

**ANNUAL STATEMENT**

**OF THE**

**ENTRADA LIFE INSURANCE COMPANY**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

Arizona

FOR THE YEAR ENDED  
DECEMBER 31, 2023

LIFE, ACCIDENT AND HEALTH

FRATERNAL BENEFIT SOCIETIES

**2023**



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

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

## Entrada Life Insurance Company

NAIC Group Code 2658 (Current) (Prior) NAIC Company Code 71323 Employer's ID Number 75-1168687

Organized under the Laws of Arizona, State of Domicile or Port of Entry AZ

Country of Domicile United States of America

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

Incorporated/Organized 05/04/1964 Commenced Business 06/05/1964

Statutory Home Office 8601 N. Scottsdale Road, Suite 300, Scottsdale, AZ, US 85253  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 6000 Westown Parkway  
(Street and Number)  
West Des Moines, IA, US 50266-5921, (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)

Mail Address 6000 Westown Parkway, West Des Moines, IA, US 50266-5921  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6000 Westown Parkway  
(Street and Number)  
West Des Moines, IA, US 50266-5921, (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)

Internet Website Address \_\_\_\_\_

Statutory Statement Contact Chelsea Jennifer Fichtner, 515-273-3876  
(Name) (Area Code) (Telephone Number)  
chelsea.fichtner@american-equity.com, 515-440-2715  
(E-mail Address) (FAX Number)

### OFFICERS

Chief Executive Officer and President Anant Bhalla # Secretary Andrew Taktajian #  
Vice President and Chief Compliance Officer Anthony J. Lengeling # Vice President, Accounting & Controller Aaron Boushek #

### OTHER

### DIRECTORS OR TRUSTEES

Axel André # James L. Hamalainen # Jeffrey D. Lorenzen #  
Anant Bhalla # Mark S. Reilly #

State of Iowa SS  
County of Polk

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.

Anat Bhalla  
Chief Executive Officer & President

Andrew Taktajian  
Secretary

Aaron Boushek  
Vice President, Accounting & Controller

Subscribed and sworn to before me this 16 day of February 2024

- 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.....

JaWon Matthews  
Financial and Accounting Analyst  
02/16/2026

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	2,649,301		2,649,301	8,809,874
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....				
encumbrances) .....				
4.2 Properties held for the production of income (less				
\$ .....				
encumbrances) .....				
4.3 Properties held for sale (less \$ .....				
encumbrances) .....				
5. Cash (\$ ..... 4,620,060 , Schedule E - Part 1), cash equivalents				
(\$ ..... 202,400 , Schedule E - Part 2) and short-term				
investments (\$ ..... , Schedule DA) .....	4,822,460		4,822,460	316,614
6. Contract loans (including \$ ..... premium notes) .....	18,567		18,567	18,448
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....	1,404,712		1,404,712	3,150
10. Securities lending reinvested collateral assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	8,895,040		8,895,040	9,148,086
13. Title plants less \$ ..... charged off (for Title insurers				
only) .....				
14. Investment income due and accrued .....	8,347		8,347	55,634
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,551	1,551		21
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$ .....				
earned but unbilled premiums) .....				1,308
15.3 Accrued retrospective premiums (\$ ..... ) and				
contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets				
(\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	11,504		11,504	
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	8,916,442	1,551	8,914,891	9,205,049
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....				
28. Total (Lines 26 and 27)	8,916,442	1,551	8,914,891	9,205,049
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)				
2501. Negative IMR .....	11,504		11,504	
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	11,504		11,504	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$ ..... 505,822 (Exh. 5, Line 9999999) less \$ ..... included in Line 6.3 (including \$ ..... Modco Reserve) .....	505,822	529,324
2. Aggregate reserve for accident and health contracts (including \$ ..... Modco Reserve) .....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ ..... Modco Reserve) .....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6) .....		5,000
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6) .....		
5. Policyholders' dividends/refunds to members \$ ..... and coupons \$ ..... due and unpaid (Exhibit 4, Line 10) .....		
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ ..... Modco) .....		
6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ ..... Modco) .....		
6.3 Coupons and similar benefits (including \$ ..... Modco) .....		
7. Amount provisionally held for deferred dividend policies not included in Line 6 .....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ ..... discount; including \$ ..... accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14) .....	459	615
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts .....		
9.2 Provision for experience rating refunds, including the liability of \$ ..... accident and health experience rating refunds of which \$ ..... is for medical loss ratio rebate per the Public Health Service Act .....		
9.3 Other amounts payable on reinsurance, including \$ ..... assumed and \$ ..... ceded .....		
9.4 Interest maintenance reserve (IMR, Line 6) .....		
10. Commissions to agents due or accrued-life and annuity contracts \$ ..... accident and health \$ ..... and deposit-type contract funds \$ .....		
11. Commissions and expense allowances payable on reinsurance assumed .....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7) .....		118,637
13. Transfers to Separate Accounts due or accrued (net) (including \$ ..... accrued for expense allowances recognized in reserves, net of reinsured allowances) .....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6) .....	39,578	140
15.1 Current federal and foreign income taxes, including \$ ..... on realized capital gains (losses) .....		
15.2 Net deferred tax liability .....		
16. Unearned investment income .....		(311)
17. Amounts withheld or retained by reporting entity as agent or trustee .....		
18. Amounts held for agents' account, including \$ ..... agents' credit balances .....		
19. Remittances and items not allocated .....		10,307
20. Net adjustment in assets and liabilities due to foreign exchange rates .....		
21. Liability for benefits for employees and agents if not included above .....		
22. Borrowed money \$ ..... and interest thereon \$ .....		
23. Dividends to stockholders declared and unpaid .....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7) .....		
24.02 Reinsurance in unauthorized and certified (\$ ..... ) companies .....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ ..... ) reinsurers .....		
24.04 Payable to parent, subsidiaries and affiliates .....		
24.05 Drafts outstanding .....		
24.06 Liability for amounts held under uninsured plans .....		
24.07 Funds held under coinsurance .....		
24.08 Derivatives .....		
24.09 Payable for securities .....	161,175	
24.10 Payable for securities lending .....		
24.11 Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....		
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....	707,034	663,712
27. From Separate Accounts Statement .....		
28. Total liabilities (Lines 26 and 27) .....	707,034	663,712
29. Common capital stock .....	2,500,000	2,500,000
30. Preferred capital stock .....		
31. Aggregate write-ins for other than special surplus funds .....		
32. Surplus notes .....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) .....	4,948,711	7,464,289
34. Aggregate write-ins for special surplus funds .....		
35. Unassigned funds (surplus) .....	759,146	(1,422,952)
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 29 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 30 \$ ..... ) .....		
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ ..... in Separate Accounts Statement) .....	5,707,857	6,041,337
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55) .....	8,207,857	8,541,337
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) .....	8,914,891	9,205,049
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....		
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page .....		
3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above) .....		
3401. ....		
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page .....		
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SUMMARY OF OPERATIONS**

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1 less Col. 8) .....	4,796	6,982
2. Considerations for supplementary contracts with life contingencies .....		
3. Net investment income (Exhibit of Net Investment Income, Line 17) .....	33,416	(150,801)
4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....	(7,079)	(13,642)
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) .....		
7. Reserve adjustments on reinsurance ceded .....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....		
8.2 Charges and fees for deposit-type contracts .....		
8.3 Aggregate write-ins for miscellaneous income .....		31
9. Total (Lines 1 to 8.3) .....	31,133	(157,430)
10. Death benefits .....	20,824	42,000
11. Matured endowments (excluding guaranteed annual pure endowments) .....		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 5 minus Analysis of Operations Summary, Line 18, Col. 1) .....		
13. Disability benefits and benefits under accident and health contracts .....		
14. Coupons, guaranteed annual pure endowments and similar benefits .....		
15. Surrender benefits and withdrawals for life contracts .....	15,835	54,104
16. Group conversions .....		
17. Interest and adjustments on contract or deposit-type contract funds .....		204
18. Payments on supplementary contracts with life contingencies .....		
19. Increase in aggregate reserves for life and accident and health contracts .....	(22,767)	(87,800)
20. Totals (Lines 10 to 19) .....	13,892	8,508
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) .....		33
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) .....		
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6) .....	257,547	150,306
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5) .....	94,629	197,626
25. Increase in loading on deferred and uncollected premiums .....		(72)
26. Net transfers to or (from) Separate Accounts net of reinsurance .....		
27. Aggregate write-ins for deductions .....		357
28. Totals (Lines 20 to 27) .....	366,068	356,758
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....	(334,935)	(514,188)
30. Dividends to policyholders and refunds to members .....		52
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	(334,935)	(514,240)
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....		
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	(334,935)	(514,240)
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ .....0 (excluding taxes of \$ ..... transferred to the IMR) .....	18,583	
35. Net income (Line 33 plus Line 34) .....	(316,352)	(514,240)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) .....	8,541,337	8,925,501
37. Net income (Line 35) .....	(316,352)	(514,240)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0 .....		
39. Change in net unrealized foreign exchange capital gain (loss) .....		
40. Change in net deferred income tax .....		
41. Change in nonadmitted assets .....	17,032	130,076
42. Change in liability for reinsurance in unauthorized and certified companies .....		
43. Change in reserve on account of change in valuation basis, (increase) or decrease .....		
44. Change in asset valuation reserve .....		
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) .....		
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....		
47. Other changes in surplus in Separate Accounts Statement .....		
48. Change in surplus notes .....		
49. Cumulative effect of changes in accounting principles .....		
50. Capital changes:		
50.1 Paid in .....	2,500,000	
50.2 Transferred from surplus (Stock Dividend) .....		
50.3 Transferred to surplus .....		
51. Surplus adjustment:		
51.1 Paid in .....	(2,534,160)	
51.2 Transferred to capital (Stock Dividend) .....		
51.3 Transferred from capital .....		
51.4 Change in surplus as a result of reinsurance .....		
52. Dividends to stockholders .....		
53. Aggregate write-ins for gains and losses in surplus .....		
54. Net change in capital and surplus for the year (Lines 37 through 53) .....	(333,480)	(384,164)
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) .....	8,207,857	8,541,337
<b>DETAILS OF WRITE-INS</b>		
08.301. OTHER INCOME .....		31
08.302. ....		
08.303. ....		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....		
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above) .....		31
2701. Regulatory fine and penalties .....		357
2702. ....		
2703. ....		
2798. Summary of remaining write-ins for Line 27 from overflow page .....		
2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above) .....		357
5301. ....		
5302. ....		
5303. ....		
5398. Summary of remaining write-ins for Line 53 from overflow page .....		
5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above) .....		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	4,418	7,467
2. Net investment income .....	95,588	(18,689)
3. Miscellaneous income .....		31
4. Total (Lines 1 through 3) .....	100,006	(11,191)
5. Benefit and loss related payments .....	42,394	91,308
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	431,375	356,899
8. Dividends paid to policyholders .....		52
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		
10. Total (Lines 5 through 9) .....	473,769	448,259
11. Net cash from operations (Line 4 minus Line 10) .....	(373,763)	(459,450)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	6,146,000	1,174,000
12.2 Stocks .....		
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7 Miscellaneous proceeds .....	161,175	67,131
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	6,307,175	1,241,131
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....		745,051
13.2 Stocks .....		
13.3 Mortgage loans .....		
13.4 Real estate .....		
13.5 Other invested assets .....		
13.6 Miscellaneous applications .....	1,401,562	
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,401,562	745,051
14. Net increase/(decrease) in contract loans and premium notes .....	119	(5,639)
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	4,905,494	501,719
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....		
16.2 Capital and paid in surplus, less treasury stock .....	(15,578)	
16.3 Borrowed funds .....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5 Dividends to stockholders .....		
16.6 Other cash provided (applied) .....	(10,307)	120,894
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(25,885)	120,894
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	4,505,846	163,163
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	316,614	153,451
19.2 End of year (Line 18 plus Line 19.1) .....	4,822,460	316,614

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

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY**

	1	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
1. Premiums and annuity considerations for life and accident and health contracts .....	4,796	4,796							
2. Considerations for supplementary contracts with life contingencies .....		XXX	XXX			XXX	XXX		XXX
3. Net investment income .....	33,416	28,894	4,522						
4. Amortization of Interest Maintenance Reserve (IMR) .....	(7,079)	(6,121)	(958)						
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....							XXX		
6. Commissions and expense allowances on reinsurance ceded .....							XXX		
7. Reserve adjustments on reinsurance ceded .....							XXX		
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....							XXX		
8.2 Charges and fees for deposit-type contracts .....						XXX	XXX		
8.3 Aggregate write-ins for miscellaneous income .....									
9. Totals (Lines 1 to 8.3) .....	31,133	27,569	3,564						
10. Death benefits .....	20,824	20,824				XXX	XXX		
11. Matured endowments (excluding guaranteed annual pure endowments) .....						XXX	XXX		
12. Annuity benefits .....		XXX	XXX			XXX	XXX		XXX
13. Disability benefits and benefits under accident and health contracts .....							XXX		
14. Coupons, guaranteed annual pure endowments and similar benefits .....							XXX		
15. Surrender benefits and withdrawals for life contracts .....	15,835	15,835				XXX	XXX		
16. Group conversions .....							XXX		
17. Interest and adjustments on contract or deposit-type contract funds .....							XXX		
18. Payments on supplementary contracts with life contingencies .....						XXX	XXX		
19. Increase in aggregate reserves for life and accident and health contracts .....	(22,767)	(22,767)					XXX		
20. Totals (Lines 10 to 19) .....	13,892	13,892					XXX		
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....									XXX
22. Commissions and expense allowances on reinsurance assumed .....							XXX		
23. General insurance expenses and fraternal expenses .....	257,547	222,697	34,850						
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	94,629	81,824	12,805						
25. Increase in loading on deferred and uncollected premiums .....							XXX		
26. Net transfers to or (from) Separate Accounts net of reinsurance .....							XXX		
27. Aggregate write-ins for deductions .....									
28. Totals (Lines 20 to 27) .....	366,068	318,413	47,655						
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....	(334,935)	(290,843)	(44,091)						
30. Dividends to policyholders and refunds to members .....							XXX		
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	(334,935)	(290,843)	(44,091)						
32. Federal income taxes incurred (excluding tax on capital gains) .....									
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	(334,935)	(290,843)	(44,091)						
34. Policies/certificates in force end of year .....	101	100	1				XXX		
<b>DETAILS OF WRITE-INS</b>									
08.301. ....									
08.302. ....									
08.303. Summary of remaining write-ins for Line 8.3 from overflow page .....									
08.398. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) .....									
2701. ....									
2702. ....									
2703. ....									
2798. Summary of remaining write-ins for Line 27 from overflow page .....									
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....									

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)**

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life With Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c)	Other Individual Life	YRT Mortality Risk Only
1. Premiums for life contracts (a)	4,796		4,796									
2. Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income	28,894		28,894									
4. Amortization of Interest Maintenance Reserve (IMR)	(6,121)		(6,121)									
5. Separate Accounts net gain from operations excluding unrealized gains or losses												
6. Commissions and expense allowances on reinsurance ceded												
7. Reserve adjustments on reinsurance ceded												
8. Miscellaneous Income:												
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts												
8.2 Charges and fees for deposit-type contracts												
8.3 Aggregate write-ins for miscellaneous income												
9. Totals (Lines 1 to 8.3)	27,569		27,569									
10. Death benefits	20,824		20,824									
11. Matured endowments (excluding guaranteed annual pure endowments)												
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts												
14. Coupons, guaranteed annual pure endowments and similar benefits												
15. Surrender benefits and withdrawals for life contracts	15,835		15,835									
16. Group conversions												
17. Interest and adjustments on contract or deposit-type contract funds												
18. Payments on supplementary contracts with life contingencies												
19. Increase in aggregate reserves for life and accident and health contracts	(22,767)		(22,767)									
20. Totals (Lines 10 to 19)	13,892		13,892									
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)												XXX
22. Commissions and expense allowances on reinsurance assumed												
23. General insurance expenses	222,697		222,697									
24. Insurance taxes, licenses and fees, excluding federal income taxes	81,824		81,824									
25. Increase in loading on deferred and uncollected premiums												
26. Net transfers to or (from) Separate Accounts net of reinsurance												
27. Aggregate write-ins for deductions												
28. Totals (Lines 20 to 27)	318,413		318,413									
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(290,843)		(290,843)									
30. Dividends to policyholders and refunds to members												
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(290,843)		(290,843)									
32. Federal income taxes incurred (excluding tax on capital gains)												
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(290,843)		(290,843)									
34. Policies/certificates in force end of year	100		100									
<b>DETAILS OF WRITE-INS</b>												
08.301.												
08.302.												
08.303.												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page												
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)												
2701.												
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page												
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)												

(a) Include premium amounts for preneed plans included in Line 1  
(b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.  
(c) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - GROUP LIFE INSURANCE (c)**

	1	2	3	4	5	6	7	8	9
	Total	Whole Life	Term Life	Universal Life	Variable Life	Variable Universal Life	Credit Life (d)	Other Group Life (a)	YRT Mortality Risk Only
1. Premiums for life contracts (b)									
2. Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income	4,522	4,522							
4. Amortization of Interest Maintenance Reserve (IMR)	(958)	(958)							
5. Separate Accounts net gain from operations excluding unrealized gains or losses									
6. Commissions and expense allowances on reinsurance ceded									
7. Reserve adjustments on reinsurance ceded									
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts									
8.2 Charges and fees for deposit-type contracts									
8.3 Aggregate write-ins for miscellaneous income									
9. Totals (Lines 1 to 8.3)	3,564	3,564							
10. Death benefits									
11. Matured endowments (excluding guaranteed annual pure endowments)									
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts									
14. Coupons, guaranteed annual pure endowments and similar benefits									
15. Surrender benefits and withdrawals for life contracts									
16. Group conversions									
17. Interest and adjustments on contract or deposit-type contract funds									
18. Payments on supplementary contracts with life contingencies									
19. Increase in aggregate reserves for life and accident and health contracts									
20. Totals (Lines 10 to 19)									
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)									XXX
22. Commissions and expense allowances on reinsurance assumed									
23. General insurance expenses	34,850	34,850							
24. Insurance taxes, licenses and fees, excluding federal income taxes	12,805	12,805							
25. Increase in loading on deferred and uncollected premiums									
26. Net transfers to or (from) Separate Accounts net of reinsurance									
27. Aggregate write-ins for deductions									
28. Totals (Lines 20 to 27)	47,655	47,655							
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(44,091)	(44,091)							
30. Dividends to policyholders and refunds to members									
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(44,091)	(44,091)							
32. Federal income taxes incurred (excluding tax on capital gains)									
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(44,091)	(44,091)							
34. Policies/certificates in force end of year	1	1							
<b>DETAILS OF WRITE-INS</b>									
08.301.									
08.302.									
08.303.									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page									
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)									
2701.									
2702.									
2703.									
2798. Summary of remaining write-ins for Line 27 from overflow page									
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)									

(a) Includes the following amounts for FEGLI/SGLI: Line 1, Line 10, Line 16, Line 23, Line 24

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

(c) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

(d) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

Analysis of Operations by Lines of Business - Individual Annuities

**N O N E**

Analysis of Operations by Lines of Business - Group Annuities

**N O N E**

Analysis of Operations by Lines of Business - Accident and Health

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - INDIVIDUAL LIFE INSURANCE (a)**

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life With Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life <sup>(b)</sup> (N/A Fraternal)	Other Individual Life	YRT Mortality Risk Only
<b>Involving Life or Disability Contingencies (Reserves)</b> (Net of Reinsurance Ceded)												
1. Reserve December 31 of prior year .....	460,878		460,878									
2. Tabular net premiums or considerations .....	3,940		3,940									
3. Present value of disability claims incurred .....												
4. Tabular interest .....	15,369		15,369									
5. Tabular less actual reserve released .....												
6. Increase in reserve on account of change in valuation basis .....												
6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve .....		XXX								XXX		
7. Other increases (net) .....												
8. Totals (Lines 1 to 7) .....	480,187		480,187									
9. Tabular cost .....	15,870		15,870									
10. Reserves released by death .....	20,911		20,911									
11. Reserves released by other terminations (net) .....	14,617		14,617									
12. Annuity, supplementary contract and disability payments involving life contingencies .....												
13. Net transfers to or (from) Separate Accounts .....												
14. Total Deductions (Lines 9 to 13) .....	51,398		51,398									
15. Reserve December 31 of current year	428,788		428,788									
<b>Cash Surrender Value and Policy Loans</b>												
16. CSV Ending balance December 31, current year .....	389,955		389,955									
17. Amount Available for Policy Loans Based upon Line 16 CSV	18,746		18,746									

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....  
(b) Individual and Group Credit Life are combined and included on ..... page. (Indicate whether included with Individual or Group.)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - GROUP LIFE INSURANCE (a)**  
**(N/A Fraternal)**

	1 Total	2 Whole Life	3 Term Life	4 Universal Life	5 Variable Life	6 Variable Universal Life	7 Credit Life <sup>(b)</sup>	8 Other Group Life	9 YRT Mortality Risk Only
<b>Involving Life or Disability Contingencies (Reserves)</b> (Net of Reinsurance Ceded)									
1. Reserve December 31 of prior year .....	68,446	68,446							
2. Tabular net premiums or considerations .....									
3. Present value of disability claims incurred .....									
4. Tabular interest .....	2,053	2,053							
5. Tabular less actual reserve released .....									
6. Increase in reserve on account of change in valuation basis .....									
7. Other increases (net) .....									
8. Totals (Lines 1 to 7) .....	70,499	70,499							
9. Tabular cost .....	2,053	2,053							
10. Reserves released by death .....									
11. Reserves released by other terminations (net) .....									
12. Annuity, supplementary contract and disability payments involving life contingencies .....									
13. Net transfers to or (from) Separate Accounts .....									
14. Total Deductions (Lines 9 to 13) .....	2,053	2,053							
15. Reserve December 31 of current year .....	68,446	68,446							
<b>Cash Surrender Value and Policy Loans</b>									
16. CSV Ending balance December 31, current year .....									
17. Amount Available for Policy Loans Based upon Line 16 CSV .....									

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....  
(b) Individual and Group Credit Life are combined and included on ..... page. (Indicate whether included with Individual or Group.)

Analysis of Increase in Reserves During the Year - Individual Annuities

**N O N E**

Analysis of Increase in Reserves During the Year - Group Annuities

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds .....	(a) ..... 20,869	..... 29,216
1.1 Bonds exempt from U.S. tax .....	(a) .....	.....
1.2 Other bonds (unaffiliated) .....	(a) .....	.....
1.3 Bonds of affiliates .....	(a) .....	.....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11 Preferred stocks of affiliates .....	(b) .....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....
3. Mortgage loans .....	(c) .....	.....
4. Real estate .....	(d) .....	.....
5. Contract loans .....	..... 748	..... 748
6. Cash, cash equivalents and short-term investments .....	(e) ..... 46	..... 46
7. Derivative instruments .....	(f) .....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	..... 3,406	..... 3,406
10. Total gross investment income .....	..... 25,069	..... 33,416
11. Investment expenses .....	.....	(g) .....
12. Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g) .....
13. Interest expense .....	.....	(h) .....
14. Depreciation on real estate and other invested assets .....	.....	(i) .....
15. Aggregate write-ins for deductions from investment income .....	.....	.....
16. Total deductions (Lines 11 through 15) .....	.....	.....
17. Net investment income (Line 10 minus Line 16) .....	.....	..... 33,416
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment Income .....	..... 3,406	..... 3,406
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	..... 3,406	..... 3,406
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	.....	.....

- (a) Includes \$ .....2,397 accrual of discount less \$ .....16,971 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....					
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....					
<b>NONE</b>					
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....					

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

	1	2	3	4	5	6	7	8
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
<b>FIRST YEAR (other than single)</b>								
1. Uncollected .....								
2. Deferred and accrued .....								
3. Deferred, accrued and uncollected:								
3.1 Direct .....								
3.2 Reinsurance assumed .....								
3.3 Reinsurance ceded .....								
3.4 Net (Line 1 + Line 2) .....								
4. Advance .....								
5. Line 3.4 - Line 4 .....								
6. Collected during year:								
6.1 Direct .....								
6.2 Reinsurance assumed .....								
6.3 Reinsurance ceded .....								
6.4 Net .....								
7. Line 5 + Line 6.4 .....								
8. Prior year (uncollected + deferred and accrued - advance) .....								
9. First year premiums and considerations:								
9.1 Direct .....								
9.2 Reinsurance assumed .....								
9.3 Reinsurance ceded .....								
9.4 Net (Line 7 - Line 8) .....								
<b>SINGLE</b>								
10. Single premiums and considerations:								
10.1 Direct .....								
10.2 Reinsurance assumed .....								
10.3 Reinsurance ceded .....								
10.4 Net .....								
<b>RENEWAL</b>								
11. Uncollected .....								
12. Deferred and accrued .....								
13. Deferred, accrued and uncollected:								
13.1 Direct .....								
13.2 Reinsurance assumed .....								
13.3 Reinsurance ceded .....								
13.4 Net (Line 11 + Line 12) .....								
14. Advance .....	459	459						
15. Line 13.4 - Line 14 .....	(459)	(459)						
16. Collected during year:								
16.1 Direct .....	4,796	4,796						
16.2 Reinsurance assumed .....								
16.3 Reinsurance ceded .....								
16.4 Net .....	4,796	4,796						
17. Line 15 + Line 16.4 .....	4,337	4,337						
18. Prior year (uncollected + deferred and accrued - advance) .....	459	459						
19. Renewal premiums and considerations:								
19.1 Direct .....	4,796	4,796						
19.2 Reinsurance assumed .....								
19.3 Reinsurance ceded .....								
19.4 Net (Line 17 - Line 18) .....	4,796	4,796						
<b>TOTAL</b>								
20. Total premiums and annuity considerations:								
20.1 Direct .....	4,796	4,796						
20.2 Reinsurance assumed .....								
20.3 Reinsurance ceded .....								
20.4 Net (Lines 9.4 + 10.4 + 19.4) .....	4,796	4,796						

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

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

NONE



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
EXHIBIT 2 - GENERAL EXPENSES**

	Insurance				5 Investment	6 Fraternal	7 Total
	1 Life	2 Accident and Health		4 All Other Lines of Business			
		2 Cost Containment	3 All Other				
1. Rent							
2. Salaries and wages							
3.11 Contributions for benefit plans for employees							
3.12 Contributions for benefit plans for agents							
3.21 Payments to employees under non-funded benefit plans							
3.22 Payments to agents under non-funded benefit plans							
3.31 Other employee welfare							
3.32 Other agent welfare							
4.1 Legal fees and expenses							
4.2 Medical examination fees							
4.3 Inspection report fees							
4.4 Fees of public accountants and consulting actuaries	219,167						219,167
4.5 Expense of investigation and settlement of policy claims							
5.1 Traveling expenses							
5.2 Advertising							
5.3 Postage, express, telegraph and telephone							
5.4 Printing and stationery							
5.5 Cost or depreciation of furniture and equipment							
5.6 Rental of equipment							
5.7 Cost or depreciation of EDP equipment and software							
6.1 Books and periodicals							
6.2 Bureau and association fees							
6.3 Insurance, except on real estate							
6.4 Miscellaneous losses							
6.5 Collection and bank service charges	(405)						(405)
6.6 Sundry general expenses	30						30
6.7 Group service and administration fees							
6.8 Reimbursements by uninsured plans							
7.1 Agency expense allowance							
7.2 Agents' balances charged off (less \$ recovered)							
7.3 Agency conferences other than local meetings							
8.1 Official publication (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		
8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		
9.1 Real estate expenses							
9.2 Investment expenses not included elsewhere	38,755						38,755
9.3 Aggregate write-ins for expenses							
10. General expenses incurred	257,547						257,547
11. General expenses unpaid Dec. 31, prior year	86,137				32,500	(b)	(a) 118,637
12. General expenses unpaid Dec. 31, current year							
13. Amounts receivable relating to uninsured plans, prior year							
14. Amounts receivable relating to uninsured plans, current year							
15. General expenses paid during year (Lines 10+11-12-13+14)	343,684				32,500		376,184
<b>DETAILS OF WRITE-INS</b>							
09.301.							
09.302.							
09.303.							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page							
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above)							

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable ..... \$ ..... ; 2. Institutional ..... \$ ..... ; 3. Recreational and Health ..... \$ ..... ; 4. Educational ..... \$ ..... ; 5. Religious ..... \$ ..... ; 6. Membership ..... \$ ..... ; 7. Other ..... \$ ..... ; 8. Total ..... \$ .....

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

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business			
1. Real estate taxes						
2. State insurance department licenses and fees	30,532					30,532
3. State taxes on premiums	49,915					49,915
4. Other state taxes, including \$ for employee benefits						
5. U.S. Social Security taxes						
6. All other taxes	14,182					14,182
7. Taxes, licenses and fees incurred	94,629					94,629
8. Taxes, licenses and fees unpaid Dec. 31, prior year	140					140
9. Taxes, licenses and fees unpaid Dec. 31, current year	39,578					39,578
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	55,191					55,191

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

	1 Life	2 Accident and Health
	1. Applied to pay renewal premiums	
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Lines 1 through 4		
6. Paid in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options		
9. Total Lines 5 through 8		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend contracts not included in Line 13		
15. Total Lines 10 through 14		
16. Total from prior year		
17. Total dividends or refunds (Lines 9 + 15 - 16)		
<b>DETAILS OF WRITE-INS</b>		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page		
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)		

**NONE**



**EXHIBIT 5 - INTERROGATORIES**

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?..... Yes [ X ] No [ ]
- 1.2 If not, state which kind is issued. ....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts?..... Yes [ ] No [ X ]
- 2.2 If not, state which kind is issued. ....  
For the year ended December 31, 2023, the Company did not issue participating or non-participating policies. ....
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?..... Yes [ ] No [ X ]  
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? ..... Yes [ ] No [ X ]  
If so, state:  
4.1 Amount of insurance? ..... \$ .....  
4.2 Amount of reserve? ..... \$ .....  
4.3 Basis of reserve: .....  
4.4 Basis of regular assessments: .....  
4.5 Basis of special assessments: .....  
4.6 Assessments collected during the year ..... \$ .....
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts. ....
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? ..... Yes [ ] No [ X ]  
6.1 If so, state the amount of reserve on such contracts on the basis actually held:..... \$ .....  
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: ..... \$ .....  
Attach statement of methods employed in their valuation.
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [ X ]  
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements ..... \$ .....  
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount: .....  
7.3 State the amount of reserves established for this business: ..... \$ .....  
7.4 Identify where the reserves are reported in the blank: .....
- 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [ X ]  
8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: ..... \$ .....  
8.2 State the amount of reserves established for this business: ..... \$ .....  
8.3 Identify where the reserves are reported in the blank: .....
- 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? ..... Yes [ ] No [ X ]  
9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: ..... \$ .....  
9.2 State the amount of reserves established for this business: ..... \$ .....  
9.3 Identify where the reserves are reported in the blank: .....

**EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR**

1	Valuation Basis		4
Description of Valuation Class	2 Changed From	3 Changed To	Increase in Actuarial Reserve Due to Change
NONE			
9999999 - Total (Column 4, only)			

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts

**N O N E**

Exhibit 7 - Deposit-Type Contracts

**N O N E**

Exhibit 8 - Contract Claims - Part 1 - Liability End of Current Year

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 2 - Incurred During the Year**

	1	2	3	4	5	6	7	8
	Total	Individual Life (a)	Group Life (b)	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
1. Settlements During the Year:								
1.1 Direct .....	25,823	25,823						
1.2 Reinsurance assumed .....								
1.3 Reinsurance ceded .....								
1.4 Net .....	(c) 25,823	25,823						
2. Liability December 31, current year from Part 1:								
2.1 Direct .....								
2.2 Reinsurance assumed .....								
2.3 Reinsurance ceded .....								
2.4 Net .....								
3. Amounts recoverable from reinsurers December 31, current year .....								
4. Liability December 31, prior year:								
4.1 Direct .....	5,000	5,000						
4.2 Reinsurance assumed .....								
4.3 Reinsurance ceded .....								
4.4 Net .....	5,000	5,000						
5. Amounts recoverable from reinsurers December 31, prior year .....								
6. Incurred Benefits								
6.1 Direct .....	20,823	20,823						
6.2 Reinsurance assumed .....								
6.3 Reinsurance ceded .....								
6.4 Net .....	20,823	20,823						

- (a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.  
 \$ ..... in Line 6.1, and \$ ..... in Line 6.4.
- (b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.  
 \$ ..... in Line 6.1, and \$ ..... in Line 6.4.
- (c) Includes \$ ..... premiums waived under total and permanent disability benefits.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,551		(1,551)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....		18,583	18,583
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,551	18,583	17,032
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27)	1,551	18,583	17,032
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)			
2501. Disallowed interest maintenance reserve .....		18,583	18,583
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)		18,583	18,583

## NOTES TO FINANCIAL STATEMENTS

### NOTE 1 Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

Entrada Life Insurance Company (the "Company") prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the Arizona Department of Insurance and Financial Institutions ("DIFI").

The DIFI requires that insurance companies domiciled in the State of Arizona prepare their statutory basis financial statements in accordance with the National Association of Insurance Commissioners ("NAIC") Statements of Statutory Accounting Practices and Procedures ("SSAP"), subject to any deviations prescribed or permitted by the DIFI.

As of December 31, 2023 and December 31, 2022, there were no DIFI permitted or prescribed accounting practices differing from NAIC SSAP applicable to the Company's statutory financial statements.

A reconciliation of the Company's net income and capital and surplus between NAIC SSAP and practices prescribed and permitted by the DIFI is as follows:

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) State basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (316,352)	\$ (514,240)
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: NONE					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: NONE					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (316,352)	\$ (514,240)
SURPLUS					
(5) State basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,207,857	\$ 8,541,337
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: NONE					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 8,207,857	\$ 8,541,337

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make certain estimates that affect the reported assets and liabilities, including reporting or disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Future events, including changes in interest rates and asset valuations, could cause actual results to differ in the near term from the estimates used in the financial statements.

The most significant estimates include those used in determining policy reserves and federal income taxes. Although some variability is inherent in these estimates, the recorded amounts reflect management's best estimates based on facts and circumstances as of the date of the financial statements. Management believes the amounts provided are appropriate.

#### C. Accounting Policy

Life premiums are recognized as revenue when due from policyholders under the terms of the insurance contract.

The Company utilizes actuarial tables to estimate the liabilities for losses.

#### D. Going Concern

The Company's management has evaluated its ability to continue as a going concern and does not have any substantial doubt the entity will continue as a going concern.

### NOTE 2 Accounting Changes and Corrections of Errors

The Company had no material changes in accounting principles or correction of errors to report for the year ended December 31, 2023.

### NOTE 3 Business Combinations and Goodwill

#### A. Statutory Purchase Method

During 2023, the Company did not have any business combinations taking the form of a statutory purchase.

#### B. Statutory Merger

During 2023, the Company did not have any business combinations taking the form of a statutory merger.

#### C. Assumption Reinsurance

As of December 31, 2023, the Company did not have goodwill resulting from assumption reinsurance.

#### D. Impairment Loss

As of December 31, 2023, the Company did not have any impaired assets related to business combinations or goodwill.

#### E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

As of December 31, 2023, the Company did not have any goodwill.

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 4 Discontinued Operations**

The Company did not have any discontinued operations during 2023.

**NOTE 5 Investments**

**A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not have any mortgage loans, including mezzanine real estate loans in 2023.

**B. Debt Restructuring**

The Company had no debt restructuring during the twelve months ended December 31, 2023.

**C. Reverse Mortgages**

The Company does not have any reverse mortgages as of December 31, 2023.

**D. Loan-Backed Securities**

At December 31, 2023, the Company had no exposure to subprime loan-backed securities. Substantially all of the owned securities are in the highest rated tranche of the pool in which they are structured and are not subordinated to any other tranche.

The process for evaluating loan-backed securities is based on a number of factors. The primary consideration in the evaluation process is the issuer's ability to meet current and future interest and principal payments as contractually stated at the time of purchase. The review of these securities includes an analysis of the cash flow modeling under various default scenarios considering independent third party benchmarks, the seniority of the specific tranche within the structure of the security, the composition of the collateral and the actual default, loss severity, and prepayment experience exhibited. With the input of third party assumptions for default projections, loss severity and prepayment expectations, the Company evaluates the cash flow projections to determine whether the security is performing in accordance with its contractual obligations.

**E. Dollar Repurchase Agreements and/or Securities Lending Transactions**

The Company did not have any dollar repurchase agreements or securities lending transactions in 2023.

**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not have any repurchase agreements transactions accounted for as secured borrowing in 2023.

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing as of December 31, 2023.

**H. Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not have any repurchase agreements transactions accounted for as a sale as of December 31, 2023.

**I. Reverse Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not have any reverse repurchase agreements transactions accounted for as a sale as of December 31, 2023.  
(1) Company input

**J. Real Estate**

The Company did not have any investments in real estate as of December 31, 2023.

**K. Low Income Housing tax Credits (LIHTC)**

The Company did not have any investments in low-income housing tax credits as of December 31, 2023.

**L. Restricted Assets**

**1. Restricted Assets (Including Pledged)**

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						
	Current Year					6	7
	1	2	3	4	5		
Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	
a. Subject to contractual obligation for which liability is not shown					\$ -		\$ -
b. Collateral held under security lending agreements					\$ -		\$ -
c. Subject to repurchase agreements					\$ -		\$ -
d. Subject to reverse repurchase agreements					\$ -		\$ -
e. Subject to dollar repurchase agreements					\$ -		\$ -
f. Subject to dollar reverse repurchase agreements					\$ -		\$ -
g. Placed under option contracts					\$ -		\$ -
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					\$ -		\$ -
i. FHLB capital stock					\$ -		\$ -
j. On deposit with states	\$ 1,804,124				\$ 1,804,124	\$ 3,051,330	\$ (1,247,206)
k. On deposit with other regulatory bodies					\$ -		\$ -
l. Pledged collateral to FHLB (including assets backing funding agreements)					\$ -		\$ -
m. Pledged as collateral not captured in other categories					\$ -		\$ -



## NOTES TO FINANCIAL STATEMENTS

n. Other restricted assets								
o. Total Restricted Assets (Sum of a through n)	\$ 1,804,124	\$ -	\$ -	\$ -	\$ -	\$ 1,804,124	\$ 3,051,330	\$(1,247,206)
(a) Subset of Column 1								
(b) Subset of Column 3								

Restricted Asset Category	Current Year			
	8	9	Percentage	
			Gross (Admitted & Non- admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
Total Non- admitted Restricted	Total Admitted Restricted (5 minus 8)			
a. Subject to contractual obligation for which liability is not shown		\$ -	0.000%	0.000%
b. Collateral held under security lending agreements		\$ -	0.000%	0.000%
c. Subject to repurchase agreements		\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements		\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements		\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements		\$ -	0.000%	0.000%
g. Placed under option contracts		\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$ -	0.000%	0.000%
i. FHLB capital stock		\$ -	0.000%	0.000%
j. On deposit with states		\$ 1,804,124	20.234%	20.237%
k. On deposit with other regulatory bodies		\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories		\$ -	0.000%	0.000%
n. Other restricted assets		\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ -	\$ 1,804,124	20.234%	20.237%

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

2. As of December 31, 2023, the Company did not have assets pledged as collateral that are not captured in the categories shown in the table in Note 5L(1).
3. As of December 31, 2023, the Company did not have any other restricted assets that are not captured in the categories shown in the table in Note 5L(1).
4. As of December 31, 2023, the Company has not received any collateral that are reflected as assets within the financial statements.

**M. Working Capital Finance Investments**

The Company did not have any working capital finance investments as of December 31, 2023.

**N. Offsetting and Netting of Assets and Liabilities**

The Company did not have any offsetting and netting of assets and liabilities as of December 31, 2023.

**O. 5GI Securities**

The Company did not have any investments in 5GI securities as of December 31, 2023.

**P. Short Sales**

The Company did not have unsettled and settled short sale transactions outstanding as of December 31, 2023.

**Q. Prepayment Penalty and Acceleration Fees**

For the year ended December 31, 2023 the Company did not have any investment income from prepayment penalty and acceleration fees.

**R. Reporting Entity's Share of Cash Pool by Asset Type**

The Company did not have any cash pooling arrangements during 2023.

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

- A. The Company did not have any investments in joint ventures, partnerships, or limited liability companies that exceed 10% of its admitted assets as of December 31, 2023.
- B. The Company did not recognize any impairments write down for its investments in joint ventures, partnerships, or limited liability companies as of December 31, 2023.

**NOTE 7 Investment Income**

- A. Interest income is recognized on an accrual basis. Due and accrued income was excluded from surplus on the following bases:

The Company does not accrue income on bonds in default which are delinquent more than six months. Further, income is not accrued when collection is uncertain. Accrued income on bonds that are over 90 days past due is nonadmitted.

- B. At December 31, 2023, no amounts were excluded from investment income due and accrued.

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 8 Derivative Instruments**

The Company did not have any derivative instruments as of December 31, 2023.

**NOTE 9 Income Taxes**

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 917,456		\$ 917,456	\$ 849,002		\$ 849,002	\$ 68,454	\$ -	\$ 68,454
(b) Statutory Valuation Allowance Adjustment	\$ 916,227		\$ 916,227	\$ 848,055		\$ 848,055	\$ 68,172	\$ -	\$ 68,172
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 1,229	\$ -	\$ 1,229	\$ 947	\$ -	\$ 947	\$ 282	\$ -	\$ 282
(d) Deferred Tax Assets Nonadmitted			\$ -			\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 1,229	\$ -	\$ 1,229	\$ 947	\$ -	\$ 947	\$ 282	\$ -	\$ 282
(f) Deferred Tax Liabilities	\$ 1,229		\$ 1,229	\$ 947		\$ 947	\$ 282	\$ -	\$ 282
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

2.

	As of End of Current Period			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -			\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)			\$ -			\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.			\$ -			\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX		XXX	XXX	\$ 1,281,200	XXX	XXX	\$(1,281,200)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 1,229		\$ 1,229	\$ 947		\$ 947	\$ 282	\$ -	\$ 282
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 1,229	\$ -	\$ 1,229	\$ 947	\$ -	\$ 947	\$ 282	\$ -	\$ 282

3.

	2023	2022
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	445.910%	424.667%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 8,207,857	\$ 8,541,337

4.

	As of End of Current Period		12/31/2022		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 1,229	\$ -	\$ 947	\$ -	\$ 282	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000%	0.000%			0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 1,229	\$ -	\$ 947	\$ -	\$ 282	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000%	0.000%			0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes  No

B. As of December 31, 2023, the Company had no temporary differences for which deferred tax liabilities are not recognized.

C. Current income taxes incurred consist of the following major components:

1. Current Income Tax  
(a) Federal

(1) As of End of Current Period	(2) 12/31/2022	(3) (Col. 1 - 2) Change
		\$ -

## NOTES TO FINANCIAL STATEMENTS

(b) Foreign			\$	-
(c) Subtotal (1a+1b)	\$	-	\$	-
(d) Federal income tax on net capital gains			\$	-
(e) Utilization of capital loss carry-forwards			\$	-
(f) Other			\$	-
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$	-	\$	-
2. Deferred Tax Assets:				
(a) Ordinary:				
(1) Discounting of unpaid losses			\$	-
(2) Unearned premium reserve			\$	-
(3) Policyholder reserves	\$	8,995	\$	7,992
(4) Investments			\$	-
(5) Deferred acquisition costs	\$	3,060	\$	3,060
(6) Policyholder dividends accrual			\$	-
(7) Fixed assets			\$	-
(8) Compensation and benefits accrual			\$	-
(9) Pension accrual			\$	-
(10) Receivables - nonadmitted			\$	-
(11) Net operating loss carry-forward	\$	412,611	\$	345,160
(12) Tax credit carry-forward			\$	-
(13) Other	\$	492,790	\$	492,790
(99) Subtotal (sum of 2a1 through 2a13)	\$	917,456	\$	849,002
(b) Statutory valuation allowance adjustment	\$	916,227	\$	848,055
(c) Nonadmitted			\$	-
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	1,229	\$	947
(e) Capital:				
(1) Investments			\$	-
(2) Net capital loss carry-forward			\$	-
(3) Real estate			\$	-
(4) Other			\$	-
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	-	\$	-
(f) Statutory valuation allowance adjustment			\$	-
(g) Nonadmitted			\$	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$	-	\$	-
(i) Admitted deferred tax assets (2d + 2h)	\$	1,229	\$	947
3. Deferred Tax Liabilities:				
(a) Ordinary:				
(1) Investments	\$	1,229	\$	653
(2) Fixed assets			\$	-
(3) Deferred and uncollected premium			\$	-
(4) Policyholder reserves			\$	-
(5) Other	\$	-	\$	294
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$	1,229	\$	947
(b) Capital:				
(1) Investments			\$	-
(2) Real estate			\$	-
(3) Other			\$	-
(99) Subtotal (3b1+3b2+3b3)	\$	-	\$	-
(c) Deferred tax liabilities (3a99 + 3b99)	\$	1,229	\$	947
4. Net deferred tax assets/liabilities (2i - 3c)				
	\$	-	\$	-

D. The Company's income tax expense differs from the amount obtained by applying the statutory rate of 21% to pretax income for the following reasons at December 31, 2023:

	Amounts	Effective Tax Rate (%)
Provisions computed at statutory rate	\$ 334,933	21.00%
IMR	7,079	0.44%
Statutory valuation allowance adjustment	(342,012)	-21.44%
Total	\$ -	0.00%

Federal income tax incurred	\$ -
Change in net deferred income taxes	\$ -
Total statutory income tax	\$ - 0.00%

E. As of December 31, 2023, the Company had a Net Operating Loss carryforwards in the amount of \$1,964,814 which does not expire.

F. The Company files a separate Life Insurance Company federal income tax return.

G. The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting

H. Repatriation Transition Tax (RTT)

The Company did not have any repatriation transition tax as of December 31, 2023.

I. Alternative Minimum Tax (AMT) Credit

The Company did not have any alternative minimum tax credit as of December 31, 2023.

**NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. Please see Schedule Y, Part 2 for all reportable transactions by the Company and its affiliated insurers with other affiliates.

B. On February 1, 2023, the Company was acquired by American Equity Investment Life Holding Company ("Holding Company"). Upon acquisition, the Company's name was changed from Langhorne Reinsurance (Arizona) LTD to Entrada Life Insurance Company.

The purchase was completed by transfer of existing equity ownership in exchange for \$19,573,206 consideration. The Company has 400,000 of authorized shares of \$10 par common stock, with 250,000 outstanding as of December 31, 2023.

## NOTES TO FINANCIAL STATEMENTS

In the first quarter, the Company entered into a Management Services Agreement with the Holding Company. Under this agreement, the Holding Company and its affiliates agree to provide general administrative services, sales and marketing services, technical services, intellectual property and licenses, as well as insurance and product services. In exchange for providing these administrative functions, the Company reimburses the Holding Company and its affiliates for their allocated share of such costs arrived at in a fair and equitable manner.

In the first quarter, the Company entered into an Investment Advisory Agreement with the Holding Company. The Company is paying fees at an annual rate of 0.25% on amounts up to \$100,000,000 and is paying fees at an annual rate of 0.20% on the amount in excess of \$100,000,000 of the market value of invested assets. These fees are paid quarterly. In exchange for these fees, the Holding Company provides investment advice and makes investment decisions based on the investment provisions of the State of Arizona.

On July 4, 2023, Holding Company, the ultimate controlling parent of the Company, entered into an Agreement and Plan of Merger (the "Agreement") with Brookfield Reinsurance Ltd. The Agreement provides that each issued and outstanding share of Holding Company common stock will be converted into the right to receive \$38.85 per share in cash and a number of fully-paid and nonassessable share of class A limited voting shares of Brookfield Asset Management Ltd (BAM) equal to the Exchange Ratio as defined in the Agreement. The Exchange Ratio is subject to adjustment based on the 10-day volume-weighted average share price of BAM Class A Stock with total consideration ranging between \$54.00 and \$56.50 per share. The Agreement does not provide for the payment of any consideration with respect to the issued and outstanding shares of Holding Company Series A and Series B preferred stock. As such, these shares will be unaffected by the Agreement and will remain outstanding.

The closing of the Agreement is subject to a number of contingencies, including (1) receipt of Holding Company shareholder approval, (2) receipt of certain regulatory approvals, (3) the absence of any injunction or restraint making illegal or otherwise prohibiting the consummation of the merger, (4) the effectiveness of the applicable registration statement on Form F-4 to be filed by BAM, (5) listing approval of the shares of BAM Class A Stock on the New York Stock Exchange and the Toronto Stock Exchange. BAM's obligations to close the merger are also conditioned upon the absence of a Company Material Adverse Effect (as defined in the Agreement) and the absence of the imposition of a Burdensome Condition (as defined in the Agreement) by any regulator as part of the regulatory approval process. The Agreement contains Company representations and warranties and provides for pre-closing covenants, including, subject to certain exceptions, covenants relating to the conduct by the Company in the ordinary course consistent with past practice.

The closing of the merger may not occur prior to January 5, 2024, unless BAM's parent agrees otherwise. The Agreement also provides termination rights for each of the Company and BAM, including, among others, in the event the closing of the merger does not occur on or before April 4, 2024, subject to extension under certain circumstances be extended. Should the Agreement be terminated under certain circumstances, AEL may be required to pay BAM's parent a termination fee of \$102 million.

A special meeting of shareholders of American Equity Investment Life Holding Company was held on November 10, 2023 in order to vote upon the Agreement. The Agreement was approved, having received "For" votes from a majority of the votes cast by shareholders who were present and voting together as a single class at the special meeting.

C. Transactions with related party who are not reported on Schedule Y

Please see Schedule Y, Part 2 for all reportable transactions by the Company and its affiliated insurers with other affiliates.

D. At December 31, 2023, the Company reported amounts payable to American Equity Investment Life and Holding of \$0.

E - G Please see Schedule Y, Part 2 for all reportable transactions by the Company and its affiliated insurers with other affiliates.

H. The Company did not own shares of another upstream or intermediate parent, either directly or indirectly, via a downstream SCA company.

I. The Company does not own any interest in SCA entities whose carrying value is equal to or exceeds 10% of the admitted assets of the Company as of December 31, 2023.

J. The Company did not recognize any impairment write-downs for investments in SCA entities during 2023.

K. The Company did not own any investments in a foreign insurance subsidiary where CARVM and related Actuarial Guidelines were calculated as of December 31, 2023.

L. The Company did not own any investment in a downstream noninsurance holding companies as of December 31, 2023.

M. All SCA Investments

The Company did not have any SCA investments, as of December 31, 2023.

N. Investment in Insurance SCAs

The Company did not report any investments in an insurance SCA for which the statutory capital and surplus reflects a departure from the NAIC statutory accounting practices and procedures during the year ended December 31, 2023.

O. SCA or SSAP 48 Entity Loss Tracking

The Company did not have any SCA losses as of December 31, 2023.

**NOTE 11 Debt**

A. The Company has no debentures outstanding or any reverse repurchase agreements.

B. FHLB (Federal Home Loan Bank) Agreements

The Company does not have any FHLB agreements for the twelve months ended December 31, 2023.

**NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

As of December 31, 2023, the Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement plans.

**NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

A. The Company has 400,000 shares of \$10 par value common stock authorized, of which 250,000 shares are issued and outstanding.

B. The Company has no preferred stock outstanding.

C. Prior approval of the Insurance Division is required for payment of dividends.

D. The Company did not pay cash dividends during 2023.

E. Within the limitation of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to the Company's stockholder.

F. No restrictions have been placed on the Company's unassigned surplus.

G. The Company does not have any advances to surplus not repaid.

## NOTES TO FINANCIAL STATEMENTS

- H. The Company held none of its stock or stock of affiliated companies for special purposes.
- I. The Company has not issued any surplus notes or debentures or similar obligations.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.
- K. The Company has not issued any surplus notes or debentures or similar obligations during 2023.
- L. The Company did not have any quasi-reorganizations during 2023.
- M. The Company did not have any quasi-reorganizations during 2023.

### NOTE 14 Liabilities, Contingencies and Assessments

#### A. Contingent Commitments

The Company has no contingent commitments as of December 31, 2023.

#### B. Assessments

Assessments are from time to time, levied on the Company by life and health guaranty associations by most states in which the Company is licensed to cover losses to policyholders of insolvent or rehabilitated companies. In some states, these assessments can be partially recovered through a reduction in future premium taxes. The Company paid no assessments during 2023.

#### C. Gain Contingencies

The Company did not have any gain contingencies as of December 31, 2023.

#### D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

The Company did not pay amounts during the reporting period to settle claims related to extra contractual obligations or bad faith claims stemming from lawsuits.

#### E. Joint and Several Liabilities

The Company did not have any joint or several liabilities as of December 31, 2023.

#### F. All Other Contingencies

The Company is occasionally involved in litigation, both as a defendant and as a plaintiff. In addition, state regulatory bodies, such as state insurance departments, the Securities and Exchange Commission, the Department of Labor, and other regulatory bodies regularly make inquiries and conduct examinations or investigations concerning its compliance with, among other things, insurance laws, securities laws, and the Employee Retirement Income Security Act of 1974, as amended.

In accordance with applicable accounting guidelines, the Company will establish an accrued liability for litigation and regulatory matters when those matters present loss contingencies that are both probable and estimable. As a litigation or regulatory matter is developing, the Company, in conjunction with outside counsel, evaluates on an ongoing basis whether the matter presents a loss contingency that meets conditions indicating the need for accrual and/or disclosure. There can be no assurance that any pending or future litigation will not have a material adverse effect on its business, financial condition, or results of operations.

### NOTE 15 Leases

No significant changes have occurred in disclosure from prior year end December 31, 2023.

### NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

As of December 31, 2023, the Company had no financial instruments with off-balance sheet risk or any financial instruments with concentrations of credit risk.

### NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

#### A. Transfers of Receivables Reported as Sales

For the year ended December 31, 2023, the Company had \$0 of receivable reported as sales.

#### B. Transfer and Servicing of Financial Assets

The Company did not have any transactions surrounding the transfers and servicing of financial assets during the year ended December 31, 2023.

#### C. Wash Sales

In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date. During the year ended December 31, 2023, the Company did not have any transactions qualifying as wash sales.

### NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

#### A. ASO Plans:

The Company did not have ASO plans during 2023.

#### B. ASC Plans:

The Company did not have any ASC plans during 2023.

#### C. Medicare or Similarly Structured Cost Based Reimbursement Contract

The Company did not have any Medicare or other similarly structured cost based reimbursement contracts during 2023.

### NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company did not have any direct premiums written by managing general agents or third party administrators during 2023.

### NOTE 20 Fair Value Measurements

- A. (1) None

## NOTES TO FINANCIAL STATEMENTS

(2) None

(3) Transfers of securities among the levels occur at times and depend on the type of inputs used to determine fair value of each security. There were no transfers between levels during any period presented.

(4) Fair value is the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. The objective of a fair value measurement is to determine that price for each financial instrument at each measurement date. The Company met this objective using various methods of valuation that include market, income and cost approaches.

The Company categorizes its financial instruments into three levels of fair value hierarchy based on the priority of inputs used in determining fair value. The hierarchy defines the highest priority inputs (Level 1) as quoted prices in active markets for identical assets or liabilities. The lowest priority inputs (Level 3) are the Company's assumptions about what a market participant would use in determining fair value such as estimated future cash flows. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, a financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the financial instrument. The Company categorizes its financial assets and liabilities recorded at fair value in the consolidated balance sheets as follows:

Level 1 - Quoted prices are available in active markets for identical financial instruments as of the reporting date. The Company does not adjust the quoted price for these financial instruments, even in situations where it holds a large position and a sale could reasonably impact the quoted price.

Level 2 - Quoted prices in active markets for similar financial instruments, quoted prices for identical or similar financial instruments in markets that are not active; and models and other valuation methodologies using inputs other than quoted prices that are observable.

Level 3 - Models and other valuation methodologies using significant inputs that are unobservable for financial instruments and include situations where there is little, if any, market activity for the financial instrument. The inputs into the determination of fair value require significant management judgment or estimation. Financial instruments that are included in Level 3 are securities for which no market activity or data exists and for which the Company used discounted expected future cash flows with its own assumptions about what a market participant would use in determining fair value.

(5) None at December 31, 2023.

B. None at December 31, 2023.

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

The following table represents the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the twelve-level fair value hierarchy.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 2,557,225	\$ 2,649,301	\$ 2,557,225				
Policy Loans	\$ 18,567	\$ 18,567					\$ 18,567
Cash and Cash Equivalents	\$ 4,822,460	\$ 4,822,460	\$ 4,822,460				

The following methods and assumptions were used by the Company in estimating the fair values of financial instruments.

Bonds: The fair values of bonds are obtained from third parties and are based on quoted market prices when available. The third parties use yield data and other factors relating to instruments or securities with similar characteristics to determine fair value for securities that are not actively traded.

Cash, cash equivalents, and short term investments: Amounts reported in the statutory-basis balance sheets for these instruments are reported at their historical cost which approximates fair value due to the nature of the assets assigned to this category.

D. Not Practicable to Estimate Fair Value

The Company has not attempted to determine the fair values associated with policy loans, as the Company believes any differences between carrying values and fair values are immaterial to the Company's financial position and, accordingly, the cost to provide such disclosure does not justify the benefit to be derived. As a result, the Company also has not determined an effective interest rate or maturity date.

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Policy Loans	\$ 18,567			The Company has not attempted to determine the fair values associated with policy loans as the Company believes any differences between carrying values and fair values are immaterial to the Company's financial position and, accordingly, the cost to provide such disclosure does not justify the benefit to be derived. As a result, the Company also has not determined an effective interest rate or maturity date.

E. None

### NOTE 21 Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items during 2023.

B. Troubled Debt Restructuring: Debtors

During the year ended December 31, 2023, the Company did not have any troubled debt restructuring.

C. Other Disclosures

The Company did not have any unusual items or investments pledged as collateral as of December 31, 2023.

D. Business Interruption Insurance Recoveries

The Company did not have any business interruption insurance recoveries during 2023.

E. State Transferable and Non-transferable Tax Credits

The Company did not have any state transferable or non-transferable tax credits as of December 31, 2023.

F. Subprime Mortgage Related Risk Exposure

The Company had no direct exposure through investments in subprime loans during 2023.

## NOTES TO FINANCIAL STATEMENTS

## G. Retained Assets

As of December 31, 2023, the Company does not have any retained assets.

## H. Insurance-Linked Securities (ILS) Contracts

As of December 31, 2023, the Company does not have any insurance-linked securities.

## I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

The Company is not an owner and beneficiary of any life insurance policies during 2023.

**NOTE 22 Events Subsequent**

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 16, 2024.

There are no subsequent events to report.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through February 16, 2024.

There are no subsequent events to report.

**NOTE 23 Reinsurance**

## A. Ceded Reinsurance Report

## Section 1 - General Interrogatories

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

Yes [ ] No [X]

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

Yes [ ] No [X]

## Section 2 - Ceded Reinsurance Report - Part A

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

Yes [ ] No [X]

a. If yes, what is the estimated amount of aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ \_\_\_\_\_

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ \_\_\_\_\_

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

Yes [ ] No [X]

## Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making their estimate. \$ 250,000

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes [ ] No [X]

If yes, what is the amount of reinsurance credits, whether as asset or reduction of liability, taken for such new agreements or amendments? \$ 0

## B. Uncollectible Reinsurance

The Company did not write off any uncollectible reinsurance during 2023.

\$ -

## C. Commutation of Reinsurance Reflected in Income and Expenses.

The Company did not commute any ceded reinsurance during 2023.

\$ -

## D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

The Company did not have any certified reinsurer's rating downgraded or status subject to revocation during 2023.

## E-F. Reinsurance of Variable Annuity Contracts/Certificates with an Affiliated Captive Reinsurer

As of December 31, 2023, the Company did not reinsure variable annuity contracts with affiliated captive reinsurers.

Reserve Credits and Collateral Related to Reinsurance of Variable Annuity Contracts/Certificates with an Affiliated Captive Reinsurer

As of December 31, 2023, the Company did not reinsure variable annuity contracts with affiliated captive reinsurers.

## NOTES TO FINANCIAL STATEMENTS

G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/ AXXX Captive Framework

The Company did not have any RBC shortfall for ceded XXXX/AXXX reinsurance with a captive reinsurer subject to the XXXX/AXXX captive framework during 2023.

H. Reinsurance Credit

1.-6. None

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. Disclose the method used by the reporting entity to estimate accrued retrospective premium adjustments.

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

B. Disclose whether accrued retrospective premiums are recorded through written premium or as an adjustment to earned premium.

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

C. Disclose the amount of net premiums written that are subject to retrospective rating features, as well as the corresponding percentage to total net premiums written.

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

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

The Company does not have any medical loss ratio rebates.

E. Risk Sharing Provisions of the Affordable Care Act

The Company is not subject to the risk-sharing provisions of the Affordable Care Act.

**NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses**

The Company did not have any changes in incurred losses and loss adjustment expense during 2023.

**NOTE 26 Intercompany Pooling Arrangements**

A.-G. The Company did not participate in any intercompany pooling arrangements during 2023.

**NOTE 27 Structured Settlements**

A. - B. The Company did not have any structured settlements in 2023.

**NOTE 28 Health Care Receivables**

A. - B. The Company did not have any health care receivables as of December 31, 2023.

**NOTE 29 Participating Policies**

The Company did not have any participating policies during 2023.

**NOTE 30 Premium Deficiency Reserves**

As of December 31, 2023, the Company did not have any contracts that would require premium deficiency reserves.

**NOTE 31 Reserves for Life Contracts and Annuity Contracts**

(1) The Company waives deduction of fractional premiums upon the death of the insured and returns any portion of the final premium beyond the date of death. Surrender values are not promised in excess of legally computed reserves.

(2) As part of the underwriting process, an individual may be determined to be substandard. In such cases, additional premiums are charged depending on such determination.

Unpaid claims include amounts for losses and related adjustment expenses and are determined using individual claim evaluations and statistical analysis. Unpaid claims represent estimates of the ultimate net costs of all losses, reported and unreported, which remain unpaid at the end of the current reporting period. These estimates are necessarily subject to the impact of future changes in claim severity, frequency and other factors. In spite of the variability inherent in such situations, management believes that the unpaid claim amounts are adequate. The estimates are continuously reviewed and as adjustments to these amounts become necessary, such adjustments are reflected in current operations.

(3) As of December 31, 2023, the Company had no insurance in force for which the gross premiums are less than the net premiums according to the standard valuation set by the DIFI.

(4) The Tabular Interest, Tabular Less Actual Reserves Released and Tabular Cost have been determined by formula as described in the instructions.

(5) For the determination of Tabular Interest on funds not involving life contingencies for each valuation rate of interest, the tabular interest is calculated as one hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and end of the year of valuation.

(6) The details for other changes:

None

**NOTE 32 Analysis of Annuity Actuarial Reserves and Deposit Type Contract Liabilities by Withdrawal Characteristics**

As of December 31, 2023, the Company had no Annuity or Deposit Fund business.

**NOTE 33 Analysis of Life Actuarial Reserves by Withdrawal Characteristics**

A. General Account

(1) Subject to discretionary withdrawal, surrender values or policy loans:

a. Term Policies with Cash Value

	Account Value	Cash Value	Reserve
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**NOTES TO FINANCIAL STATEMENTS**

b. Universal Life						
c. Universal Life with Secondary Guarantees						
d. Indexed Universal Life						
e. Indexed Universal Life with Secondary Guarantees						
f. Indexed Life						
g. Other Permanent Cash Value Life Insurance		\$	389,955	\$	400,384	
h. Variable Life						
i. Variable Universal Life						
j. Miscellaneous Reserves						
 (2) Not subject to discretionary withdrawal or no cash values:						
a. Term Policies without Cash Value		XXX	XXX	\$	36,297	
b. Accidental Death Benefits		XXX	XXX	\$	-	
c. Disability - Active Lives		XXX	XXX	\$	-	
d. Disability - Disabled Lives		XXX	XXX	\$	395,260	
e. Miscellaneous Reserves		XXX	XXX	\$	695	
(3) Total (gross: direct + assumed)	\$	-	\$	389,955	\$	832,636
(4) Reinsurance ceded	\$	-	\$	-	\$	326,814
(5) Total (net) (3) - (4)	\$	-	\$	389,955	\$	505,822

B. The Company did not have any separate accounts with guarantees as of December 31, 2023

C. The Company did not have any separate accounts without guarantees as of December 31, 2023.

D. Life & Accident & Health Annual Statement:

	<u>Amount</u>
(1) Exhibit 5, Life Insurance Section, Total (net)	\$ 436,681
(2) Exhibit 5, Accidental Death Benefits Section, Total (net)	
(3) Exhibit 5, Disability - Active Lives Section, Total (net)	
(4) Exhibit 5, Disability - Disabled Lives Section, Total (net)	\$ 68,446
(5) Exhibit 5, Miscellaneous reserves Section, Total (net)	\$ 695
(6) Subtotal (1+2+3+4+5)	\$ 505,822

Separate Accounts Statement

(7) Exhibit 3, Line 0199999, Column 2	
(8) Exhibit 3, Line 0499999, Column 2	
(9) Exhibit 3, Line 0599999, Column 2	
(10) Subtotal (7+8+9)	\$ -
(11) Combined Total (6+10)	\$ 505,822

The Company does not have any life reserves as of December 31, 2023.

**NOTE 34 Premium & Annuity Considerations Deferred and Uncollected**

The Company does not have any deferred or uncollection premium or annuity considerations as of December 31, 2023.

**NOTE 35 Separate Accounts**

The Company did not have any Separate Accounts as of December 31, 2023.

**NOTE 36 Loss/Claim Adjustment Expenses**

The Company did not have loss/claim adjustment expense during 2023.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Arizona
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0001039828
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ X ] No [ ]
- 2.2 If yes, date of change: ..... 02/01/2023
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2020
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2020
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 06/07/2022
- 3.4 By what department or departments?  
Arizona Department of Insurance and Financial Institutions .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information:  
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Ernst & Young, 801 GRAND AVENUE, STE 3110, DES MOINES, IA 50309 .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain.  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
DANNY D PURCELL, SR MANAGING ACTUARY, ENTRADA LIFE INSURANCE COMPANY, 6000 WESTOWN PARKWAY, WEST DES MOINES, IA 50266 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company ...  
12.12 Number of parcels involved .....  
12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If yes, provide explanation  
.....
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....
  - 20.12 To stockholders not officers.....\$ .....
  - 20.13 Trustees, supreme or grand (Fraternal Only) .....\$ .....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ .....
  - 20.22 To stockholders not officers.....\$ .....
  - 20.23 Trustees, supreme or grand (Fraternal Only) .....\$ .....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ .....
  - 21.22 Borrowed from others.....\$ .....
  - 21.23 Leased from others .....\$ .....
  - 21.24 Other .....\$ .....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ .....
  - 22.22 Amount paid as expenses .....\$ .....
  - 22.23 Other amounts paid .....\$ .....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**GENERAL INTERROGATORIES**

- 25.02 If no, give full and complete information, relating thereto  
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
The Company did not participate in a securities lending program in 2023. ....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....
- 25.093 Total payable for securities lending reported on the liability page. .... \$ .....

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). .... Yes [ X ] No [ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....
- 26.22 Subject to reverse repurchase agreements ..... \$ .....
- 26.23 Subject to dollar repurchase agreements ..... \$ .....
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....
- 26.25 Placed under option agreements ..... \$ .....
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$ .....
- 26.27 FHLB Capital Stock ..... \$ .....
- 26.28 On deposit with states ..... \$ ..... 1,804,124
- 26.29 On deposit with other regulatory bodies ..... \$ .....
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... \$ .....
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... \$ .....
- 26.32 Other ..... \$ .....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes [ ] No [ X ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes [ ] No [ ]
- 27.42 Permitted accounting practice ..... Yes [ ] No [ ]
- 27.43 Other accounting guidance ..... Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [ X ] No [ ]
- 29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank NA .....	Monroe, LA .....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**GENERAL INTERROGATORIES**

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ X ] No [ ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Bank of New York Mellon .....	JP Morgan Chase Bank NA .....	08/30/2023 .....	This was a an inherited bank account and custody was transferred to JPM where the Parent company already had a banking relationship established. ....

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

1 Name of Firm or Individual	2 Affiliation
AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY .....	A.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY .....	549300RK5RZQ740FPL83 .....	SEC .....	DS.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	2,649,301	2,557,225	(92,076)
31.2 Preferred stocks .....			
31.3 Totals	2,649,301	2,557,225	(92,076)

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

Bonds and stock are typically valued based on quoted market prices or estimated from independent pricing services such as Interactive Data Corporation and Reuters. For less liquid securities, quotes are obtained from broker/dealers or through internal pricing by investment advisors based on market inputs. ....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes  No

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes  No

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 Bonds and stocks are typically valued based on quoted market prices or estimated from independent pricing services such as Bloomberg. For less liquid securities, quotes are obtained from broker/dealers or through internal pricing by investment advisors based on market inputs. ....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes  No

33.2 If no, list exceptions:  
 .....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5GI securities? ..... Yes  No

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? ..... Yes  No

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
 a. The shares were purchased prior to January 1, 2019.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
 d. The fund only or predominantly holds bonds in its portfolio.  
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes  No

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes  No  N/A

**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
 .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
 39.21 Held directly ..... Yes [ ] No [ ]  
 39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ .....

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid

41.1 Amount of payments for legal expenses, if any? ..... \$ .....

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? ..... \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid



# GENERAL INTERROGATORIES

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

**Life, Accident and Health Companies/Fraternal Benefit Societies:**

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]
- 1.2 If yes, indicate premium earned on U.S. business only .....\$ .....
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....\$ .....
- 1.31 Reason for excluding:  
.....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....\$ .....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. ....\$ .....
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned .....\$ .....
- 1.62 Total incurred claims .....\$ .....
- 1.63 Number of covered lives ..... .....
- All years prior to most current three years
- 1.64 Total premium earned .....\$ .....
- 1.65 Total incurred claims .....\$ .....
- 1.66 Number of covered lives ..... .....
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned .....\$ .....
- 1.72 Total incurred claims .....\$ .....
- 1.73 Number of covered lives ..... .....
- All years prior to most current three years
- 1.74 Total premium earned .....\$ .....
- 1.75 Total incurred claims .....\$ .....
- 1.76 Number of covered lives ..... .....

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....		
2.2 Premium Denominator .....	4,796	6,982
2.3 Premium Ratio (2.1/2.2) .....	0.000	0.000
2.4 Reserve Numerator .....		
2.5 Reserve Denominator .....	505,127	533,629
2.6 Reserve Ratio (2.4/2.5) .....	0.000	0.000

- 3.1 Does this reporting entity have Separate Accounts? ..... Yes [ ] No [ X ]
- 3.2 If yes, has a Separate Accounts Statement been filed with this Department? ..... Yes [ ] No [ ] N/A [ ]
- 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? .....\$ .....
- 3.4 State the authority under which Separate Accounts are maintained:  
.....
- 3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? ..... Yes [ ] No [ ]
- 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? ..... Yes [ ] No [ ]
- 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"? .....\$ .....
4. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:
- 4.1 Amount of loss reserves established by these annuities during the current year: .....\$ .....
- 4.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
P&C Insurance Company And Location	

# GENERAL INTERROGATORIES

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

- 5.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 5.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....
- 5.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 5.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....
- 6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]
- 6.2 If the answer to 6.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

7. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 7.1 Direct Premium Written ..... \$ ..... 4,796
- 7.2 Total Incurred Claims ..... \$ ..... 20,823
- 7.3 Number of Covered Lives ..... 100

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**Life, Accident and Health Companies Only:**

- 9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? ..... Yes [ X ] No [ ]
- 9.2 Net reimbursement of such expenses between reporting entities:
- 9.21 Paid ..... \$ .....
- 9.22 Received ..... \$ .....
- 10.1 Does the reporting entity write any guaranteed interest contracts? ..... Yes [ ] No [ X ]
- 10.2 If yes, what amount pertaining to these lines is included in:
- 10.21 Page 3, Line 1 ..... \$ .....
- 10.22 Page 4, Line 1 ..... \$ .....
11. For stock reporting entities only:
- 11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: ..... \$ ..... 4,948,711
12. Total dividends paid stockholders since organization of the reporting entity:
- 12.11 Cash ..... \$ .....
- 12.12 Stock ..... \$ .....
- 13.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as: ..... Yes [ ] No [ X ]  
 Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.
- 13.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? ..... Yes [ ] No [ ]
- 13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:
- |   | 1<br>Reinsurance<br>Assumed | 2<br>Reinsurance<br>Ceded | 3<br>Net<br>Retained |
|---|-----------------------------|---------------------------|----------------------|
| 13.31 Earned premium .....                                  | .....                       | .....                     | .....                |
| 13.32 Paid claims .....                                     | .....                       | .....                     | .....                |
| 13.33 Claim liability and reserve (beginning of year) ..... | .....                       | .....                     | .....                |
| 13.34 Claim liability and reserve (end of year) .....       | .....                       | .....                     | .....                |
| 13.35 Incurred claims .....                                 | .....                       | .....                     | .....                |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

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

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
13.41	<\$25,000	.....	.....
13.42	\$25,000 - 99,999	.....	.....
13.43	\$100,000 - 249,999	.....	.....
13.44	\$250,000 - 999,999	.....	.....
13.45	\$1,000,000 or more	.....	.....

13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools? ..... \$ .....

**Fraternal Benefit Societies Only:**

- 14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? ..... Yes [ ] No [ ]
- 15. How often are meetings of the subordinate branches required to be held?  
.....
- 16. How are the subordinate branches represented in the supreme or governing body?  
.....
- 17. What is the basis of representation in the governing body?  
.....
- 18.1 How often are regular meetings of the governing body held?  
.....
- 18.2 When was the last regular meeting of the governing body held? .....
- 18.3 When and where will the next regular or special meeting of the governing body be held?  
.....
- 18.4 How many members of the governing body attended the last regular meeting? .....
- 18.5 How many of the same were delegates of the subordinate branches? .....
- 19. How are the expenses of the governing body defrayed?  
.....
- 20. When and by whom are the officers and directors elected?  
.....
- 21. What are the qualifications for membership?  
.....
- 22. What are the limiting ages for admission?  
.....
- 23. What is the minimum and maximum insurance that may be issued on any one life?  
.....
- 24. Is a medical examination required before issuing benefit certificates to applicants? ..... Yes [ ] No [ ]
- 25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? ..... Yes [ ] No [ ]
- 26.1 Are notices of the payments required sent to the members? ..... Yes [ ] No [ ] N/A [ ]
- 26.2 If yes, do the notices state the purpose for which the money is to be used? ..... Yes [ ] No [ ]
- 27. What proportion of first and subsequent year's payments may be used for management expenses?  
27.11 First Year ..... %  
27.12 Subsequent Years ..... %
- 28.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? ..... Yes [ ] No [ ]
- 28.2 If so, what amount and for what purpose? ..... \$ .....
- 29.1 Does the reporting entity pay an old age disability benefit? ..... Yes [ ] No [ ]
- 29.2 If yes, at what age does the benefit commence? .....
- 30.1 Has the constitution or have the laws of the reporting entity been amended during the year? ..... Yes [ ] No [ ]
- 30.2 If yes, when?  
.....
- 31. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? ..... Yes [ ] No [ ]
- 32.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? ..... Yes [ ] No [ ]
- 32.2 If so, was an additional reserve included in Exhibit 5? ..... Yes [ ] No [ ] N/A [ ]
- 32.3 If yes, explain  
.....
- 33.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? ..... Yes [ ] No [ ]
- 33.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? ..... Yes [ ] No [ ] N/A [ ]
- 34. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? ..... Yes [ ] No [ ]
- 35.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? ..... Yes [ ] No [ ]
- 35.2 If yes, what is the date of the original lien and the outstanding balance as the surplus remains? .....

Date	Outstanding Lien amount
.....	.....
.....	.....

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**FIVE-YEAR HISTORICAL DATA**

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Life Insurance in Force</b> (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4) .....	684	737	849	905	985
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4) .....					
3. Credit life (Line 21, Col. 6) .....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4) .....	823	823	840	1,062	1,186
5. Industrial (Line 21, Col. 2) .....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4) .....					
7. Total (Line 21, Col. 10) .....	1,507	1,560	1,689	1,967	2,171
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated .....					
<b>New Business Issued</b> (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2) .....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) .....					
10. Credit life (Line 2, Col. 6) .....					
11. Group (Line 2, Col. 9) .....					
12. Industrial (Line 2, Col. 2) .....					
13. Total (Line 2, Col. 10) .....					
<b>Premium Income - Lines of Business</b> (Exhibit 1 - Part 1)					
14. Individual life (Line 20.4, Col. 2) .....	4,796	6,982	274,825	7,179	8,049
15. Group life (Line 20.4, Col. 3) .....					
16. Individual annuities (Line 20.4, Col. 4) .....					
17. Group annuities (Line 20.4, Col. 5) .....					
18. Accident & Health (Line 20.4, Col. 6) .....					
19. Other lines of business (Line 20.4, Col. 8) .....					
20. Total .....	4,796	6,982	274,825	7,179	8,049
<b>Balance Sheet (Pages 2 &amp; 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3) .....	8,914,891	9,205,049	9,661,065	10,201,114	10,026,558
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26) .....	707,034	663,712	735,564	787,515	1,895,883
23. Aggregate life reserves (Page 3, Line 1) .....	505,822	529,324	617,124	417,981	414,611
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1 .....					
24. Aggregate A & H reserves (Page 3, Line 2) .....					
25. Deposit-type contract funds (Page 3, Line 3) .....					
26. Asset valuation reserve (Page 3, Line 24.01) .....				825	2,803
27. Capital (Page 3, Lines 29 and 30) .....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
28. Surplus (Page 3, Line 37) .....	5,707,857	6,041,337	6,425,501	6,913,599	5,630,675
<b>Cash Flow (Page 5)</b>					
29. Net Cash from Operations (Line 11) .....	(373,763)	(459,450)	(630,001)	(681,179)	(916,699)
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital .....	8,207,857	8,541,337	8,925,501	9,414,424	8,133,478
31. Authorized control level risk - based capital .....	18,407	20,113	21,172	23,974	22,088
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1) .....	29.8	96.3	97.4	92.3	82.4
33. Stocks (Lines 2.1 and 2.2) .....					
34. Mortgage loans on real estate(Lines 3.1 and 3.2) .....					
35. Real estate (Lines 4.1, 4.2 and 4.3) .....					
36. Cash, cash equivalents and short-term investments (Line 5) .....	54.2	3.5	1.6	7.4	17.3
37. Contract loans (Line 6) .....	0.2	0.2	0.3	0.3	0.4
38. Derivatives (Page 2, Line 7) .....					
39. Other invested assets (Line 8) .....					
40. Receivables for securities (Line 9) .....	15.8		0.7		
41. Securities lending reinvested collateral assets (Line 10) .....					
42. Aggregate write-ins for invested assets (Line 11) .....					
43. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1) .....					
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1) .....					
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1), .....					
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....					
48. Affiliated mortgage loans on real estate .....					
49. All other affiliated .....					
50. Total of above Lines 44 to 49 .....					
51. Total Investment in Parent included in Lines 44 to 49 above .....					

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	1,551	18,583	148,659	163,082	151,239
53. Total admitted assets (Page 2, Line 28, Col. 3) .....	8,914,891	9,205,049	9,661,065	10,201,114	10,026,558
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income) .....	33,416	(150,801)	(169,645)	(24,343)	29,160
55. Realized capital gains (losses) (Page 4, Line 34, Column 1) .....	18,583		424	111	1,000
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1) .....					
57. Total of above Lines 54, 55 and 56 .....	51,999	(150,801)	(169,221)	(24,232)	30,160
<b>Benefits and Reserve Increases (Page 6)</b>					
58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 and 8) .....	36,659	96,104	34,660	22,613	138,724
59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6) .....					
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2) .....	(22,767)	(85,239)	208,176	13,556	(56,018)
61. Increase in A & H reserves (Line 19, Col. 6) .....					
62. Dividends to policyholders and refunds to members (Line 30, Col. 1) .....		52	66	71	116
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0 .....	5,370.0	2,153.2	164.0	2,733.4	11,601.0
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0 .....	3.7	8.8	6.3	1.1	22.0
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2) .....					
66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2) .....					
67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2) .....					
<b>A &amp; H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 3) .....			XXX	XXX	XXX
69. Prior years' claim liability and reserve - comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 3) .....			XXX	XXX	XXX
70. Incurred losses on prior years' claims-health other than comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 1 less Col. 3) .....			XXX	XXX	XXX
71. Prior years' claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 3) .....			XXX	XXX	XXX
<b>Net Gains From Operations After Dividends to Policyholders, Refunds to Members, Federal Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line 33)</b>					
72. Individual industrial life (Page 6.1, Col. 2) .....					
73. Individual whole life (Page 6.1, Col. 3) .....	(290,843)	(345,707)	(640,327)	(404,259)	(877,377)
74. Individual term life (Page 6.1, Col. 4) .....					
75. Individual indexed life (Page 6.1, Col. 5) .....					
76. Individual universal life (Page 6.1, Col. 6) .....					
77. Individual universal life with secondary guarantees (Page 6.1, Col. 7) .....					
78. Individual variable life (Page 6.1, Col. 8) .....					
79. Individual variable universal life (Page 6.1, Col. 9) .....					
80. Individual credit life (Page 6.1, Col. 10) .....					
81. Individual other life (Page 6.1, Col. 11) .....					
82. Individual YRT mortality risk only (Page 6.1, Col. 12) .....					
83. Group whole life (Page 6.2, Col. 2) .....	(44,091)	(48,577)	(89,181)	(759)	(108,855)
84. Group term life (Page 6.2, Col. 3) .....					
85. Group universal life (Page 6.2, Col. 4) .....					
86. Group variable life (Page 6.2, Col. 5) .....					
87. Group variable universal life (Page 6.2, Col. 6) .....					
88. Group credit life (Page 6.2, Col. 7) .....					
89. Group other life (Page 6.2, Col. 8) .....					
90. Group YRT mortality risk only (Page 6.2, Col. 9) .....					
91. Individual deferred fixed annuities (Page 6.3, Col. 2) .....					
92. Individual deferred indexed annuities (Page 6.3, Col. 3) .....					
93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4) .....					
94. Individual deferred variable annuities without guarantees (Page 6.3, Col. 5) .....					
95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6) .....					
96. Individual other annuities (Page 6.3, Col. 7) .....					
97. Group deferred fixed annuities (Page 6.4, Col. 2) .....					
98. Group deferred indexed annuities (Page 6.4, Col. 3) .....					
99. Group deferred variable annuities with guarantees (Page 6.4, Col. 4) .....					
100. Group deferred variable annuities without guarantees (Page 6.4, Col. 5) .....					
101. Group life contingent payout (immediate and annuitization) (Page 6.4, Col. 6) .....					
102. Group other annuities (Page 6.4, Col. 7) .....					
103. A & H-comprehensive individual (Page 6.5, Col. 2) .....					
104. A & H-comprehensive group (Page 6.5, Col. 3) .....					
105. A & H-Medicare supplement (Page 6.5, Col. 4) .....					
106. A & H-vision only (Page 6.5, Col. 5) .....					
107. A & H-dental only (Page 6.5, Col. 6) .....					
108. A & H-Federal employees health benefits plan (Page 6.5, Col. 7) .....					
109. A & H-Title XVIII Medicare (Page 6.5, Col. 8) .....					
110. A & H-Title XIX Medicaid (Page 6.5, Col. 9) .....					
111. A & H-credit (Page 6.5, Col. 10) .....					
112. A & H-disability income (Page 6.5, Col. 11) .....					
113. A & H-long-term care (Page 6.5, Col. 12) .....					
114. A & H-other (Page 6.5, Col. 13) .....					
115. Aggregate of all other lines of business (Page 6, Col. 8) .....		(119,956)			
116. Fraternal (Page 6, Col. 7) .....					
117. Total (Page 6, Col. 1) .....	(334,935)	(514,240)	(729,508)	(405,018)	(986,232)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes [ ] No [ ]

If no, please explain: .....



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life		169										
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total		169 (c)										

24.AZ

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															2	20,000
11. Total Individual Life															2	20,000
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
<b>Accident and Health</b>																
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															2	20,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

24-AR



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Arkansas

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															1	5,000
11. Total Individual Life															1	5,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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	XXX
35. Comprehensive group (d)	XXX	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	XXX
37. Vision only (d)	XXX	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	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	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	XXX
41. Title XIX Medicaid (d)	XXX	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	XXX
43. Disability income (d)	XXX	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	XXX
45. Other health (d)	XXX	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	XXX
47. TOTAL															1	5,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF California

DURING THE YEAR 2023

NAIC Company Code 71323

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
<b>Individual Life</b>											
1. Industrial .....											
2. Whole .....											
3. Term .....											
4. Indexed .....											
5. Universal .....											
6. Universal with secondary guarantees .....											
7. Variable .....											
8. Variable universal .....											
9. Credit .....											
10. Other .....	(f)										
11. Total Individual Life .....		787									
<b>Group Life</b>											
12. Whole .....											
13. Term .....											
14. Universal .....											
15. Variable .....											
16. Variable universal .....											
17. Credit .....											
18. Other .....	(f)										
19. Total Group Life .....											
<b>Individual Annuities</b>											
20. Fixed .....											
21. Indexed .....											
22. Variable with guarantees .....											
23. Variable without guarantees .....											
24. Life contingent payout .....											
25. Other .....	(f)										
26. Total Individual Annuities .....											
<b>Group Annuities</b>											
27. Fixed .....											
28. Indexed .....											
29. Variable with guarantees .....											
30. Variable without guarantees .....											
31. Life contingent payout .....											
32. Other .....	(f)										
33. Total Group Annuities .....											
<b>Accident and Health</b>											
34. Comprehensive individual .....	(d)							XXX	XXX	XXX	
35. Comprehensive group .....	(d)							XXX	XXX	XXX	
36. Medicare Supplement .....	(d)							XXX	XXX	XXX	
37. Vision only .....	(d)							XXX	XXX	XXX	
38. Dental only .....	(d)							XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX	
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX	
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX	
42. Credit A&H .....								XXX	XXX	XXX	
43. Disability income .....	(d)							XXX	XXX	XXX	
44. Long-term care .....	(d)							XXX	XXX	XXX	
45. Other health .....	(d)							XXX	XXX	XXX	
46. Total Accident and Health .....								XXX	XXX	XXX	
47. Total .....		787 (c)									

24.CA

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

California

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															2	35,000
11. Total Individual Life															2	35,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															2	35,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2023

NAIC Company Code 71323

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)
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 .....	(f)							8,000				8,000
11. Total Individual Life								8,000				8,000
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)							8,000				8,000

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															2	13,184
11. Total Individual Life															2	13,184
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															2	13,184

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2023

NAIC Company Code 71323

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
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 .....	(f)										
11. Total Individual Life		131									
Group Life											
12. Whole .....											
13. Term .....											
14. Universal .....											
15. Variable .....											
16. Variable universal .....											
17. Credit .....											
18. Other .....	(f)										
19. Total Group Life											
Individual Annuities											
20. Fixed .....											
21. Indexed .....											
22. Variable with guarantees .....											
23. Variable without guarantees .....											
24. Life contingent payout .....											
25. Other .....	(f)										
26. Total Individual Annuities											
Group Annuities											
27. Fixed .....											
28. Indexed .....											
29. Variable with guarantees .....											
30. Variable without guarantees .....											
31. Life contingent payout .....											
32. Other .....	(f)										
33. Total Group Annuities											
Accident and Health											
34. Comprehensive individual .....	(d)							XXX	XXX	XXX	
35. Comprehensive group .....	(d)							XXX	XXX	XXX	
36. Medicare Supplement .....	(d)							XXX	XXX	XXX	
37. Vision only .....	(d)							XXX	XXX	XXX	
38. Dental only .....	(d)							XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX	
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX	
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX	
42. Credit A&H .....								XXX	XXX	XXX	
43. Disability income .....	(d)							XXX	XXX	XXX	
44. Long-term care .....	(d)							XXX	XXX	XXX	
45. Other health .....	(d)							XXX	XXX	XXX	
46. Total Accident and Health								XXX	XXX	XXX	
47. Total		131 (c)									

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															8	55,930
11. Total Individual Life															8	55,930
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
<b>Accident and Health</b>																
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															8	55,930

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

24.GA



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															2	4,000
11. Total Individual Life															2	4,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															2	4,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)								6			6
11. Total Individual Life		165							6			6
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total		165 (c)							6			6

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Louisiana

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															2	18,698
11. Total Individual Life															2	18,698
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															2	18,698

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Massachusetts

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															1	20,000
11. Total Individual Life															1	20,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															1	20,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2023

NAIC Company Code 71323

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)
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 .....	(f)											
11. Total Individual Life	36										2,400	2,400
Group Life											2,400	2,400
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	36 (c)										2,400	2,400

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Mississippi

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															1	5,000
11. Total Individual Life															1	5,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															1	5,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

New Mexico

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															2	4,000
11. Total Individual Life															2	4,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															2	4,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)								4,792			4,792
11. Total Individual Life		25							4,792			4,792
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total		25 (c)							4,792			4,792

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

New York

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															1	2,000
11. Total Individual Life															1	2,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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	XXX
35. Comprehensive group (d)	XXX	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	XXX
37. Vision only (d)	XXX	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	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	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	XXX
41. Title XIX Medicaid (d)	XXX	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	XXX
43. Disability income (d)	XXX	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	XXX
45. Other health (d)	XXX	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	XXX
47. TOTAL															1	2,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life		211										
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total		211 (c)										

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

North Carolina

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															1	10,000
11. Total Individual Life															1	10,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															1	10,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

24.0H

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															1	8,440
11. Total Individual Life															1	8,440
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															1	8,440

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life		376										
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total		376 (c)										

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															4	25,000
11. Total Individual Life															4	25,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															4	25,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

24.1 OK



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life	227											
	227											
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	227 (c)											

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Pennsylvania

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															4	30,000
11. Total Individual Life															4	30,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															4	30,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

24.1.PA



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2023

NAIC Company Code 71323

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
<b>Individual Life</b>											
1. Industrial .....											
2. Whole .....											
3. Term .....											
4. Indexed .....											
5. Universal .....											
6. Universal with secondary guarantees .....											
7. Variable .....											
8. Variable universal .....											
9. Credit .....											
10. Other .....	(f)										
11. Total Individual Life											
<b>Group Life</b>											
12. Whole .....											
13. Term .....											
14. Universal .....											
15. Variable .....											
16. Variable universal .....											
17. Credit .....											
18. Other .....	(f)										
19. Total Group Life											
<b>Individual Annuities</b>											
20. Fixed .....											
21. Indexed .....											
22. Variable with guarantees .....											
23. Variable without guarantees .....											
24. Life contingent payout .....											
25. Other .....	(f)										
26. Total Individual Annuities											
<b>Group Annuities</b>											
27. Fixed .....											
28. Indexed .....											
29. Variable with guarantees .....											
30. Variable without guarantees .....											
31. Life contingent payout .....											
32. Other .....	(f)										
33. Total Group Annuities											
<b>Accident and Health</b>											
34. Comprehensive individual .....	(d)							XXX	XXX	XXX	
35. Comprehensive group .....	(d)							XXX	XXX	XXX	
36. Medicare Supplement .....	(d)							XXX	XXX	XXX	
37. Vision only .....	(d)							XXX	XXX	XXX	
38. Dental only .....	(d)							XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX	
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX	
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX	
42. Credit A&H .....								XXX	XXX	XXX	
43. Disability income .....	(d)							XXX	XXX	XXX	
44. Long-term care .....	(d)							XXX	XXX	XXX	
45. Other health .....	(d)							XXX	XXX	XXX	
46. Total Accident and Health								XXX	XXX	XXX	
47. Total	(c)										

24.TN

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Tennessee

DURING THE YEAR 2023

NAIC Company Code 71323

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	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 (f)															1	7,000
11. Total Individual Life															1	7,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															1	7,000

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2023

NAIC Company Code 71323

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 (f)	2,670							8,025			13,435	21,460
11. Total Individual Life	2,670							8,025			13,435	21,460
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	2,670 (c)							8,025		13,435		21,460

24.TX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2023

NAIC Company Code 71323

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		Policy Exhibit 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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															60	403,040
11. Total Individual Life															60	403,040
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)															1	(a)
19. Total Group Life															1	822,500
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
<b>Accident and Health</b>																
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															61	1,225,540

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Washington

DURING THE YEAR 2023

NAIC Company Code 71323

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
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 (f)															5	17,500
11. Total Individual Life															5	17,500
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
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															5	17,500

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

24.1.WA



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 2658

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2023

NAIC Company Code 71323

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 .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)								20,823		15,835	36,658
11. Total Individual Life		4,797							20,823		15,835	36,658
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
<b>Accident and Health</b>												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total		4,797 (c)							20,823		15,835	36,658

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

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

NAIC Group Code 2658

BUSINESS IN THE STATE OF

Grand Total

DURING THE YEAR 2023

NAIC Company Code 71323

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)															100	683,792
11. Total Individual Life															100	683,792
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)															1	(a)
19. Total Group Life															1	822,500
<b>Individual Annuities</b>																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
<b>Accident and Health</b>																
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															101	1,506,292

(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) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**EXHIBIT OF LIFE INSURANCE**

(\$000 Omitted for Amounts of Life Insurance)

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance
	1	2	3	4	5	6	Number of		9	
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	Number of Individual Policies and Group Certificates	Amount of Insurance	7 Policies	8 Certificates	Amount of Insurance	
1. In force end of prior year .....			112	737			1	15	823	1,560
2. Issued during year .....										
3. Reinsurance assumed .....										
4. Revived during year .....										
5. Increased during year (net) .....										
6. Subtotals, Lines 2 to 5 .....										
7. Additions by dividends during year .....	XXX		XXX		XXX		XXX	XXX		
8. Aggregate write-ins for increases .....										
9. Totals (Lines 1 and 6 to 8) .....			112	737			1	15	823	1,560
Deductions during year:										
10. Death .....			7	27			XXX			27
11. Maturity .....							XXX			
12. Disability .....							XXX			
13. Expiry .....										
14. Surrender .....			5	26						26
15. Lapse .....										
16. Conversion .....							XXX	XXX	XXX	
17. Decreased (net) .....										
18. Reinsurance .....										
19. Aggregate write-ins for decreases .....										
20. Totals (Lines 10 to 19) .....			12	53						53
21. In force end of year (b) (Line 9 minus Line 20) .....			100	684			1	15	823	1,507
22. Reinsurance ceded end of year .....	XXX		XXX		XXX		XXX	XXX	683	683
23. Line 21 minus Line 22 .....	XXX		XXX	684	XXX	(a)	XXX	XXX	140	824
<b>DETAILS OF WRITE-INS</b>										
0801. ....										
0802. ....										
0803. ....										
0898. Summary of remaining write-ins for Line 8 from overflow page .....										
0899. TOTALS (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....										
1901. ....										
1902. ....										
1903. ....										
1998. Summary of remaining write-ins for Line 19 from overflow page .....										
1999. TOTALS (Lines 1901 thru 1903 plus 1998) (Line 19 above) .....										

Life, Accident and Health Companies Only:

(a) Group \$ ..... ; Individual \$ .....

Fraternal Benefit Societies Only:

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

Additional accidental death benefits included in life certificates were in amount \$ ..... , Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [ ] No [ ]  
If not, how are such expenses met?  
.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**EXHIBIT OF LIFE INSURANCE**

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

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
24. Additions by dividends .....	XXX		XXX	
25. Other paid-up insurance .....				
26. Debit ordinary insurance .....	XXX			

**NONE**

**ADDITIONAL INFORMATION ON ORDINARY INSURANCE**

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
27. Term policies - decreasing .....				
28. Term policies - other .....				
29. Other term insurance - decreasing .....	XXX		XXX	
30. Other term insurance .....	XXX		XXX	
31. Totals (Lines 27 to 30) .....				
Reconciliation to Lines 2 and 21:				
32. Term additions .....	XXX		XXX	
33. Totals, extended term insurance .....	XXX	XXX		
34. Totals, whole life and endowment .....			100	684
35. Totals (Lines 31 to 34) .....			100	684

**CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS**

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial .....				
37. Ordinary .....			677	7
38. Credit Life (Group and Individual) .....				
39. Group .....			823	
40. Totals (Lines 36 to 39) .....			1,500	7

**ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE**

	Credit Life		Group	
	1 Number of Individual Policies	2 Amount of Insurance	3 Number of Certificates	4 Amount of Insurance
41. Amount of insurance included in Line 2 ceded to other companies .....	XXX		XXX	
42. Number in force end of year if the number under ceded policies is limited on a pro-rata basis .....				XXX
43. Federal Employees' Group Life Insurance included in Line 21 .....				
44. Servicemen's Group Life Insurance included in Line 21 .....				
45. Group Permanent Insurance included in Line 21 .....				

**NONE**

**ADDITIONAL ACCIDENTAL DEATH BENEFITS**

46. Amount of additional accidental death benefits in force end of year under ordinary policies .....	
---	--

**NONE**

**BASES OF CALCULATION OF ORDINARY TERM INSURANCE**

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Child, etc., policies and riders .....	
47.1 .....	
47.2 .....	

**NONE**

**POLICIES WITH DISABILITY PROVISIONS**

Disability Provisions	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Policies	6 Amount of Insurance	7 Number of Certificates	8 Amount of Insurance
48. Waiver of Premium .....								
49. Disability Income .....								
50. Extended Benefits .....			XXX	XXX				
51. Other .....								
52. Total .....	(a)		(a)		(a)		(a)	

**NONE**

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

**SUPPLEMENTARY CONTRACTS**

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

**NONE**

**ANNUITIES**

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

**NONE**

**ACCIDENT AND HEALTH INSURANCE**

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

**NONE**

**DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS**

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

**NONE**

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, Prior Year .....	..... (18,583)
2. Current year's realized pre-tax capital gains/(losses) of \$ ..... transferred into the reserve net of taxes of \$ .....0	.....
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	.....
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	(18,583)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	(7,079)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(11,504)

**AMORTIZATION**

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2023 .....	(7,079)			(7,079)
2. 2024 .....	(3,719)			(3,719)
3. 2025 .....	(3,343)			(3,343)
4. 2026 .....	(2,448)			(2,448)
5. 2027 .....	(1,504)			(1,504)
6. 2028 .....	(490)			(490)
7. 2029 .....				
8. 2030 .....				
9. 2031 .....				
10. 2032 .....				
11. 2033 .....				
12. 2034 .....				
13. 2035 .....				
14. 2036 .....				
15. 2037 .....				
16. 2038 .....				
17. 2039 .....				
18. 2040 .....				
19. 2041 .....				
20. 2042 .....				
21. 2043 .....				
22. 2044 .....				
23. 2045 .....				
24. 2046 .....				
25. 2047 .....				
26. 2048 .....				
27. 2049 .....				
28. 2050 .....				
29. 2051 .....				
30. 2052 .....				
31. 2053 and Later				
32. Total (Lines 1 to 31)	(18,583)			(18,583)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....							
2. Realized capital gains/(losses) net of taxes - General Account .....							
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....							
7. Basic contribution .....							
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....							
9. Maximum reserve .....							
10. Reserve objective .....							
11. 20% of (Line 10 - Line 8) .....							
12. Balance before transfers (Lines 8 + 11) .....							
13. Transfers .....							
14. Voluntary contribution .....							
15. Adjustment down to maximum/up to zero .....							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)							

**NONE**



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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>LONG-TERM BONDS</b>												
1.		Exempt Obligations .....	2,649,301	XXX	XXX	2,649,301	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A .....		XXX	XXX		0.0002		0.0007		0.0013	
2.2	1	NAIC Designation Category 1.B .....		XXX	XXX		0.0004		0.0011		0.0023	
2.3	1	NAIC Designation Category 1.C .....		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D .....		XXX	XXX		0.0007		0.0022		0.0044	
2.5	1	NAIC Designation Category 1.E .....		XXX	XXX		0.0009		0.0027		0.0055	
2.6	1	NAIC Designation Category 1.F .....		XXX	XXX		0.0011		0.0034		0.0068	
2.7	1	NAIC Designation Category 1.G .....		XXX	XXX		0.0014		0.0042		0.0085	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7) .....		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A .....		XXX	XXX		0.0021		0.0063		0.0105	
3.2	2	NAIC Designation Category 2.B .....		XXX	XXX		0.0025		0.0076		0.0127	
3.3	2	NAIC Designation Category 2.C .....		XXX	XXX		0.0036		0.0108		0.0180	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3) .....		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A .....		XXX	XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B .....		XXX	XXX		0.0099		0.0264		0.0377	
4.3	3	NAIC Designation Category 3.C .....		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3) .....		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A .....		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B .....		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C .....		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3) .....		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A .....		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B .....		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C .....		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3) .....		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6 .....		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion .....		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8) .....	2,649,301	XXX	XXX	2,649,301	XXX		XXX		XXX	
<b>PREFERRED STOCKS</b>												
10.	1	Highest Quality .....		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality .....		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality .....		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality .....		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality .....		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default .....		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR .....		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16) .....		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>SHORT-TERM BONDS</b>												
18.		Exempt Obligations .....		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A .....		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B .....		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C .....		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D .....		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E .....		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F .....		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G .....		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7) .....		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A .....		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B .....		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C .....		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3) .....		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A .....		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B .....		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C .....		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3) .....		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A .....		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B .....		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C .....		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3) .....		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A .....		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B .....		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C .....		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3) .....		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6 .....		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24) .....		XXX	XXX		XXX		XXX		XXX	
<b>DERIVATIVE INSTRUMENTS</b>												
26.		Exchange Traded .....		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality .....		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality .....		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality .....		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality .....		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality .....		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default .....		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments .....		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33) .....	2,649,301	XXX	XXX	2,649,301	XXX		XXX		XXX	

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

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

Asset Valuation Reserve - Equity Component

**NONE**

Asset Valuation Reserve - Replications (Synthetic) Assets

**NONE**

Schedule F - Claims

**NONE**

Schedule H - Part 1 - Analysis of Underwriting Operations

**NONE**

Schedule H - Part 2 - Reserves and Liabilities

**NONE**

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

**NONE**

Schedule H - Part 4 - Reinsurance

**NONE**

Schedule H - Part 5 - Health Claims

**NONE**

Schedule S - Part 1 - Section 1

**NONE**

Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 1**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999			Total General Account - Authorized U.S. Affiliates											
0699999			Total General Account - Authorized Non-U.S. Affiliates											
0799999			Total General Account - Authorized Affiliates											
68241	22-1211670	01/01/1986	PRUDENTIAL INSURANCE COMPANY OF AMERICA	NJ		YRT/G	OL	682,500	326,814	326,814				
0899999			General Account - Authorized U.S. Non-Affiliates				682,500	326,814	326,814					
1099999			Total General Account - Authorized Non-Affiliates				682,500	326,814	326,814					
1199999			Total General Account Authorized				682,500	326,814	326,814					
1499999			Total General Account - Unauthorized U.S. Affiliates											
1799999			Total General Account - Unauthorized Non-U.S. Affiliates											
1899999			Total General Account - Unauthorized Affiliates											
2199999			Total General Account - Unauthorized Non-Affiliates											
2299999			Total General Account Unauthorized											
2599999			Total General Account - Certified U.S. Affiliates											
2899999			Total General Account - Certified Non-U.S. Affiliates											
2999999			Total General Account - Certified Affiliates											
3299999			Total General Account - Certified Non-Affiliates											
3399999			Total General Account Certified											
3699999			Total General Account - Reciprocal Jurisdiction U.S. Affiliates											
3999999			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates											
4099999			Total General Account - Reciprocal Jurisdiction Affiliates											
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates											
4499999			Total General Account Reciprocal Jurisdiction											
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				682,500	326,814	326,814					
4899999			Total Separate Accounts - Authorized U.S. Affiliates											
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates											
5299999			Total Separate Accounts - Authorized Affiliates											
5599999			Total Separate Accounts - Authorized Non-Affiliates											
5699999			Total Separate Accounts Authorized											
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates											
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates											
6399999			Total Separate Accounts - Unauthorized Affiliates											
6699999			Total Separate Accounts - Unauthorized Non-Affiliates											
6799999			Total Separate Accounts Unauthorized											
7099999			Total Separate Accounts - Certified U.S. Affiliates											
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates											
7499999			Total Separate Accounts - Certified Affiliates											
7799999			Total Separate Accounts - Certified Non-Affiliates											
7899999			Total Separate Accounts Certified											
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates											
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates											
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates											
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates											
8999999			Total Separate Accounts Reciprocal Jurisdiction											
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified											
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				682,500	326,814	326,814					
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)											
9999999			Totals				682,500	326,814	326,814					

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**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE S - PART 6**

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts .....			(266)	1	1
2. Commissions and reinsurance expense allowances .....			(18)	1	1
3. Contract claims .....			72	56	38
4. Surrender benefits and withdrawals for life contracts .....				2	35
5. Dividends to policyholders and refunds to members .....					
6. Reserve adjustments on reinsurance ceded .....					
7. Increase in aggregate reserve for life and accident and health contracts .....		(10)	(276)	(96)	(267)
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....					
9. Aggregate reserves for life and accident and health contracts .....	327	327	337	613	708
10. Liability for deposit-type contracts .....					
11. Contract claims unpaid .....					
12. Amounts recoverable on reinsurance .....					
13. Experience rating refunds due or unpaid .....					
14. Policyholders' dividends and refunds to members (not included in Line 10) .....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset .....					
17. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....				250	274
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....					
23. Funds deposited by and withheld from (F) .....					
24. Letters of credit (L) .....					
25. Trust agreements (T) .....					
26. Other (O) .....					

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE 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) .....	8,895,040		8,895,040
2. Reinsurance (Line 16) .....			
3. Premiums and considerations (Line 15) .....			
4. Net credit for ceded reinsurance .....	XXX	326,814	326,814
5. All other admitted assets (balance) .....	19,851		19,851
6. Total assets excluding Separate Accounts (Line 26) .....	8,914,891	326,814	9,241,705
7. Separate Account assets (Line 27) .....			
8. Total assets (Line 28)	8,914,891	326,814	9,241,705
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	505,822	326,814	832,636
10. Liability for deposit-type contracts (Line 3) .....			
11. Claim reserves (Line 4) .....			
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) .....			
13. Premium & annuity considerations received in advance (Line 8) .....	459		459
14. Other contract liabilities (Line 9) .....			
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			
19. All other liabilities (balance) .....	200,753		200,753
20. Total liabilities excluding Separate Accounts (Line 26) .....	707,034	326,814	1,033,848
21. Separate Account liabilities (Line 27) .....			
22. Total liabilities (Line 28) .....	707,034	326,814	1,033,848
23. Capital & surplus (Line 38) .....	8,207,857	XXX	8,207,857
24. Total liabilities, capital & surplus (Line 39)	8,914,891	326,814	9,241,705
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	326,814		
26. Claim reserves .....			
27. Policyholder dividends/reserves .....			
28. Premium & annuity considerations received in advance .....			
29. Liability for deposit-type contracts .....			
30. Other contract liabilities .....			
31. Reinsurance ceded assets .....			
32. Other ceded reinsurance recoverables .....			
33. Total ceded reinsurance recoverables .....	326,814		
34. Premiums and considerations .....			
35. Reinsurance in unauthorized companies .....			
36. Funds held under reinsurance treaties with unauthorized reinsurers .....			
37. Reinsurance with Certified Reinsurers .....			
38. Funds held under reinsurance treaties with Certified Reinsurers .....			
39. Other ceded reinsurance payables/offsets .....			
40. Total ceded reinsurance payable/offsets .....			
41. Total net credit for ceded reinsurance	326,814		



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)**

Allocated by States and Territories

States, Etc.	1	Life Contracts		Direct Business Only			7
		2	3	4	5	6	
	Active Status (a)	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5 (b)	Deposit-Type Contracts
1. Alabama	AL	L					
2. Alaska	AK	L					
3. Arizona	AZ	L	169			169	
4. Arkansas	AR	L					
5. California	CA	L	787			787	
6. Colorado	CO	L					
7. Connecticut	CT	L					
8. Delaware	DE	L					
9. District of Columbia	DC	L					
10. Florida	FL	L	131			131	
11. Georgia	GA	L					
12. Hawaii	HI	L					
13. Idaho	ID	L					
14. Illinois	IL	L					
15. Indiana	IN	L					
16. Iowa	IA	L					
17. Kansas	KS	L					
18. Kentucky	KY	L					
19. Louisiana	LA	L	165			165	
20. Maine	ME	L					
21. Maryland	MD	L					
22. Massachusetts	MA	L					
23. Michigan	MI	L					
24. Minnesota	MN	L					
25. Mississippi	MS	L	36			36	
26. Missouri	MO	L					
27. Montana	MT	L					
28. Nebraska	NE	L					
29. Nevada	NV	L					
30. New Hampshire	NH	L					
31. New Jersey	NJ	L					
32. New Mexico	NM	L					
33. New York	NY	N	25			25	
34. North Carolina	NC	L	211			211	
35. North Dakota	ND	L					
36. Ohio	OH	L					
37. Oklahoma	OK	L	376			376	
38. Oregon	OR	L					
39. Pennsylvania	PA	L	227			227	
40. Rhode Island	RI	L					
41. South Carolina	SC	L					
42. South Dakota	SD	L					
43. Tennessee	TN	L					
44. Texas	TX	L	2,670			2,670	
45. Utah	UT	L					
46. Vermont	VT	L					
47. Virginia	VA	L					
48. Washington	WA	L					
49. West Virginia	WV	L					
50. Wisconsin	WI	L					
51. Wyoming	WY	L					
52. American Samoa	AS	N					
53. Guam	GU	N					
54. Puerto Rico	PR	N					
55. U.S. Virgin Islands	VI	N					
56. Northern Mariana Islands	MP	N					
57. Canada	CAN	N					
58. Aggregate Other Alien	OT	XXX					
59. Subtotal	XXX	4,797				4,797	
90. Reporting entity contributions for employee benefits plans	XXX						
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX						
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX						
93. Premium or annuity considerations waived under disability or other contract provisions	XXX						
94. Aggregate or other amounts not allocable by State	XXX						
95. Totals (Direct Business)	XXX	4,797				4,797	
96. Plus reinsurance assumed	XXX						
97. Totals (All Business)	XXX	4,797				4,797	
98. Less reinsurance ceded	XXX						
99. Totals (All Business) less Reinsurance Ceded	XXX	4,797		(c)		4,797	
<b>DETAILS OF WRITE-INS</b>							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						
9401.	XXX						
9402.	XXX						
9403.	XXX						
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX						
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)	XXX						

(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 50
- 2. R - Registered - Non-domiciled RRGs.....
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....
- 4. Q - Qualified - Qualified or accredited reinsurer.....
- 5. N - None of the above - Not allowed to write business in the state..... 7

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations  
 No allocation used.

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

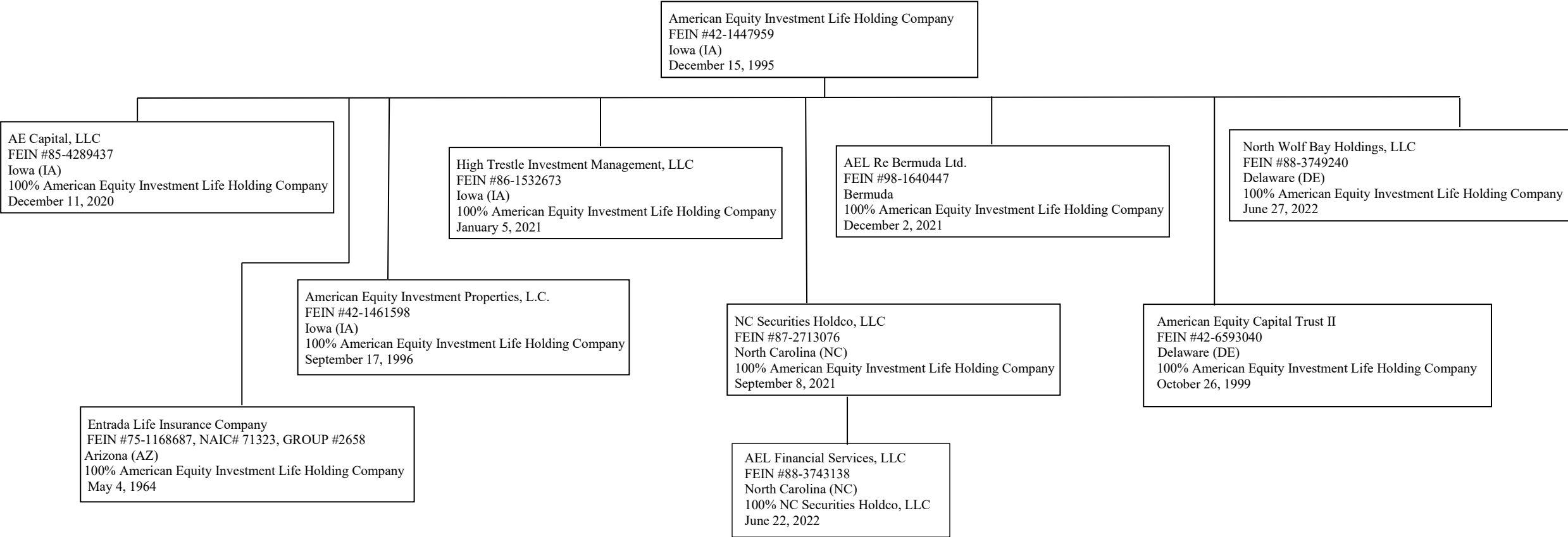
**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ	169					169
4. Arkansas	AR						
5. California	CA	787					787
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL	131					131
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	165					165
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS	36					36
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	25					25
34. North Carolina	NC	211					211
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK	376					376
38. Oregon	OR						
39. Pennsylvania	PA	227					227
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX	2,670					2,670
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		4,797					4,797

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART



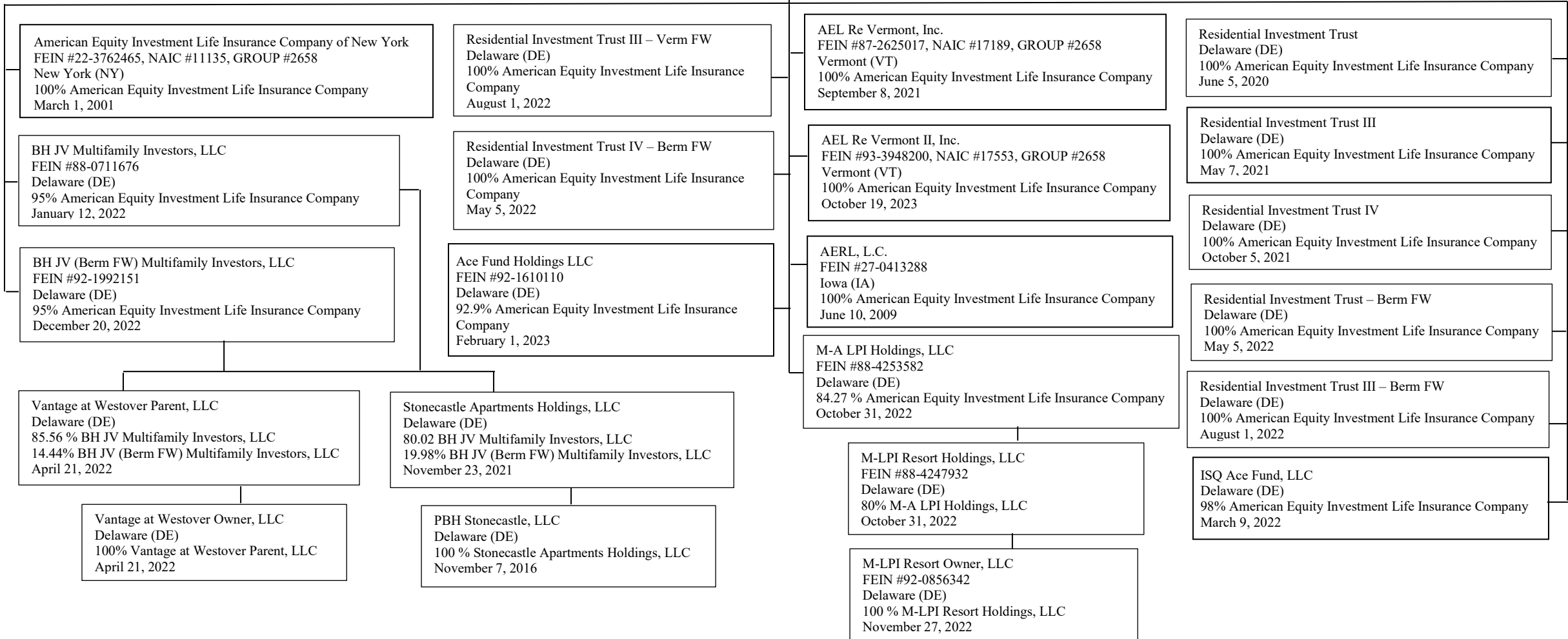
# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

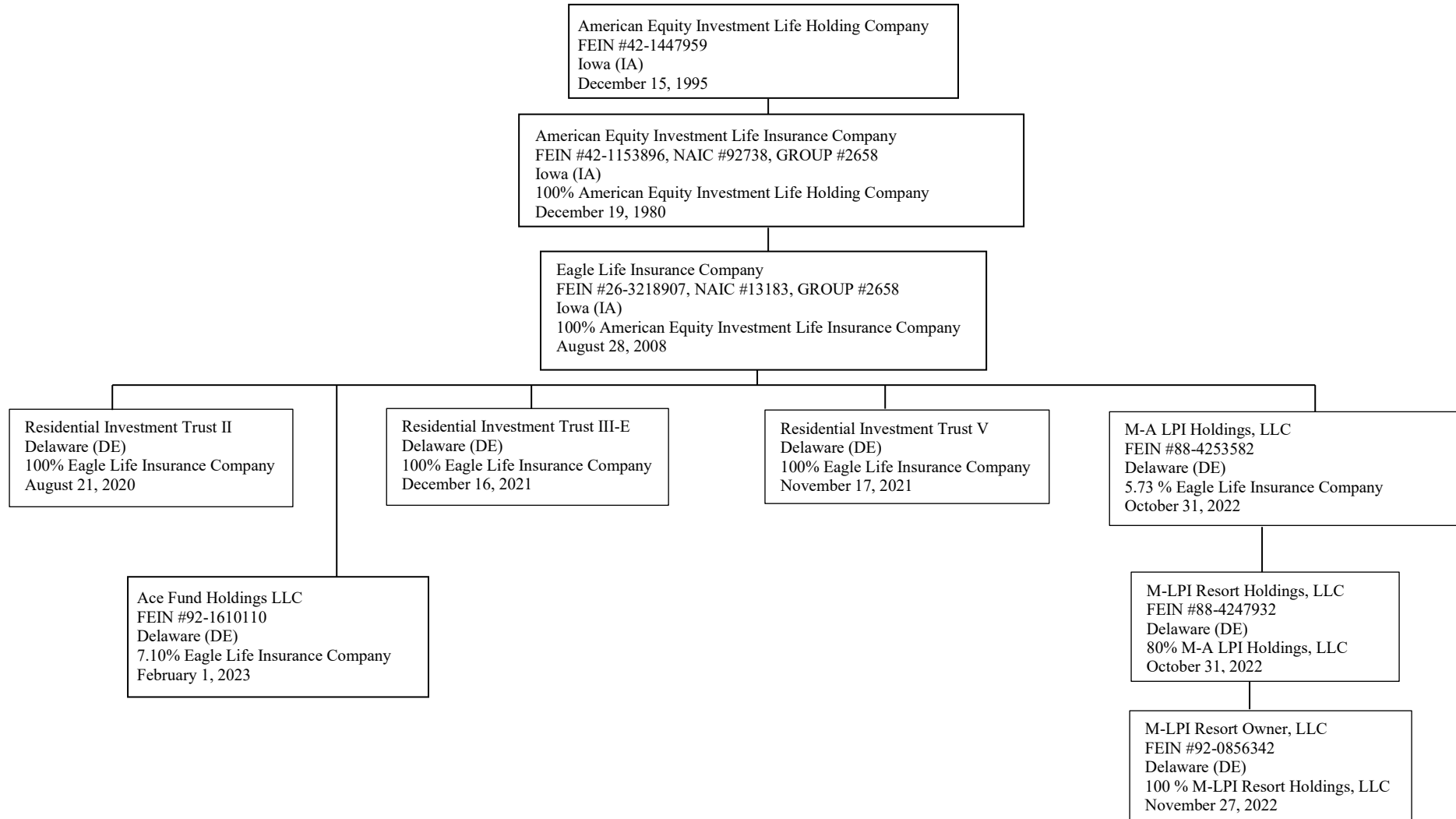
52.1

American Equity Investment Life Holding Company  
FEIN #42-1447959  
Iowa (IA)  
December 15, 1995

American Equity Investment Life Insurance Company  
FEIN #42-1153896, NAIC #92738, GROUP #2658  
Iowa (IA)  
100% American Equity Investment Life Holding Company  
December 19, 1980



**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART**



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
			42-1447959	3981379	0001039828	NEW YORK STOCK EXCHANGE	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	IA	UDP	SHAREHOLDERS	Ownership	100.000	SHAREHOLDERS	NO	
2658	AMERICAN EQUITY INVESTMENT GROUP	92738	42-1153896				AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	IA	IA	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
2658	AMERICAN EQUITY INVESTMENT GROUP	11135	22-3762465				AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
2658	AMERICAN EQUITY INVESTMENT GROUP	13183	26-3218907				EAGLE LIFE INSURANCE COMPANY	IA	IA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
2658	AMERICAN EQUITY INVESTMENT GROUP	17189	87-2625017				AEL RE VERMONT INC	VT	IA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
2658	AMERICAN EQUITY INVESTMENT GROUP	17553	93-3948200				AEL RE VERMONT II INC	VT	IA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
2658	AMERICAN EQUITY INVESTMENT GROUP	71323	75-1168687				ENTRADA LIFE INSURANCE COMPANY	AZ	RE	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
			27-0413288				AERL, LC	IA	IA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
			88-0711676				BH JV MULTIFAMILY INVESTORS, LLC	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	95.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							VANTAGE AT WESTOVER PARENT, LLC	DE	NIA	BH JV MULTIFAMILY INVESTORS, LLC	Ownership	85.560	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							STONECASTLE APARTMENTS HOLDINGS, LLC	DE	NIA	BH JV MULTIFAMILY INVESTORS, LLC	Ownership	80.020	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							RESIDENTIAL INVESTMENT TRUST	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							RESIDENTIAL INVESTMENT TRUST III	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							RESIDENTIAL INVESTMENT TRUST IV	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							RESIDENTIAL INVESTMENT TRUST - BERM FW	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							RESIDENTIAL INVESTMENT TRUST III - BERM FW	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							RESIDENTIAL INVESTMENT TRUST IV - BERM FW	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							RESIDENTIAL INVESTMENT TRUST III - VERM FW	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							ISQ ACE FUND, LLC	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	98.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
			92-1992151				BH JV (BERM FW) MULTIFAMILY INVESTORS, LLC	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	95.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
			92-1610110				ACE FUND HOLDINGS LLC	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	92.900	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							VANTAGE AT WESTOVER PARENT, LLC	DE	NIA	BH JV (BERM FW) MULTIFAMILY INVESTORS, LLC	Ownership	14.440	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							VANTAGE AT WESTOVER OWNER, LLC	DE	NIA	VANTAGE AT WESTOVER PARENT, LLC	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							STONECASTLE APARTMENTS HOLDINGS, LLC	DE	NIA	BH JV (BERM FW) MULTIFAMILY INVESTORS, LLC	Ownership	19.980	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
							PBH STONECASTLE, LLC	DE	NIA	STONECASTLE APARTMENTS HOLDINGS, LLC	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	
			88-4253582				M-A LPI HOLDINGS, LLC	DE	NIA	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY	Ownership	84.270	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	NO	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
							RESIDENTIAL INVESTMENT TRUST II	.. DE ..	.. NIA ..	EAGLE LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
							RESIDENTIAL INVESTMENT TRUST III-E	.. DE ..	.. NIA ..	EAGLE LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
							RESIDENTIAL INVESTMENT TRUST V	.. DE ..	.. NIA ..	EAGLE LIFE INSURANCE COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			88-4253582				M-A LPI HOLDINGS, LLC	.. DE ..	.. NIA ..	EAGLE LIFE INSURANCE COMPANY	Ownership	5.730	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			88-4247932				M-LPI RESORT HOLDINGS, LLC	.. DE ..	.. NIA ..	M-A LPI HOLDINGS, LLC	Ownership	80.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			92-1610110				ACE FUND HOLDINGS LLC	.. DE ..	.. NIA ..	EAGLE LIFE INSURANCE COMPANY	Ownership	7.100	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			92-0856342				M-LPI RESORT OWNER, LLC	.. DE ..	.. NIA ..	M-LPI RESORT HOLDINGS, LLC	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			85-4289437				AE CAPITAL, LLC	.. IA ..	.. NIA ..	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			98-1640447				AEL RE BERMUDA LTD	.. BMU ..	.. IA ..	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			42-6593040				AMERICAN EQUITY CAPITAL TRUST II	.. DE ..	.. NIA ..	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			42-1461598				AMERICAN EQUITY INVESTMENT PROPERTIES, L.C.	.. IA ..	.. NIA ..	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			86-1532673				HIGH TRESTLE INVESTMENT MANAGEMENT, LLC	.. IA ..	.. NIA ..	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			88-3749240				NORTH WOLF BAY HOLDINGS, LLC	.. DE ..	.. NIA ..	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			87-2713076				NC SECURITIES HOLDCO, LLC	.. NC ..	.. NIA ..	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	
			88-3743138				AEL FINANCIAL SERVICES, LLC	.. NC ..	.. NIA ..	NC SECURITIES HOLDCO, LLC	Ownership	100.000	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY	.. NO ..	

Asterisk	Explanation







# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## REQUIRED FILINGS

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

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	WAIVED
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	SEE EXPLANATION
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	SEE EXPLANATION
4. Will an actuarial opinion be filed by March 1? .....	WAIVED
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. 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? (Not applicable to fraternal benefit societies) .....	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	SEE EXPLANATION
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	SEE EXPLANATION

## 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.

### MARCH FILING

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) ..... NO
- 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? ..... NO
- 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 31. 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
- 32. 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
- 33. 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
- 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 35. Will the Health Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 36. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1? ..... NO

**APRIL FILING**

- 37. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? ..... NO
- 38. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? ..... NO
- 39. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .. NO
- 40. Will the Accident and Health Policy Experience Exhibit be filed by April 1? ..... NO
- 41. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? ..... NO
- 42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? ..... NO
- 43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? ..... NO
- 44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? ..... NO
- 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ..... NO
- 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ..... NO
- 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ..... NO

**AUGUST FILING**

- 48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? ..... SEE EXPLANATION
- Explanations:
- 2. The Company qualifies for automatic exemption under Arizona Statute due to immateriality.
  - 3. The Company qualifies for automatic exemption under Arizona Statute due to immateriality.
  - 8. The Company qualifies for automatic exemption under Arizona Statute.
  - 9. The Company qualifies for automatic exemption under Arizona Statute.
  - 10. Not required to be filed by Company.
  - 11. Not required to be filed by Company.
  - 12. Not required to be filed by Company.
  - 13. Not required to be filed by Company.
  - 14. Not required to be filed by Company.
  - 15. Not required to be filed by Company.
  - 16. Not required to be filed by Company.
  - 17. Not required to be filed by Company.
  - 18. Not required to be filed by Company.
  - 19.
  - 20. Not required to be filed by Company.
  - 21. Not required to be filed by Company.
  - 22. Not required to be filed by Company.
  - 23. Not required to be filed by Company.
  - 24. Not required to be filed by Company.
  - 25. Not required to be filed by Company.
  - 26. Not required to be filed by Company.
  - 27. Not required to be filed by Company.
  - 28. Not required to be filed by Company.
  - 29. Not required to be filed by Company.
  - 30. Not required to be filed by Company.
  - 31. Not required to be filed by Company.
  - 32. Not required to be filed by Company.
  - 33. Not required to be filed by Company.
  - 34. Not required to be filed by Company.
  - 35. Not required to be filed by Company.
  - 36. Not required to be filed by Company.
  - 37.
  - 38. Not required to be filed by Company.
  - 39. Not required to be filed by Company.
  - 40. Not required to be filed by Company.
  - 41. Not required to be filed by Company.
  - 42. Not required to be filed by Company.
  - 43. Not required to be filed by Company.
  - 44. Not required to be filed by Company.
  - 45. Not required to be filed by Company.
  - 46. Not required to be filed by Company.
  - 47. Not required to be filed by Company.
  - 48. The Company qualifies for automatic exemption under Arizona Statute.

Bar Codes:

- 1. Supplemental Compensation Exhibit [Document Identifier 460] 
- 4. Actuarial Opinion [Document Identifier 440] 
- 10. SIS Stockholder Information Supplement [Document Identifier 420] 
- 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] 
- 12. Trusteed Surplus Statement [Document Identifier 490] 
- 13. Participating Opinion for Exhibit 5 [Document Identifier 371] 

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



15. Actuarial Opinion on X-Factors [Document Identifier 442]



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



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



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



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



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



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



22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]



23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]



24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]



25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]



26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]



27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]



28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]



29. Supplemental Schedule O [Document Identifier 465]



30. Medicare Part D Coverage Supplement [Document Identifier 365]



31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



33. Relief from the Requirements for Audit Committees [Document Identifier 226]



34. VM-20 Reserves Supplement [Document Identifier 456]



35. Health Care Receivables Supplement [Document Identifier 475]



36. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]



37. Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual [Document Identifier 434]



38. Long-Term Care Experience Reporting Forms [Document Identifier 306]



39. Credit Insurance Experience Exhibit [Document Identifier 230]



40. Accident and Health Policy Experience Exhibit [Document Identifier 210]



41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]



42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit  
[Document Identifier 345]



44. Variable Annuities Supplement [Document Identifier 286]



45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]



46. Life Summary of the PBR Actuarial Report [Document Identifier 458]



47. Variable Annuities Summary of the PBR Actuarial Report  
[Document Identifier 459]



**NONE**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments .....	2,649,301	29.784	2,649,301		2,649,301	29.784
1.02 All other governments .....		0.000				0.000
1.03 U.S. states, territories and possessions, etc. guaranteed .....		0.000				0.000
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed .....		0.000				0.000
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed .....		0.000				0.000
1.06 Industrial and miscellaneous .....		0.000				0.000
1.07 Hybrid securities .....		0.000				0.000
1.08 Parent, subsidiaries and affiliates .....		0.000				0.000
1.09 SVO identified funds .....		0.000				0.000
1.10 Unaffiliated bank loans .....		0.000				0.000
1.11 Unaffiliated certificates of deposit .....		0.000				0.000
1.12 Total long-term bonds .....	2,649,301	29.784	2,649,301		2,649,301	29.784
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated) .....		0.000				0.000
2.02 Parent, subsidiaries and affiliates .....		0.000				0.000
2.03 Total preferred stocks .....		0.000				0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated) .....		0.000				0.000
3.02 Industrial and miscellaneous Other (Unaffiliated) .....		0.000				0.000
3.03 Parent, subsidiaries and affiliates Publicly traded .....		0.000				0.000
3.04 Parent, subsidiaries and affiliates Other .....		0.000				0.000
3.05 Mutual funds .....		0.000				0.000
3.06 Unit investment trusts .....		0.000				0.000
3.07 Closed-end funds .....		0.000				0.000
3.08 Exchange traded funds .....		0.000				0.000
3.09 Total common stocks .....		0.000				0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages .....		0.000				0.000
4.02 Residential mortgages .....		0.000				0.000
4.03 Commercial mortgages .....		0.000				0.000
4.04 Mezzanine real estate loans .....		0.000				0.000
4.05 Total valuation allowance .....		0.000				0.000
4.06 Total mortgage loans .....		0.000				0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company .....		0.000				0.000
5.02 Properties held for production of income .....		0.000				0.000
5.03 Properties held for sale .....		0.000				0.000
5.04 Total real estate .....		0.000				0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1) .....	4,620,060	51.940	4,620,060		4,620,060	51.940
6.02 Cash equivalents (Schedule E, Part 2) .....	202,400	2.275	202,400		202,400	2.275
6.03 Short-term investments (Schedule DA) .....		0.000				0.000
6.04 Total cash, cash equivalents and short-term investments .....	4,822,460	54.215	4,822,460		4,822,460	54.215
7. Contract loans .....	18,567	0.209	18,567		18,567	0.209
8. Derivatives (Schedule DB) .....		0.000				0.000
9. Other invested assets (Schedule BA) .....		0.000				0.000
10. Receivables for securities .....	1,404,712	15.792	1,404,712		1,404,712	15.792
11. Securities Lending (Schedule DL, Part 1).....		0.000		XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11) .....		0.000				0.000
13. Total invested assets	8,895,040	100.000	8,895,040		8,895,040	100.000

## SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year .....
2. Cost of acquired:
  - 2.1 Actual cost at time of acquisition (Part 2, Column 6) .....
  - 2.2 Additional investment made after acquisition (Part 2, Column 9) .....
3. Current year change in encumbrances:
  - 3.1 Totals, Part 1, Column 13 .....
  - 3.2 Totals, Part 3, Column 11 .....
4. Total gain (loss) on disposals, Part 3, Column 18 .....
5. Deduct amounts received on disposals, Part 3, Column 15 .....
6. Total foreign exchange change in book/adjusted carrying value:
  - 6.1 Totals, Part 1, Column 15 .....
  - 6.2 Totals, Part 3, Column 13 .....
7. Deduct current year's other than temporary impairment recognized:
  - 7.1 Totals, Part 1, Column 12 .....
  - 7.2 Totals, Part 3, Column 10 .....
8. Deduct current year's depreciation:
  - 8.1 Totals, Part 1, Column 11 .....
  - 8.2 Totals, Part 3, Column 9 .....
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....
10. Deduct total nonadmitted amounts .....
11. Statement value at end of current period (Line 9 minus Line 10) .....

**NONE**

## SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....
2. Cost of acquired:
  - 2.1 Actual cost at time of acquisition (Part 2, Column 7) .....
  - 2.2 Additional investment made after acquisition (Part 2, Column 8) .....
3. Capitalized deferred interest and other:
  - 3.1 Totals, Part 1, Column 12 .....
  - 3.2 Totals, Part 3, Column 11 .....
4. Accrual of discount .....
5. Unrealized valuation increase/(decrease):
  - 5.1 Totals, Part 1, Column 9 .....
  - 5.2 Totals, Part 3, Column 8 .....
6. Total gain (loss) on disposals, Part 3, Column 18 .....
7. Deduct amounts received on disposals, Part 3, Column 15 .....
8. Deduct amortization of premium and mortgage interest points and commitment fees .....
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:
  - 9.1 Totals, Part 1, Column 13 .....
  - 9.2 Totals, Part 3, Column 13 .....
10. Deduct current year's other than temporary impairment recognized:
  - 10.1 Totals, Part 1, Column 11 .....
  - 10.2 Totals, Part 3, Column 10 .....
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....
12. Total valuation allowance .....
13. Subtotal (Line 11 plus 12) .....
14. Deduct total nonadmitted amounts .....
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14) .....

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year .....	
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8) .....	
	2.2 Additional investment made after acquisition (Part 2, Column 9) .....	
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16 .....	
	3.2 Totals, Part 3, Column 12 .....	
4.	Accrual of discount .....	
5.	Unrealized valuation increase/(decrease):	
	5.1 Totals, Part 1, Column 13 .....	
	5.2 Totals, Part 3, Column 9 .....	
6.	Total gain (loss) on disposals, Part 3, Column 19 .....	
7.	Deduct amounts received on disposals, Part 3, Column 16 .....	
8.	Deduct amortization of premium and depreciation .....	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17 .....	
	9.2 Totals, Part 3, Column 14 .....	
10.	Deduct current year's other than temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15 .....	
	10.2 Totals, Part 3, Column 11 .....	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	
12.	Deduct total nonadmitted amounts .....	
13.	Statement value at end of current period (Line 11 minus Line 12) .....	

**NONE**

**SCHEDULE D - VERIFICATION BETWEEN YEARS**

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....	8,809,874
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	
3.	Accrual of discount .....	2,397
4.	Unrealized valuation increase/(decrease):	
	4.1. Part 1, Column 12 .....	
	4.2. Part 2, Section 1, Column 15 .....	
	4.3. Part 2, Section 2, Column 13 .....	
	4.4. Part 4, Column 11 .....	
5.	Total gain (loss) on disposals, Part 4, Column 19 .....	
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....	6,146,000
7.	Deduct amortization of premium .....	16,971
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1. Part 1, Column 15 .....	
	8.2. Part 2, Section 1, Column 19 .....	
	8.3. Part 2, Section 2, Column 16 .....	
	8.4. Part 4, Column 15 .....	
9.	Deduct current year's other than temporary impairment recognized:	
	9.1. Part 1, Column 14 .....	
	9.2. Part 2, Section 1, Column 17 .....	
	9.3. Part 2, Section 2, Column 14 .....	
	9.4. Part 4, Column 13 .....	
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2 .....	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	2,649,300
12.	Deduct total nonadmitted amounts .....	
13.	Statement value at end of current period (Line 11 minus Line 12) .....	2,649,300

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - SUMMARY BY COUNTRY**

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	2,649,301	2,557,225	2,676,209	2,645,000
	2. Canada .....				
	3. Other Countries				
	4. Totals	2,649,301	2,557,225	2,676,209	2,645,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals				
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States .....				
	9. Canada .....				
	10. Other Countries				
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	2,649,301	2,557,225	2,676,209	2,645,000
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries				
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States .....				
	21. Canada .....				
	22. Other Countries				
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks				
	26. Total Stocks				
	27. Total Bonds and Stocks	2,649,301	2,557,225	2,676,209	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	1,200,124	1,449,177				XXX	2,649,301	100.0	8,809,874	100.0	2,649,301	
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 Totals	1,200,124	1,449,177				XXX	2,649,301	100.0	8,809,874	100.0	2,649,301	
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals						XXX						

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial &amp; Miscellaneous (Unaffiliated)</b>												
6.1 NAIC 1 .....						XXX						
6.2 NAIC 2 .....						XXX						
6.3 NAIC 3 .....						XXX						
6.4 NAIC 4 .....						XXX						
6.5 NAIC 5 .....						XXX						
6.6 NAIC 6 .....						XXX						
6.7 Totals						XXX						
<b>7. Hybrid Securities</b>												
7.1 NAIC 1 .....						XXX						
7.2 NAIC 2 .....						XXX						
7.3 NAIC 3 .....						XXX						
7.4 NAIC 4 .....						XXX						
7.5 NAIC 5 .....						XXX						
7.6 NAIC 6 .....						XXX						
7.7 Totals						XXX						
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 NAIC 1 .....						XXX						
8.2 NAIC 2 .....						XXX						
8.3 NAIC 3 .....						XXX						
8.4 NAIC 4 .....						XXX						
8.5 NAIC 5 .....						XXX						
8.6 NAIC 6 .....						XXX						
8.7 Totals						XXX						
<b>9. SVO Identified Funds</b>												
9.1 NAIC 1 .....	XXX	XXX	XXX	XXX	XXX							
9.2 NAIC 2 .....	XXX	XXX	XXX	XXX	XXX							
9.3 NAIC 3 .....	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4 .....	XXX	XXX	XXX	XXX	XXX							
9.5 NAIC 5 .....	XXX	XXX	XXX	XXX	XXX							
9.6 NAIC 6 .....	XXX	XXX	XXX	XXX	XXX							
9.7 Totals	XXX	XXX	XXX	XXX	XXX							
<b>10. Unaffiliated Bank Loans</b>												
10.1 NAIC 1 .....						XXX						
10.2 NAIC 2 .....						XXX						
10.3 NAIC 3 .....						XXX						
10.4 NAIC 4 .....						XXX						
10.5 NAIC 5 .....						XXX						
10.6 NAIC 6 .....						XXX						
10.7 Totals						XXX						
<b>11. Unaffiliated Certificates of Deposit</b>												
11.1 NAIC 1 .....						XXX						
11.2 NAIC 2 .....						XXX						
11.3 NAIC 3 .....						XXX						
11.4 NAIC 4 .....						XXX						
11.5 NAIC 5 .....						XXX						
11.6 NAIC 6 .....						XXX						
11.7 Totals						XXX						

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>12. Total Bonds Current Year</b>												
12.1 NAIC 1	(d) 1,200,124	1,449,177					2,649,301	100.0	XXX	XXX	2,649,301	
12.2 NAIC 2	(d)								XXX	XXX		
12.3 NAIC 3	(d)								XXX	XXX		
12.4 NAIC 4	(d)								XXX	XXX		
12.5 NAIC 5	(d)								XXX	XXX		
12.6 NAIC 6	(d)						(c)		XXX	XXX		
12.7 Totals	1,200,124	1,449,177					(b) 2,649,301	100.0	XXX	XXX	2,649,301	
12.8 Line 12.7 as a % of Col. 7	45.3	54.7					100.0	XXX	XXX	XXX	100.0	
<b>13. Total Bonds Prior Year</b>												
13.1 NAIC 1	6,153,613	2,656,261					XXX	XXX	8,809,874	100.0	8,809,874	
13.2 NAIC 2							XXX	XXX				
13.3 NAIC 3							XXX	XXX				
13.4 NAIC 4							XXX	XXX				
13.5 NAIC 5							XXX	XXX	(c)			
13.6 NAIC 6							XXX	XXX	(c)			
13.7 Totals	6,153,613	2,656,261					XXX	XXX	(b) 8,809,874	100.0	8,809,874	
13.8 Line 13.7 as a % of Col. 9	69.8	30.2					XXX	XXX	100.0	XXX	100.0	
<b>14. Total Publicly Traded Bonds</b>												
14.1 NAIC 1	1,200,124	1,449,177					2,649,301	100.0	8,809,874	100.0	2,649,301	XXX
14.2 NAIC 2												XXX
14.3 NAIC 3												XXX
14.4 NAIC 4												XXX
14.5 NAIC 5												XXX
14.6 NAIC 6												XXX
14.7 Totals	1,200,124	1,449,177					2,649,301	100.0	8,809,874	100.0	2,649,301	XXX
14.8 Line 14.7 as a % of Col. 7	45.3	54.7					100.0	XXX	XXX	XXX	100.0	XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	45.3	54.7					100.0	XXX	XXX	XXX	100.0	XXX
<b>15. Total Privately Placed Bonds</b>												
15.1 NAIC 1											XXX	
15.2 NAIC 2											XXX	
15.3 NAIC 3											XXX	
15.4 NAIC 4											XXX	
15.5 NAIC 5											XXX	
15.6 NAIC 6											XXX	
15.7 Totals											XXX	
15.8 Line 15.7 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12								XXX	XXX	XXX	XXX	

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$ ..... current year of bonds with Z designations and \$ ..... prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.  
 (c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5GI designations and \$ ..... current year, \$ ..... prior year of bonds with 6\* designations. "5GI" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.01 Issuer Obligations .....	1,200,124	1,449,177				XXX	2,649,301	100.0	8,809,874	100.0	2,649,301	
1.02 Residential Mortgage-Backed Securities .....						XXX						
1.03 Commercial Mortgage-Backed Securities .....						XXX						
1.04 Other Loan-Backed and Structured Securities ...						XXX						
1.05 Totals	1,200,124	1,449,177				XXX	2,649,301	100.0	8,809,874	100.0	2,649,301	
<b>2. All Other Governments</b>												
2.01 Issuer Obligations .....						XXX						
2.02 Residential Mortgage-Backed Securities .....						XXX						
2.03 Commercial Mortgage-Backed Securities .....						XXX						
2.04 Other Loan-Backed and Structured Securities ...						XXX						
2.05 Totals						XXX						
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.01 Issuer Obligations .....						XXX						
3.02 Residential Mortgage-Backed Securities .....						XXX						
3.03 Commercial Mortgage-Backed Securities .....						XXX						
3.04 Other Loan-Backed and Structured Securities ...						XXX						
3.05 Totals						XXX						
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.01 Issuer Obligations .....						XXX						
4.02 Residential Mortgage-Backed Securities .....						XXX						
4.03 Commercial Mortgage-Backed Securities .....						XXX						
4.04 Other Loan-Backed and Structured Securities ...						XXX						
4.05 Totals						XXX						
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed</b>												
5.01 Issuer Obligations .....						XXX						
5.02 Residential Mortgage-Backed Securities .....						XXX						
5.03 Commercial Mortgage-Backed Securities .....						XXX						
5.04 Other Loan-Backed and Structured Securities ...						XXX						
5.05 Totals						XXX						
<b>6. Industrial and Miscellaneous</b>												
6.01 Issuer Obligations .....						XXX						
6.02 Residential Mortgage-Backed Securities .....						XXX						
6.03 Commercial Mortgage-Backed Securities .....						XXX						
6.04 Other Loan-Backed and Structured Securities ...						XXX						
6.05 Totals						XXX						
<b>7. Hybrid Securities</b>												
7.01 Issuer Obligations .....						XXX						
7.02 Residential Mortgage-Backed Securities .....						XXX						
7.03 Commercial Mortgage-Backed Securities .....						XXX						
7.04 Other Loan-Backed and Structured Securities ...						XXX						
7.05 Totals						XXX						
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.01 Issuer Obligations .....						XXX						
8.02 Residential Mortgage-Backed Securities .....						XXX						
8.03 Commercial Mortgage-Backed Securities .....						XXX						
8.04 Other Loan-Backed and Structured Securities ...						XXX						
8.05 Affiliated Bank Loans - Issued .....						XXX						
8.06 Affiliated Bank Loans - Acquired .....						XXX						
8.07 Totals						XXX						

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - PART 1A - SECTION 2 (Continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued						XXX						
10.02 Unaffiliated Bank Loans - Acquired						XXX						
10.03 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.01 Totals						XXX						
12. Total Bonds Current Year												
12.01 Issuer Obligations	1,200,124	1,449,177				XXX	2,649,301	100.0	XXX	XXX	2,649,301	
12.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.04 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans						XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
12.08 Unaffiliated Certificates of Deposit						XXX			XXX	XXX		
12.09 Totals	1,200,124	1,449,177					2,649,301	100.0	XXX	XXX	2,649,301	
12.10 Line 12.09 as a % of Col. 7	45.3	54.7					100.0	XXX	XXX	XXX	100.0	
13. Total Bonds Prior Year												
13.01 Issuer Obligations	6,153,613	2,656,261				XXX	XXX	XXX	8,809,874	100.0	8,809,874	
13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
13.04 Other Loan-Backed and Structured Securities						XXX	XXX	XXX				
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							
13.06 Affiliated Bank Loans						XXX	XXX	XXX				
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX				
13.08 Unaffiliated Certificates of Deposit						XXX	XXX	XXX				
13.09 Totals	6,153,613	2,656,261					XXX	XXX	8,809,874	100.0	8,809,874	
13.10 Line 13.09 as a % of Col. 9	69.8	30.2					XXX	XXX	100.0	XXX	100.0	
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations	1,200,124	1,449,177				XXX	2,649,301	100.0	8,809,874	100.0	2,649,301	XXX
14.02 Residential Mortgage-Backed Securities						XXX						XXX
14.03 Commercial Mortgage-Backed Securities						XXX						XXX
14.04 Other Loan-Backed and Structured Securities						XXX						XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
14.06 Affiliated Bank Loans						XXX						XXX
14.07 Unaffiliated Bank Loans						XXX						XXX
14.08 Unaffiliated Certificates of Deposit						XXX						XXX
14.09 Totals	1,200,124	1,449,177					2,649,301	100.0	8,809,874	100.0	2,649,301	XXX
14.10 Line 14.09 as a % of Col. 7	45.3	54.7					100.0	XXX	XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12	45.3	54.7					100.0	XXX	XXX	XXX	100.0	XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations						XXX					XXX	
15.02 Residential Mortgage-Backed Securities						XXX					XXX	
15.03 Commercial Mortgage-Backed Securities						XXX					XXX	
15.04 Other Loan-Backed and Structured Securities						XXX					XXX	
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX						XXX	
15.06 Affiliated Bank Loans						XXX					XXX	
15.07 Unaffiliated Bank Loans						XXX					XXX	
15.08 Unaffiliated Certificates of Deposit						XXX					XXX	
15.09 Totals											XXX	
15.10 Line 15.09 as a % of Col. 7									XXX	XXX	XXX	
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12									XXX	XXX	XXX	

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Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS**

(Cash Equivalents)

	1 Total	2 Bonds	3 Money Market Mutual funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year .....	250,604		250,604	
2. Cost of cash equivalents acquired .....	202,400		202,400	
3. Accrual of discount .....				
4. Unrealized valuation increase/(decrease) .....				
5. Total gain (loss) on disposals .....				
6. Deduct consideration received on disposals .....	250,604		250,604	
7. Deduct amortization of premium .....				
8. Total foreign exchange change in book/adjusted carrying value .....				
9. Deduct current year's other than temporary impairment recognized .....				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	202,400		202,400	
11. Deduct total nonadmitted amounts .....				
12. Statement value at end of current period (Line 10 minus Line 11)	202,400		202,400	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

**NONE**

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 1 - Mortgage Loans Owned

**NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**NONE**

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

**NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - PART 1**

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	B o n d C h a r	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912828-YE-4	UNITED STATES TREASURY SENIOR GOVT_BND	...	...	...	1.A	749,646	97.5310	702,225	720,000	724,770		(6,393)			1.250	0.251	FA	3,041	9,000	07/08/2020	08/31/2024
912828-ZF-0	UNITED STATES TREASURY SENIOR GOVT_BND	...	...	...	1.A	705,416	95.0630	665,438	700,000	701,398		(998)			0.500	0.339	MS	889	3,500	05/20/2020	03/31/2025
91282C-DN-8	UNITED STATES TREASURY SENIOR GOVT_BND	...	...	...	1.A	476,096	96.4380	458,078	475,000	475,354		(328)			1.000	0.921	JD	221	4,750	12/17/2021	12/15/2024
91282C-EH-0	UNITED STATES TREASURY SENIOR GOVT_BND	...	...	...	1.A	745,051	97.5310	731,484	750,000	747,779		1,492			2.625	2.861	AO	4,196	19,688	05/09/2022	04/15/2025
0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						2,676,209	XXX	2,557,225	2,645,000	2,649,301		(6,227)			XXX	XXX	XXX	8,347	36,938	XXX	XXX
0109999999. Total - U.S. Government Bonds						2,676,209	XXX	2,557,225	2,645,000	2,649,301		(6,227)			XXX	XXX	XXX	8,347	36,938	XXX	XXX
0309999999. Total - All Other Government Bonds							XXX								XXX	XXX	XXX			XXX	XXX
0509999999. Total - U.S. States, Territories and Possessions Bonds							XXX								XXX	XXX	XXX			XXX	XXX
0709999999. Total - U.S. Political Subdivisions Bonds							XXX								XXX	XXX	XXX			XXX	XXX
0909999999. Total - U.S. Special Revenues Bonds							XXX								XXX	XXX	XXX			XXX	XXX
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds							XXX								XXX	XXX	XXX			XXX	XXX
1309999999. Total - Hybrid Securities							XXX								XXX	XXX	XXX			XXX	XXX
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds							XXX								XXX	XXX	XXX			XXX	XXX
1909999999. Subtotal - Bonds - Unaffiliated Bank Loans							XXX								XXX	XXX	XXX			XXX	XXX
2419999999. Total - Issuer Obligations						2,676,209	XXX	2,557,225	2,645,000	2,649,301		(6,227)			XXX	XXX	XXX	8,347	36,938	XXX	XXX
2429999999. Total - Residential Mortgage-Backed Securities							XXX								XXX	XXX	XXX			XXX	XXX
2439999999. Total - Commercial Mortgage-Backed Securities							XXX								XXX	XXX	XXX			XXX	XXX
2449999999. Total - Other Loan-Backed and Structured Securities							XXX								XXX	XXX	XXX			XXX	XXX
2459999999. Total - SVO Identified Funds							XXX								XXX	XXX	XXX			XXX	XXX
2469999999. Total - Affiliated Bank Loans							XXX								XXX	XXX	XXX			XXX	XXX
2479999999. Total - Unaffiliated Bank Loans							XXX								XXX	XXX	XXX			XXX	XXX
2489999999. Total - Unaffiliated Certificates of Deposit							XXX								XXX	XXX	XXX			XXX	XXX
2509999999 - Total Bonds						2,676,209	XXX	2,557,225	2,645,000	2,649,301		(6,227)			XXX	XXX	XXX	8,347	36,938	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Number	1A ..\$	2,649,301	1B ..\$	1C ..\$	1D ..\$	1E ..\$	1F ..\$	1G ..\$
1A	2A ..\$		2B ..\$	2C ..\$				
1C	3A ..\$		3B ..\$	3C ..\$				
1D	4A ..\$		4B ..\$	4C ..\$				
1E	5A ..\$		5B ..\$	5C ..\$				
1F	6 ..\$							

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Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

**N O N E**

Schedule D - Part 2 - Section 2 - Common Stocks Owned

**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE D - PART 4**

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	
91282C-BA-8 ..	UNITED STATES TREASURY SENIOR GOVT_BND .....		12/15/2023	DIRECT .....		1,401,000	1,401,000	1,397,940	1,399,984		905		905		1,401,000				1,751	12/15/2023	
912828-3U-2 ..	UNITED STATES TREASURY GOVT_BND .....		01/31/2023	DIRECT .....		4,745,000	4,745,000	4,999,504	4,753,628		(9,252)		(9,252)		4,745,000					01/31/2023	
0109999999. Subtotal - Bonds - U.S. Governments						6,146,000	6,146,000	6,397,444	6,153,612		(8,347)		(8,347)		6,146,000				1,751	XXX	
2509999997. Total - Bonds - Part 4						6,146,000	6,146,000	6,397,444	6,153,612		(8,347)		(8,347)		6,146,000				1,751	XXX	
2509999998. Total - Bonds - Part 5																				XXX	
2509999999. Total - Bonds						6,146,000	6,146,000	6,397,444	6,153,612		(8,347)		(8,347)		6,146,000				1,751	XXX	
4509999997. Total - Preferred Stocks - Part 4																					XXX
4509999998. Total - Preferred Stocks - Part 5																					XXX
4509999999. Total - Preferred Stocks																					XXX
5989999997. Total - Common Stocks - Part 4																					XXX
5989999998. Total - Common Stocks - Part 5																					XXX
5989999999. Total - Common Stocks																					XXX
5999999999. Total - Preferred and Common Stocks																					XXX
6009999999 - Totals						6,146,000	XXX	6,397,444	6,153,612		(8,347)		(8,347)		6,146,000					1,751	XXX

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

**N O N E**

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

**N O N E**

Schedule D - Part 6 - Section 2

**N O N E**

Schedule DA - Part 1 - Short-Term Investments Owned

**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of  
Current Year

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**





ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999	Total - U.S. Government Bonds							
0309999999	Total - All Other Government Bonds							
0509999999	Total - U.S. States, Territories and Possessions Bonds							
0709999999	Total - U.S. Political Subdivisions Bonds							
0909999999	Total - U.S. Special Revenues Bonds							
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds							
1309999999	Total - Hybrid Securities							
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds							
1909999999	Subtotal - Unaffiliated Bank Loans							
2419999999	Total - Issuer Obligations							
2429999999	Total - Residential Mortgage-Backed Securities							
2439999999	Total - Commercial Mortgage-Backed Securities							
2449999999	Total - Other Loan-Backed and Structured Securities							
2459999999	Total - SVO Identified Funds							
2469999999	Total - Affiliated Bank Loans							
2479999999	Total - Unaffiliated Bank Loans							
2509999999	Total Bonds							
46699K-IY-6	JPMC CP FINANCIAL INST USA STIFFUND		12/15/2023	0.000		202,400		
8309999999	Subtotal - All Other Money Market Mutual Funds					202,400		
8609999999	Total Cash Equivalents					202,400		

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1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ..\$ ..... 1B ..\$ ..... 1C ..\$ ..... 1D ..\$ ..... 1E ..\$ ..... 1F ..\$ ..... 1G ..\$ .....  
 1B 2A ..\$ ..... 2B ..\$ ..... 2C ..\$ .....  
 1C 3A ..\$ ..... 3B ..\$ ..... 3C ..\$ .....  
 1D 4A ..\$ ..... 4B ..\$ ..... 4C ..\$ .....  
 1E 5A ..\$ ..... 5B ..\$ ..... 5C ..\$ .....  
 1F 6 .....\$ .....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ	B. STATUTORY REQUIREMENT			475,354	458,078
4. Arkansas	AR	B. STATUTORY REQUIREMENT			115,762	112,161
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA	B. STATUTORY REQUIREMENT			46,305	44,864
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	B. STATUTORY REQUIREMENT			100,662	97,531
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV	B. STATUTORY REQUIREMENT			201,325	195,063
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM	B. STATUTORY REQUIREMENT			216,424	209,692
33. New York	NY					
34. North Carolina	NC	B. STATUTORY REQUIREMENT			422,843	401,164
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	B. STATUTORY REQUIREMENT			225,449	213,891
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 Alien and Other	OT	XXX				
59. Subtotal	XXX	XXX			1,804,124	1,732,444
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX				



**Relief from the five-year rotation requirement for lead audit partner**

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**Relief from the one-year cooling off period for independent CPA**

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## Relief from the Requirements for Audit Committees

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SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF .....  
 NAIC Group Code ..... NAIC Company Code .....  
 ADDRESS (City, State and Zip Code) .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**MEDICARE PART D COVERAGE SUPPLEMENT**  
 (Net of Reinsurance)

NAIC Group Code 2658

(To Be Filed by March 1)

NAIC Company Code 71323

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage .....		XXX		XXX	
1.12 Without Reinsurance Coverage .....		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments .....		XXX		XXX	
1.2 Supplemental Benefits .....		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage .....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
2.2 Supplemental Benefits .....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage .....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
3.2 Supplemental Benefits .....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....		XXX		XXX	XXX
4.2 Payable .....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage .....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments .....		XXX		XXX	XXX
5.2 Supplemental Benefits .....		XXX		XXX	XXX
6. Total Premiums .....		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage .....		XXX		XXX	
7.12 Without Reinsurance Coverage .....		XXX		XXX	
7.2 Supplemental Benefits .....		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage .....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
8.2 Supplemental Benefits .....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage .....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
9.2 Supplemental Benefits .....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage .....		XXX		XXX	XXX
10.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
10.2 Supplemental Benefits .....		XXX		XXX	XXX
11. Total Claims .....		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied .....	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change .....	XXX		XXX		
12.3 Reimbursements Receivable-change .....	XXX		XXX		XXX
12.4 Health Care Receivables-change .....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change .....					XXX
14. Expenses Paid .....		XXX		XXX	
15. Expenses Incurred .....		XXX		XXX	XXX
16. Underwriting Gain/Loss .....		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	



## Non-Guaranteed Opinion for Exhibit 5

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## Participating Opinion for Exhibit 5

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# NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

## SCHEDULES SIS

### STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2023

(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES  
FOR THE PROPERTY/CASUALTY, LIFE, ACCIDENT AND HEALTH, TITLE AND HEALTH/FRATERNAL,  
TITLE AND HEALTH INSURANCE BLANKS

TO THE ANNUAL STATEMENT OF THE

ENTRADA LIFE INSURANCE COMPANY

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COMPANY



**SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY**  
**INFORMATION REGARDING MANAGEMENT AND DIRECTORS**

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

1 Name and Title	2 Principal Occupation or Employment	3 Served as Director From	4 Aggregate Direct Remuneration	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5 Retirement Plan	6 Other Emp. Benefits	7 Retirement Plan	8 Other Emp. Benefits
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
  - B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.
2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

.....	.....	.....	.....	.....	.....	.....	.....
-------	-------	-------	-------	-------	-------	-------	-------

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

XXX	XXX	XXX	.....	.....	.....	.....	.....
-----	-----	-----	-------	-------	-------	-------	-------

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?  
 Answer ..... If answer is "no" explain on separate sheet.
5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?  
 Answer ..... If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.  
 If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.  
 .....

SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

1 Name and title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	2 Title of Security	3 Nature of Ownership	Number of Shares				8 Owned at End of Current Year	9 Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year
			4 Owned at end of Prior Year	5 Acquired During Current Year	Disposed of During Current Year			
					6 Held Less Than 6 Months	7 Held 6 Months or More		
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	

Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer ..... If answer is "no" explain in detail on separate sheet.  
 State the number of stockholders of record of the company at the end of the year. Answer .....  
 Has the state of domicile granted an exemption or disclaimer of control? Answer .....  
 If answer is "yes" explain:



## Statement of Actuarial Opinion

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## Actuarial Opinion on X-Factors

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**Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit**

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# Actuarial Opinion on Synthetic Guaranteed Investment Contracts

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**Reasonableness of Assumptions Certification required by Actuarial  
Guideline XXXV**

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**Reasonableness and Consistency of Assumptions Certification  
Required by Actuarial Guideline XXXV**

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**Reasonableness of Assumptions Certification for Implied Guaranteed  
Rate Method Required by Actuarial Guideline XXXVI**

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**Reasonableness and Consistency of Assumptions Certification  
Required by Actuarial Guideline XXXVI (Updated Average Market Value)**

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**Reasonableness and Consistency of Assumptions Certification  
Required by Actuarial Guideline XXXVI (Updated Market Value)**

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**Actuarial Certifications Related to Annuity Nonforfeiture Ongoing  
Compliance for Equity Indexed Annuities**

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# Modified Guaranteed Annuity Model Regulation

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**Actuarial Certification regarding the use of 2001 Preferred Class Tables  
required by the Model Regulation Permitting the Recognition of  
Preferred Mortality Tables for Use in Determining Minimum Reserve  
Liabilities**

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SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**VM-20 RESERVES SUPPLEMENT – PART 1A**

Life Insurance Reserves Valued According to VM-20 by Product Type  
 For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

NAIC Group Code 2658

NAIC Company Code 71323

	Prior Year	Current Year	
	1	2	3
	Reported Reserve	Reported Reserve	Due and Deferred Premium Asset
1. Post-Reinsurance-Ceded Reserve			
1.1. Term Life Insurance.....			
1.2. Universal Life With Secondary Guarantee .....			
1.3. Non-Participating Whole Life .....			
1.4. Participating Whole Life .....			
1.5. Universal Life Without Secondary Guarantee .....			
1.6. Variable Universal Life Without Secondary Guarantee .....			
1.7. Variable Life Without Secondary Guarantee .....			
1.8. Indexed Life Without Secondary Guarantee .....			
1.9. Aggregate Write-Ins for Other Products			
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)			XXX
3. Pre-Reinsurance-Ceded Reserve			
3.1. Term Life Insurance.....			
3.2. Universal Life With Secondary Guarantee .....			
3.3. Non-Participating Whole Life .....			
3.4. Participating Whole Life .....			
3.5. Universal Life Without Secondary Guarantee .....			
3.6. Variable Universal Life Without Secondary Guarantee .....			
3.7. Variable Life Without Secondary Guarantee .....			
3.8. Indexed Life Without Secondary Guarantee .....			
3.9. Aggregate Write-Ins for Other Products			
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)			XXX
5. Total Reserves Ceded (Line 4 minus Line 2)			XXX
<b>DETAILS OF WRITE-INS</b>			
1.901. ....			
1.902. ....			
1.903. ....			
1.998. Summary of remaining write-ins for Line 1.9 from overflow page .....			
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)			
3.901. ....			
3.902. ....			
3.903. ....			
3.998. Summary of remaining write-ins for Line 3.9 from overflow page .....			
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)			

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SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**VM-20 RESERVES SUPPLEMENT – PART 1B**

Life Insurance Reserves Valued According to VM-20 by Product Type  
 For The Year Ended December 31, 2023  
 (To Be Filed by March 1)  
 (\$000 Omitted for Face Amounts)

	Current Year											
	SECTION A					SECTION B				SECTION C		
	1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve												
1.1. Term Life Insurance .....				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.2. Universal Life With Secondary Guarantee .....				XXX	XXX			XXX	XXX		XXX	XXX
1.3. Non-Participating Whole Life .....				XXX	XXX			XXX	XXX		XXX	XXX
1.4. Participating Whole Life .....				XXX	XXX			XXX	XXX		XXX	XXX
1.5. Universal Life Without Secondary Guarantee .....				XXX	XXX			XXX	XXX		XXX	XXX
1.6. Variable Universal Life Without Secondary Guarantee .....				XXX	XXX			XXX	XXX		XXX	XXX
1.7. Variable Life Without Secondary Guarantee .....				XXX	XXX			XXX	XXX		XXX	XXX
1.8. Indexed Life Without Secondary Guarantee .....				XXX	XXX			XXX	XXX		XXX	XXX
1.9. Aggregate Write-Ins for Other Products				XXX	XXX			XXX	XXX		XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve										XXX		
3.1. Term Life Insurance .....												
3.2. Universal Life With Secondary Guarantee .....												
3.3. Non-Participating Whole Life .....												
3.4. Participating Whole Life .....												
3.5. Universal Life Without Secondary Guarantee .....												
3.6. Variable Universal Life Without Secondary Guarantee .....												
3.7. Variable Life Without Secondary Guarantee .....												
3.8. Indexed Life Without Secondary Guarantee .....												
3.9. Aggregate Write-Ins for Other Products												
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>DETAILS OF WRITE-INS</b>												
1.901. ....				XXX	XXX			XXX	XXX		XXX	XXX
1.902. ....				XXX	XXX			XXX	XXX		XXX	XXX
1.903. ....				XXX	XXX			XXX	XXX		XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page .....				XXX	XXX			XXX	XXX		XXX	XXX
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)				XXX	XXX			XXX	XXX		XXX	XXX
3.901. ....												
3.902. ....												
3.903. ....												
3.998. Summary of remaining write-ins for Line 3.9 from overflow page .....												
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)												

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SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**VM-20 RESERVES SUPPLEMENT – PART 2**

Life PBR Exemption  
 For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

<b>Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)</b>	
1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? .....	Yes [ ] No [ ]
2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM [ ]	
2.2 State Statute (SVL) [ ] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? .....	Yes [ ] No [ ]
b. If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM): .....	
2.3 State Regulation [ ] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM? .....	Yes [ ] No [ ]
b. If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM): .....	
3. If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply: 1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2, 2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or 3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed: .....	

**VM-20 RESERVES SUPPLEMENT – PART 3**

Other Exclusions from Life PBR  
 For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

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

Supplemental Compensation Exhibit  
**\*\*\* Not Authorized \*\*\***



SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The Entrada Life Insurance Company
ADDRESS (City, State and Zip Code) Scottsdale, AZ 85253
NAIC Group Code 2658 NAIC Company Code 71323 Employer's Identification Number (FEIN) 75-1167687

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2019, 2 2020, 3 2021, 4 2022, 5 2023(a). Rows 1-6 showing loss development for Group Accident and Health.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2019, 2 2020, 3 2021, 4 2022, 5 2023(a). Rows 1-6 showing loss development for Other Accident and Health.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2019, 2 2020, 3 2021, 4 2022, 5 2023(a). Rows 1-6 showing loss development for Credit Accident and Health.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2019, 2 2020, 3 2021, 4 2022, 5 2023(a). Rows 1-6 showing loss development for Section D.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2019, 2 2020, 3 2021, 4 2022, 5 2023(a). Rows 1-6 showing loss development for Section E.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2019, 2 2020, 3 2021, 4 2022, 5 2023(a). Rows 1-6 showing loss development for Section F.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2019, 2 2020, 3 2021, 4 2022, 5 2023(a). Rows 1-6 showing loss development for Section G.

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

SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 2**

Development of Incurred Losses  
(\$000 Omitted)

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....					
2. 2019 .....					
3. 2020 .....	XXX				
4. 2021 .....	XXX	XXX			
5. 2022 .....	XXX	XXX	XXX		
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. Prior .....					
2. 2019 .....					
3. 2020 .....	XXX				
4. 2021 .....	XXX	XXX			
5. 2022 .....	XXX	XXX	XXX		
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section C - Credit Accident and Health**

1. Prior .....					
2. 2019 .....					
3. 2020 .....	XXX				
4. 2021 .....	XXX	XXX			
5. 2022 .....	XXX	XXX	XXX		
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section D -**

1. Prior .....					
2. 2019 .....					
3. 2020 .....	XXX				
4. 2021 .....	XXX	XXX			
5. 2022 .....	XXX	XXX	XXX		
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section E -**

1. Prior .....					
2. 2019 .....					
3. 2020 .....	XXX				
4. 2021 .....	XXX	XXX			
5. 2022 .....	XXX	XXX	XXX		
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section F -**

1. Prior .....					
2. 2019 .....					
3. 2020 .....	XXX				
4. 2021 .....	XXX	XXX			
5. 2022 .....	XXX	XXX	XXX		
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section G -**

1. Prior .....					
2. 2019 .....					
3. 2020 .....	XXX				
4. 2021 .....	XXX	XXX			
5. 2022 .....	XXX	XXX	XXX		
6. 2023 .....	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 3**

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

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019 .....				XXX	XXX
2. 2020 .....	XXX				XXX
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. 2019 .....				XXX	XXX
2. 2020 .....	XXX				XXX
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section C - Credit Accident and Health**

1. 2019 .....				XXX	XXX
2. 2020 .....	XXX				XXX
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section D -**

1. 2019 .....				XXX	XXX
2. 2020 .....	XXX				XXX
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section E -**

1. 2019 .....				XXX	XXX
2. 2020 .....	XXX				XXX
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section F -**

1. 2019 .....				XXX	XXX
2. 2020 .....	XXX				XXX
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section G -**

1. 2019 .....				XXX	XXX
2. 2020 .....	XXX				XXX
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	



**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 4**

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

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019 .....					
2. 2020 .....	XXX				
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. 2019 .....					
2. 2020 .....	XXX				
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section C - Credit Accident and Health**

1. 2019 .....					
2. 2020 .....	XXX				
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section D -**

1. 2019 .....					
2. 2020 .....	XXX				
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section E -**

1. 2019 .....					
2. 2020 .....	XXX				
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section F -**

1. 2019 .....					
2. 2020 .....	XXX				
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**Section G -**

1. 2019 .....					
2. 2020 .....	XXX				
3. 2021 .....	XXX	XXX			
4. 2022 .....	XXX	XXX	XXX		
5. 2023 .....	XXX	XXX	XXX	XXX	

**SUPPLEMENTAL SCHEDULE O - PART 5**

(\$000 OMITTED)

**Reserve and Liability Methodology - Exhibits 6 and 8**

Line of Business	1 Methodology	2 Amount
1. Industrial Life .....		
2. Ordinary Life .....		
3. Individual Annuity .....		
4. Supplementary Contracts .....		
5. Credit Life .....		
6. Group Life .....		
7. Group Annuities .....		
8. Group Accident and Health .....		
9. Credit Accident and Health .....		
10. Other Accident and Health .....		
11. Total		



SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

# HEALTH SUPPLEMENTS

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

Of The Entrada Life Insurance Company .....

ADDRESS (City, State and Zip Code) Scottsdale , AZ 85253 .....

NAIC Group Code 2658 ..... NAIC Company Code 71323 ..... Employer's ID Number 75-1167687 .....

SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	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											
1. Net premium income .....														
2. Change in unearned premium reserves and reserve for rate credit .....														
3. Fee-for-service (net of \$ ..... medical expenses) .....														XXX
4. Risk revenue .....														XXX
5. Aggregate write-ins for other health care related revenues .....														XXX
6. Aggregate write-ins for other non-health care related revenues .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6) .....														
8. Hospital/medical benefits .....														XXX
9. Other professional services .....														XXX
10. Outside referrals .....														XXX
11. Emergency room and out-of-area .....														XXX
12. Prescription drugs .....														XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts .....														XXX
14. Subtotal (Lines 8 to 14) .....														XXX
15. Net reinsurance recoveries .....														XXX
16. Total medical and hospital (Lines 15 minus 16) .....														XXX
17. Non-health claims (net) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
18. Claims adjustment expenses including \$ ..... cost containment expenses .....														
19. General administrative expenses .....														
20. Increase in reserves for accident and health contracts .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
21. Increase in reserves for life contracts .....														XXX
22. Total underwriting deductions (Lines 17 to 22) .....														
23. Net underwriting gain or (loss) (Line 7 minus Line 23) .....														
DETAILS OF WRITE-INS														
0501. ....														XXX
0502. ....														XXX
0503. ....														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....														XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....														XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. ....														XXX
1302. ....														XXX
1303. ....														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....														XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....														XXX

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SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE 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						
0199999. Total Pharmaceutical Rebate Receivables						
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables						
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers						
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables						
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables						
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables						
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables						

**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 .....					
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables.....						
7. Totals (Lines 1 through 6)						

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



SUPPLEMENT FOR THE YEAR 2023 OF THE U.S. BRANCH OF THE ENTRADA LIFE INSURANCE COMPANY

TRUSTEED SURPLUS STATEMENT

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

being duly sworn, says that he/she is the of the a corporation organized under the laws of entered to transact business in the United States through the State of that this trustee surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this day of A.D.,

AFFIDAVIT OF TRUSTEE - SCHEDULE B

being duly sworn, says that he/she is the Trustee of the a corporation organized under the laws of entered to transact business in the United States through the State of located at that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this day of A.D.,

AFFIDAVIT OF TRUSTEE - SCHEDULE C

being duly sworn, says that he/she is the Trustee of the a corporation organized under the laws of entered to transact business in the United States through the State of located at that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this day of A.D.,

AFFIDAVIT OF TRUSTEE - SCHEDULE D

being duly sworn, says that he/she is the Trustee of the a corporation organized under the laws of entered to transact business in the United States through the State of located at that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this day of A.D.,

## TRUSTEED SURPLUS STATEMENT ASSETS

### SCHEDULE A - DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
	.....			
	.....			
	.....			
	.....			
1.98	Accrued Investment Income.....		.XXX.	.XXX.
1.99	Totals			

### SCHEDULE B - DEPOSITS WITH UNITED STATES TRUSTEE

Line No.	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash .....			
2.02	Bonds .....			
2.03	Preferred Stock .....			
2.04	Common Stock .....			
2.05	Mortgage Loans on Real Estate .....			
2.06	Real Estate .....			
2.07	Short-Term Investments .....			
2.08	Other Invested Assets .....			
2.09	Miscellaneous Assets not included in any of the above categories .....			
2.98	Accrued Investment Income.....		.XXX.	.XXX.
2.99	Totals			

### SCHEDULE C - DEPOSITS WITH UNITED STATES TRUSTEE

Line No.	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash .....			
3.02	Bonds .....			
3.03	Preferred Stock .....			
3.04	Common Stock .....			
3.05	Mortgage Loans on Real Estate .....			
3.06	Real Estate .....			
3.07	Short-Term Investments .....			
3.08	Other Invested Assets .....			
3.09	Miscellaneous Assets not included in any of the above categories .....			
3.98	Accrued Investment Income.....		.XXX.	.XXX.
3.99	Totals			

### SCHEDULE D - DEPOSITS WITH UNITED STATES TRUSTEE

Line No.	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash .....			
4.02	Bonds .....			
4.03	Preferred Stock .....			
4.04	Common Stock .....			
4.05	Mortgage Loans on Real Estate .....			
4.06	Real Estate .....			
4.07	Short-Term Investments .....			
4.08	Other Invested Assets .....			
4.09	Miscellaneous Assets not included in any of the above categories .....			
4.98	Accrued Investment Income.....		.XXX.	.XXX.
4.99	Totals			

## TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS

	1 Current Year
1. Total liabilities .....	707,034
ADDITIONS TO LIABILITIES:	
2. Aggregate write-ins for additions to liabilities .....	
3. Total (Lines 1 + 2) .....	707,034
DEDUCTIONS FROM LIABILITIES:	
4. Amounts Recoverable From Reinsurers:	
4.1 Authorized companies .....	
4.2 Unauthorized companies .....	
4.3 Certified Companies .....	
4.4 Reciprocal Jurisdiction Companies .....	
5. Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule) .....	
5.2 Accrued interest on special state deposits .....	
6. Life insurance premiums and annuity considerations deferred and uncollected .....	
7. Accident and health premiums due and unpaid .....	
8. Contract loans and premium notes:	
8.1 Contract loans not exceeding reserves carried on such policies .....	18,567
8.2 Premium notes .....	
8.3 Interest due and accrued on contract loans and premium notes .....	
9. Aggregate write-ins for other deductions from liabilities .....	
10. Total Deductions (Lines 4.1 thru 9) .....	18,567
11. Total Adjusted Liabilities (Line 3 minus Line 10) .....	688,467
12. Trusteed Surplus .....	
13. Total .....	688,467
<b>DETAILS OF WRITE-INS</b>	
0201. ....	
0202. ....	
0203. ....	
0298. Summary of remaining write-ins for Line 2 from overflow page .....	
0299. Totals (Lines 0201 thru 0203 plus 0298)(Line 2 above)	
0901. ....	
0902. ....	
0903. ....	
0998. Summary of remaining write-ins for Line 9 from overflow page .....	
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	

**INTERROGATORIES:**

- 1.1 Have there been any changes made to any of the trust indentures during the period? ..... Yes [ ] No [ ]
- 1.2 If yes, has the domiciliary or entry state approved the change? ..... Yes [ ] No [ ]



**NONE**



SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**WORKERS' COMPENSATION CARVE - OUT SUPPLEMENT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

OF THE Entrada Life Insurance Company .....  
 ADDRESS ( City, State and Zip Code) West Des Moines , IA 50266-5921 .....  
 NAIC Group Code 2658 ..... NAIC Company Code 71323 ..... Employer's ID Number 75-1167687 .....

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 5, Part 2	2 Unearned Premiums Dec. 31 Prior Year	3 Unearned Premiums Dec. 31 Current Year	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Workers' Compensation Carve - Out				

PART 2 - PREMIUMS WRITTEN

Line of Business	Reinsurance Assumed		Reinsurance Ceded		5 Net Premiums Written Cols. 1 + 2 - 3 - 4
	1 From Affiliates	2 From Non-Affiliates	3 To Affiliates	4 To Non-Affiliates	
1. Workers' Compensation Carve - Out					

PART 3 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid			4 Net Losses Unpaid Current Year (Part 4, Col. 6)	5 Net Losses Unpaid Prior Year	6 Losses Incurred Current Year (Cols. 3 + 4 - 5)	7 Percentage of Losses Incurred (Col. 6, Part 3) to Premiums Earned (Col. 4, Part 1)
	1 Reinsurance Assumed	2 Reinsurance Recovered	3 Net Payments (Cols. 1 - 2)				
1. Workers' Compensation Carve - Out							

PART 4 - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses			Incurred But Not Reported		6 Net Losses Unpaid (Cols. 3 + 4 - 5)	7 Unpaid Loss Adjustment Expenses
	1 Reinsurance Assumed	2 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	3 Net Losses Excl. Incurred But Not Reported (Cols. 1 - 2)	4 Reinsurance Assumed	5 Reinsurance Ceded		
1. Workers' Compensation Carve - Out							

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SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**WORKERS' COMPENSATION CARVE - OUT SUPPLEMENT**

**SCHEDULE F - PART 1**

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	6 Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Total (Cols. 6 + 7)							
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates														
1299999. Total - Pools and Associations														
9999999 Totals														

**SCHEDULE F - PART 2**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	7 Reinsurance Recoverable On										8 Reinsurance Payable		18 Net Amount Recoverable From Reinsurers (Cols. 15 - [16 + 17])	19 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates																			
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																			
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999. Total Unauthorized - Affiliates																			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																			
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			
3699999. Total Certified - Affiliates																			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																			
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																			
5099999. Total Reciprocal Jurisdiction - Affiliates																			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																			
5799999. Total Authorized, Reciprocal Jurisdiction, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)																			
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																			
9999999 Totals																			

SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**WORKERS' COMPENSATION CARVE - OUT SUPPLEMENT**  
**SCHEDULE P - PART 1**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Assumed		
	1 Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Subrogation Received	11 Total Net Paid (Cols 4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
				Assumed	Ceded	Assumed	Ceded	Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2014.....												
3. 2015.....												
4. 2016.....												
5. 2017.....												
6. 2018.....												
7. 2019.....												
8. 2020.....												
9. 2021.....												
10. 2022.....												
11. 2023.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded			
1. Prior.....													
2. 2014.....													
3. 2015.....													
4. 2016.....													
5. 2017.....													
6. 2018.....													
7. 2019.....													
8. 2020.....													
9. 2021.....													
10. 2022.....													
11. 2023.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014.....											
3. 2015.....											
4. 2016.....											
5. 2017.....											
6. 2018.....											
7. 2019.....											
8. 2020.....											
9. 2021.....											
10. 2022.....											
11. 2023.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**WORKERS' COMPENSATION CARVE - OUT SUPPLEMENT  
SCHEDULE P - PART 2**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

**SCHEDULE P - PART 3**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior.....	000											
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**WORKERS' COMPENSATION CARVE - OUT SUPPLEMENT**  
**SCHEDULE P - PART 4**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 5**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**WORKERS' COMPENSATION CARVE - OUT SUPPLEMENT**  
**SCHEDULE P - PART 6**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE ASSUMED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX	XXX								
6. 2018.....	XXX	XXX	XXX	XXX							
7. 2019.....	XXX	XXX	XXX	XXX	XXX						
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE CEDED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX	XXX								
6. 2018.....	XXX	XXX	XXX	XXX							
7. 2019.....	XXX	XXX	XXX	XXX	XXX						
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX



SUPPLEMENT FOR THE YEAR 2023 OF THE ENTRADA LIFE INSURANCE COMPANY  
**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

**FOR THE STATE OF:**

NAIC Group Code 2658

NAIC Company Code 71323

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	.....
2. Health .....	.....
3. Homeowners .....	.....
4. Individual Annuity .....	.....
5. Individual Life .....	.....
6. Lender-Placed Home and Auto .....	.....
7. Long-Term Care .....	.....
8. Other Health .....	.....
9. Private Flood .....	.....
10. Private Passenger Auto .....	.....
11. Short-Term Limited Duration Health Plans .....	.....
12. Travel	



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