,252	18,050	37.4	73	146,841	73,726	50.2	369
	TXMES3M10N	N	NO	0234060	10/21/2021					191,362	160,691	84.0	100	637,108	467,538	73.4	660
0199999. Total experience on individual policies										1,305,660	1,306,136	100.0	604	5,422,809	5,348,672	98.6	4,507

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	WIAIBASIC	B	NO	0034060	12/04/2019					1,219,984	1,128,182	92.5	469	517,959	693,940	134.0	263
019999. Total experience on individual policies										1,219,984	1,128,182	92.5	469	517,959	693,940	134.0	263

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Wyoming.....  
 NAIC Group Code 0119 ..... NAIC Company Code 88595 .....  
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8395 .....

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 2022			Policies Issued in 2023; 2024; 2025				
										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	
	WYAIMESA	A	NO	0034000	06/21/2024					0	0	0.0	0	0	0.0	0	
	WYAIMESF	F	NO	0034000	06/21/2024					0	0	0.0	0	17,613	15,494	88.0	13
	WYAIMESG	G	NO	0034000	06/21/2024					0	0	0.0	0	36,390	27,081	74.4	61
	WYAIMESG(HD)	G	NO	0034000	06/21/2024					0	0	0.0	0	1,034	0	0.0	6
	WYAIMESN	N	NO	0034000	06/21/2024					0	0	0.0	0	11,345	14,672	129.3	14
0199999. Total experience on individual policies										0	0	0.0	0	66,383	57,247	86.2	94

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: 101 E. Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Tim Murray Mr. 502-580-1000 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



# LIFE SUPPLEMENTS

For The Year Ended December 31, 2025

(To Be Filed By March 1)

Of The EMPHESYS INSURANCE COMPANY.....

ADDRESS (City, State and Zip Code) Austin , TX 78746-7625 .....

NAIC Group Code 0119 ..... NAIC Company Code 88595 ..... Employer's ID Number 31-0935772 .....

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts

**N O N E**

Life Supplement - Exhibit 5 - Interrogatories

**N O N E**

Life Supplement - Exhibit 7 - Deposit-Type Contracts

**N O N E**

Life Supplement - Schedule S - Part 1 - Section 1

**N O N E**

Life Supplement - Schedule S - Part 3 - Section 1

**N O N E**



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	2,423,639 (f)	0	0	0	0	0	0	XXX	XXX	XXX	1,969,703	1,969,703
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	502,252 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	781,583	781,583
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	2,925,890	0	0	0	0	0	0	XXX	XXX	XXX	2,751,285	2,751,285
47. Total	2,925,890 (c)	0	0	0	0	0	0	0	0	0	2,751,285	2,751,285

LS206.AL

**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY**

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Alabama

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	508	837,810	1,571	2,423,639	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	36,845	28	502,252	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	509	874,655	1,599	2,925,890	
47. Total	0	0	0	0	0	0	0	0	0	0	0	509	874,655	1,599	2,925,890	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 28 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 502,252

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 2,423,639 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 502,252 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1 AL



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.AK

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Alaska

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Amount	26 Amount	28 Amount	29 Amount		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

**NONE**

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.AK



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	1,672,092 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	1,790,611	1,790,611
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	1,672,092	0	0	0	0	0	0	XXX	XXX	XXX	1,790,611	1,790,611
47. Total	1,672,092 (c)	0	0	0	0	0	0	0	0	0	1,790,611	1,790,611

LS206.AZ

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Individual Life		Group Life		Individual Annuities		Group Annuities			Accident and Health		Total		Total			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	979,302	87	1,672,092		
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	979,302	87	1,672,092		
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	44	979,302	87	1,672,092		

(a) 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.  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 87 and number of persons insured under indemnity only products 0  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,672,092  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 1,672,092 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.AZ



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.AR

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

NONE

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ ..... , current year \$ .....  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.AR



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.CA

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

**NONE**

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.CA



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	11,445 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	22,842	22,842
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	11,445	0	0	0	0	0	0	XXX	XXX	XXX	22,842	22,842
47. Total	11,445 (c)	0	0	0	0	0	0	0	0	0	22,842	22,842

LS206.CO

**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY**

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	11,445	1	11,445	11,445
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	11,445	1	11,445	11,445
47. Total	0	0	0	0	0	0	0	0	0	0	0	1	11,445	1	11,445	11,445

(a) 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  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0  
 (d) 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 0  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,445  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 11,445 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.CO



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.CT

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Connecticut

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.CT



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	24,597 (f)	0	0	0	0	0	0	XXX	XXX	XXX	19,940	19,940
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	24,597	0	0	0	0	0	0	XXX	XXX	XXX	19,940	19,940
47. Total	24,597 (c)	0	0	0	0	0	0	0	0	0	19,940	19,940

LS206.DE

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Delaware

DURING THE YEAR 2025

NAIC Company Code

88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	32	24,232	33	24,597
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	32	24,232	33	24,597
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	32	24,232	33	24,597

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 24,597 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 0 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.DE



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.DC

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

District of Columbia

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	24 Amount	26 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.DC



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	7,942,875 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	7,891,595	7,891,595
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	7,942,875	0	0	0	0	0	0	XXX	XXX	XXX	7,891,595	7,891,595
47. Total	7,942,875 (c)	0	0	0	0	0	0	0	0	0	7,891,595	7,891,595

LS206.FL

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Florida

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/Certs	15 Amount	16 Number of Pcls/Certs	17 Amount	18 Number of Pcls/Certs	19 Amount	20 Number of Pcls/Certs	21 Amount		23 Number of Pcls/Certs	24 Amount	25 Number of Pcls/Certs	26 Amount	27 Number of Pcls/Certs	28 Amount		
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	54	2,261,067	454	7,942,875			
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	54	2,261,067	454	7,942,875			
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	54	2,261,067	454	7,942,875		

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 454 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 7,942,875

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 7,942,875 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.FL



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	4,294,961 (f)	0	0	0	0	0	0	XXX	XXX	XXX	3,654,447	3,654,447
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	6,871,384 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	5,229,033	5,229,033
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	11,166,345	0	0	0	0	0	0	XXX	XXX	XXX	8,883,480	8,883,480
47. Total	11,166,345 (c)	0	0	0	0	0	0	0	0	0	8,883,480	8,883,480

LS206.GA

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Georgia

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1,333	2,067,048	2,813	4,294,961
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(173)	(2,048,969)	362	6,871,384
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1,160	18,079	3,175	11,166,345
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	1,160	18,079	3,175	11,166,345

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....362 and number of persons insured under indemnity only products .....0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....6,871,384

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ .....0 ; Comprehensive Group \$ .....0 ; Medicare Supplement \$ .....4,294,961 ; Vision Only \$ .....0 ; Dental Only \$ .....0 ; Federal Employees Health Benefits Plan \$ .....0  
 Title XVIII Medicare \$ .....6,871,384 ; Title XIX Medicaid \$ .....0 ; Credit A&H \$ .....0 ; Disability Income \$ .....0 ; Long-term Care \$ .....0 ; Other Health \$ .....0

LS206.1.GA



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	5,895,075 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	5,417,110	5,417,110
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	5,895,075	0	0	0	0	0	0	XXX	XXX	XXX	5,417,110	5,417,110
47. Total	5,895,075 (c)	0	0	0	0	0	0	0	0	0	5,417,110	5,417,110

LS206.HI

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Hawaii

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	272	5,895,075	272	5,895,075			
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	272	5,895,075	272	5,895,075			
47. Total	0	0	0	0	0	0	0	0	0	0	0	272	5,895,075	272	5,895,075			

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 272 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,895,075

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 5,895,075 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.HI



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.1D

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.ID



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	4,759,465 (f)	0	0	0	0	0	0	XXX	XXX	XXX	4,359,280	4,359,280
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	6,929,707 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	7,022,790	7,022,790
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	11,689,172	0	0	0	0	0	0	XXX	XXX	XXX	11,382,070	11,382,070
47. Total	11,689,172 (c)	0	0	0	0	0	0	0	0	0	11,382,070	11,382,070

LS206.1L

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Individual Life		Group Life		Individual Annuities		Group Annuities			Accident and Health							
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2,124	2,875,487	3,494	4,759,465			
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1,303,487	351	6,929,707			
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2,125	4,178,974	3,845	11,689,172			
47. Total	0	0	0	0	0	0	0	0	0	0	0	2,125	4,178,974	3,845	11,689,172			

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....351 and number of persons insured under indemnity only products .....0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....6,929,707

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ .....0 ; Comprehensive Group \$ .....0 ; Medicare Supplement \$ .....4,759,465 ; Vision Only \$ .....0 ; Dental Only \$ .....0 ; Federal Employees Health Benefits Plan \$ .....0 ; Title XVIII Medicare \$ .....6,929,707 ; Title XIX Medicaid \$ .....0 ; Credit A&H \$ .....0 ; Disability Income \$ .....0 ; Long-term Care \$ .....0 ; Other Health \$ .....0

LS206.1.IL



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	51,176,672 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	47,144,932	47,144,932
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	51,176,672 (c)	0	0	0	0	0	0	XXX	XXX	XXX	47,144,932	47,144,932
47. Total	51,176,672 (c)	0	0	0	0	0	0	0	0	0	47,144,932	47,144,932

LS206.IN

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(587)	(8,563,547)	3,356	51,176,672			
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(587)	(8,563,547)	3,356	51,176,672			
47. Total	0	0	0	0	0	0	0	0	0	0	0	(587)	(8,563,547)	3,356	51,176,672			

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,356 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 51,176,672

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 51,176,672 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.IN



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.1A

**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

**NONE**

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.1A



**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	76,145 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	9,796	9,796
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	76,145	0	0	0	0	0	0	XXX	XXX	XXX	9,796	9,796
47. Total	76,145 (c)	0	0	0	0	0	0	0	0	0	9,796	9,796

LS206.KS

**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY**

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2	76,145	2	76,145
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2	76,145	2	76,145
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	2	76,145	2	76,145

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 76,145

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 76,145 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.KS



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	57,260,345 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	53,462,896	53,462,896
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	57,260,345	0	0	0	0	0	0	XXX	XXX	XXX	53,462,896	53,462,896
47. Total	57,260,345 (c)	0	0	0	0	0	0	0	0	0	53,462,896	53,462,896

LS206.KY

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	172	9,953,116	3,067	57,260,345

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,067 and number of persons insured under indemnity only products 0.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 57,260,345.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 57,260,345 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0.

LS206.1.KY



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	4,212,295 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	4,016,321	4,016,321
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	4,212,295	0	0	0	0	0	0	XXX	XXX	XXX	4,016,321	4,016,321
47. Total	4,212,295 (c)	0	0	0	0	0	0	0	0	0	4,016,321	4,016,321

LS206.LA

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Louisiana

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Individual Life		Group Life		Individual Annuities		Group Annuities			Accident and Health							
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	145	4,212,295	145	4,212,295		
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	145	4,212,295	145	4,212,295		
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	145	4,212,295	145	4,212,295		

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....145 and number of persons insured under indemnity only products .....0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....4,212,295

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ .....0 ; Comprehensive Group \$ .....0 ; Medicare Supplement \$ .....0 ; Vision Only \$ .....0 ; Dental Only \$ .....0 ; Federal Employees Health Benefits Plan \$ .....0 ; Title XVIII Medicare \$ .....4,212,295 ; Title XIX Medicaid \$ .....0 ; Credit A&H \$ .....0 ; Disability Income \$ .....0 ; Long-term Care \$ .....0 ; Other Health \$ .....0

LS206.1.LA



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.ME

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Maine

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Amount	26 Amount	28 Amount	28 Amount		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Number of Pols/ Certs	Number of Pols/ Certs	Number of Pols/ Certs		
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

NONE

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ ..... , current year \$ .....  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.ME



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	748,855 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	1,060,764	1,060,764
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	748,855	0	0	0	0	0	0	XXX	XXX	XXX	1,060,764	1,060,764
47. Total	748,855 (c)	0	0	0	0	0	0	0	0	0	1,060,764	1,060,764

LS206.MD

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	26	748,855	26	748,855

(a) 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  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....26 and number of persons insured under indemnity only products .....0  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....748,855  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ .....0 ; Comprehensive Group \$ .....0 ; Medicare Supplement \$ .....0 ; Vision Only \$ .....0 ; Dental Only \$ .....0 ; Federal Employees Health Benefits Plan \$ .....0  
 Title XVIII Medicare \$ .....748,855 ; Title XIX Medicaid \$ .....0 ; Credit A&H \$ .....0 ; Disability Income \$ .....0 ; Long-term Care \$ .....0 ; Other Health \$ .....0

LS206.1.MD



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.MA

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Massachusetts

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	24 Amount	26 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14	15	16	17	18	19	20	21		23	24	25	26	27	28
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

NONE

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ ..... , current year \$ .....  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.MA



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	9,220,091 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	7,564,964	7,564,964
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	9,220,091	0	0	0	0	0	0	XXX	XXX	XXX	7,564,964	7,564,964
47. Total	9,220,091 (c)	0	0	0	0	0	0	0	0	0	7,564,964	7,564,964

LS206.MI

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
<b>Individual Life</b>																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	344	8,293,966	400	9,220,091	0	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	344	8,293,966	400	9,220,091	0	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	344	8,293,966	400	9,220,091	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 400 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 9,220,091

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 9,220,091 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.MI



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.MN

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Minnesota

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.MN



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	3,478,782 (f)	0	0	0	0	0	0	XXX	XXX	XXX	3,417,675	3,417,675
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	3,478,782	0	0	0	0	0	0	XXX	XXX	XXX	3,417,675	3,417,675
47. Total	3,478,782 (c)	0	0	0	0	0	0	0	0	0	3,417,675	3,417,675

LS206.MS

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Mississippi

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1,344	1,929,155	2,739	3,478,782			
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1,344	1,929,155	2,739	3,478,782			
47. Total	0	0	0	0	0	0	0	0	0	0	0	1,344	1,929,155	2,739	3,478,782			

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 3,478,782 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 0 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.MS



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	22,812,156 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	20,688,823	20,688,823
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	22,812,156	0	0	0	0	0	0	XXX	XXX	XXX	20,688,823	20,688,823
47. Total	22,812,156 (c)	0	0	0	0	0	0	0	0	0	20,688,823	20,688,823

LS206.MO

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Missouri

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
<b>Individual Life</b>																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,344 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 22,812,156

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 22,812,156 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.MO



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	247,020 (f)	0	0	0	0	0	0	XXX	XXX	XXX	129,017	129,017
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	247,020	0	0	0	0	0	0	XXX	XXX	XXX	129,017	129,017
47. Total	247,020 (c)	0	0	0	0	0	0	0	0	0	129,017	129,017

LS206.MT

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	441	247,020	441	247,020			
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	220	0	0			
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	441	247,240	441	247,020			
47. Total	0	0	0	0	0	0	0	0	0	0	0	441	247,240	441	247,020			

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 247,020 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 0 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.MT



**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	138,036 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	156,909	156,909
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	138,036	0	0	0	0	0	0	XXX	XXX	XXX	156,909	156,909
47. Total	138,036 (c)	0	0	0	0	0	0	0	0	0	156,909	156,909

LS206.NE

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Nebraska

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Total Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	6	138,036	6	138,036	0	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	6	138,036	6	138,036	0	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	6	138,036	6	138,036	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 138,036

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 138,036 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.NE



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	486,623 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	474,211	474,211
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	486,623	0	0	0	0	0	0	XXX	XXX	XXX	474,211	474,211
47. Total	486,623 (c)	0	0	0	0	0	0	0	0	0	474,211	474,211

LS206.NV

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Nevada

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	22	430,790	28	486,623
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	22	430,790	28	486,623
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	22	430,790	28	486,623

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 28 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 486,623

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 486,623 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.NV



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	155,753 (f)	0	0	0	0	0	0	XXX	XXX	XXX	227,129	227,129
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	155,753	0	0	0	0	0	0	XXX	XXX	XXX	227,129	227,129
47. Total	155,753 (c)	0	0	0	0	0	0	0	0	0	227,129	227,129

LS206.NH

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

New Hampshire

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	137	155,296	140	155,753	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	137	155,296	140	155,753	
47. Total	0	0	0	0	0	0	0	0	0	0	0	137	155,296	140	155,753	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 155,753 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 0 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.NH



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.NJ

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

New Jersey

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

**NONE**

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.NJ



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.NM

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

New Mexico

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

**NONE**

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.NM



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	424,885 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	201,383	201,383
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	424,885	0	0	0	0	0	0	XXX	XXX	XXX	201,383	201,383
47. Total	424,885 (c)	0	0	0	0	0	0	0	0	0	201,383	201,383

LS206.NC

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

North Carolina

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	16	420,312	19	424,885
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	16	420,312	19	424,885
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	16	420,312	19	424,885

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 19 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 424,885

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 424,885 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.NC



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.ND

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

North Dakota

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.ND



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	9,346,940 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	8,860,648	8,860,648
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	9,346,940	0	0	0	0	0	0	XXX	XXX	XXX	8,860,648	8,860,648
47. Total	9,346,940 (c)	0	0	0	0	0	0	0	0	0	8,860,648	8,860,648

LS206.OH

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
<b>Individual Life</b>																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 485 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 9,346,940

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 9,346,940 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.OH



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.OK

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Oklahoma

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	24 Amount	26 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

**NONE**

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.OK



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.0R

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.0R



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	1,414,130 (f)	0	0	0	0	0	0	XXX	XXX	XXX	1,426,966	1,426,966
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	578,434 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	538,123	538,123
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	1,992,564	0	0	0	0	0	0	XXX	XXX	XXX	1,965,089	1,965,089
47. Total	1,992,564 (c)	0	0	0	0	0	0	0	0	0	1,965,089	1,965,089

LS206.PA

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
<b>Individual Life</b>																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Group Life</b>																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Individual Annuities</b>																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Group Annuities</b>																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Accident and Health</b>																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 43 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 578,434

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 1,414,130 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 578,434 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.PA



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206;RI

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Rhode Island

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
		14	15	16	17	18	19	20	21							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.R1



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	Claims and Benefits Paid			
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other			9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	388,737 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	277,229	277,229
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	388,737	0	0	0	0	0	0	XXX	XXX	XXX	277,229	277,229
47. Total	388,737 (c)	0	0	0	0	0	0	0	0	0	277,229	277,229

LS206.SC

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

South Carolina

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	35,078	28	388,737
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	35,078	28	388,737
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	1	35,078	28	388,737

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 28 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 388,737

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 388,737 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.SC



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	39,117 (f)	0	0	0	0	0	0	XXX	XXX	XXX	10,510	10,510
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	39,117	0	0	0	0	0	0	XXX	XXX	XXX	10,510	10,510
47. Total	39,117 (c)	0	0	0	0	0	0	0	0	0	10,510	10,510

LS206.SD

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

South Dakota

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	43	38,625	45	39,117
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	43	38,625	45	39,117
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	43	38,625	45	39,117

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 39,117 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 0 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.SD



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	5,107,885 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	4,801,325	4,801,325
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	5,107,885	0	0	0	0	0	0	XXX	XXX	XXX	4,801,325	4,801,325
47. Total	5,107,885 (c)	0	0	0	0	0	0	0	0	0	4,801,325	4,801,325

LS206.TN

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Tennessee

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(2)	295,888	278	5,107,885
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(2)	295,888	278	5,107,885
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(2)	295,888	278	5,107,885

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 278 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,107,885

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 5,107,885 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.TN



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	6,728,470 (f)	0	0	0	0	0	0	XXX	XXX	XXX	5,820,849	5,820,849
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	6,841,164 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	7,002,770	7,002,770
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	13,569,634	0	0	0	0	0	0	XXX	XXX	XXX	12,823,619	12,823,619
47. Total	13,569,634 (c)	0	0	0	0	0	0	0	0	0	12,823,619	12,823,619

LS206.TX

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Texas

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 324 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,841,164

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 6,728,470 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 6,841,164 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.TX



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	21,372 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	34,806	34,806
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	21,372	0	0	0	0	0	0	XXX	XXX	XXX	34,806	34,806
47. Total	21,372 (c)	0	0	0	0	0	0	0	0	0	34,806	34,806

LS206.UT

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
<b>Individual Life</b>																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,585	2	21,372	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,585	2	21,372	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 21,372

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 21,372 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.UT



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.VT

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

NONE

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.VT



**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	593,973 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	850,503	850,503
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	593,973	0	0	0	0	0	0	XXX	XXX	XXX	850,503	850,503
47. Total	593,973 (c)	0	0	0	0	0	0	0	0	0	850,503	850,503

LS206.VA

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Virginia

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
<b>Individual Life</b>																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	593,973	26	593,973	26	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	593,973	26	593,973	26	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	26	593,973	26	593,973	26	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 26 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 593,973

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 0 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 593,973 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.VA



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.WA

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Washington

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

NONE

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ ..... , current year \$ .....  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.WA



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 88595

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

**NONE**

LS206.WV

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

West Virginia

DURING THE YEAR 2025

NAIC Company Code 88595

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

NONE

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ ..... , current year \$ .....  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount \$ .....  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ ..... Group: \$ ..... Total: \$ .....  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ ..... ; Comprehensive Group \$ ..... ; Medicare Supplement \$ ..... ; Vision Only \$ ..... ; Dental Only \$ ..... ; Federal Employees Health Benefits Plan \$ ..... ; Title XVIII Medicare \$ ..... ; Title XIX Medicaid \$ ..... ; Credit A&H \$ ..... ; Disability Income \$ ..... ; Long-term Care \$ ..... ; Other Health \$ .....

LS206.1.WV



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	1,737,943 (f)	0	0	0	0	0	0	XXX	XXX	XXX	1,728,298	1,728,298
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	5,603,992 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	5,469,353	5,469,353
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	7,341,935	0	0	0	0	0	0	XXX	XXX	XXX	7,197,651	7,197,651
47. Total	7,341,935 (c)	0	0	0	0	0	0	0	0	0	7,197,651	7,197,651

LS206.WI

**SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY**

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Wisconsin

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
<b>Individual Life</b>																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
<b>Group Life</b>																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
<b>Individual Annuities</b>																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
<b>Group Annuities</b>																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
<b>Accident and Health</b>																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	30	210,111	732	1,737,943			
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(678)	(9,904,282)	259	5,603,992			
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(648)	(9,694,170)	991	7,341,935			
47. Total	0	0	0	0	0	0	0	0	0	0	0	(648)	(9,694,170)	991	7,341,935			

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 259 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,603,992

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 1,737,943 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ 5,603,992 ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.WI



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	66,383 (f)	0	0	0	0	0	0	XXX	XXX	XXX	39,130	39,130
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	(284) (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	243	243
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	66,099	0	0	0	0	0	0	XXX	XXX	XXX	39,373	39,373
47. Total	66,099 (c)	0	0	0	0	0	0	0	0	0	39,373	39,373

LS206.WY

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	86	63,443	94	66,383	0	0	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(2)	(26,356)	0	0	0	(284)	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	84	37,087	94	66,099	0	0	
47. Total	0	0	0	0	0	0	0	0	0	0	0	84	37,087	94	66,099	0	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (284)

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0 ; Comprehensive Group \$ 0 ; Medicare Supplement \$ 66,383 ; Vision Only \$ 0 ; Dental Only \$ 0 ; Federal Employees Health Benefits Plan \$ 0 ; Title XVIII Medicare \$ (284) ; Title XIX Medicaid \$ 0 ; Credit A&H \$ 0 ; Disability Income \$ 0 ; Long-term Care \$ 0 ; Other Health \$ 0

LS206.1.WY



SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	25,370,258 (f)	0	0	0	0	0	0	XXX	XXX	XXX	22,802,943	22,802,943
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	204,863,145 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	190,771,563	190,771,563
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	230,233,403 (c)	0	0	0	0	0	0	XXX	XXX	XXX	213,574,506	213,574,506
47. Total	230,233,403 (c)	0	0	0	0	0	0	0	0	0	213,574,506	213,574,506

LS206.GT

SUPPLEMENT FOR THE YEAR 2025 OF THE EMPHESYS INSURANCE COMPANY

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Grand Total

DURING THE YEAR 2025

NAIC Company Code 88595

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	8,512	11,201,727	17,783	25,370,258
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	26,181,041	11,393	204,863,145	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,517	37,382,769	29,176	230,233,403	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	8,517	37,382,769	29,176	230,233,403

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 11,393 and number of persons insured under indemnity only products 0.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 204,863,145.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0; Comprehensive Group \$ 0; Medicare Supplement \$ 25,370,258; Vision Only \$ 0; Dental Only \$ 0; Federal Employees Health Benefits Plan \$ 0; Title XVIII Medicare \$ 204,863,145; Title XIX Medicaid \$ 0; Credit A&H \$ 0; Disability Income \$ 0; Long-term Care \$ 0; Other Health \$ 0.

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