

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

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

TALCOTT RESOLUTION INTERNATIONAL LIFE REASSURANCE CORPORATION

NAIC Gr	oup Code 4926 4926	NAIC Company Code	93505 Employer's ID	O Number 06-1207332
Organized under the Laws of	(Current) (Prior) Connecticut	, St	ate of Domicile or Port of Er	ntry CT
Country of Domicile	***************************************	United States of A	merica	
Licensed as business type:	Life, Accide	ent and Health [X] Frate	ernal Benefit Societies []	
Incorporated/Organized	07/06/1987		Commenced Business	09/23/1987
Statutory Home Office	1 Griffin Road N			Vindsor, CT, US 06095-1512
	(Street and Number)		(City or T	Fown, State, Country and Zip Code)
Main Administrative Office		1 Griffin Road (Street and Nur		
Wind	sor, CT, US 06095-1512	(Street and Nur	,	800-862-6668
(City or Town	n, State, Country and Zip Code)		(Are	ea Code) (Telephone Number)
Mail Address	1 Griffin Road N			/indsor, CT, US 06095-1512
	(Street and Number or P.O. Box)		(City or T	Fown, State, Country and Zip Code)
Primary Location of Books and Rec	ords	1 Griffin Roa		
Wind	sor, CT, US 06095-1512	(Street and Nur	nber)	800-862-6668
(City or Town	n, State, Country and Zip Code)		(Are	ea Code) (Telephone Number)
Internet Website Address		www.talcottresolut	ion.com	
Statutory Statement Contact	Andrew G. Hel	ming	,	860-791-0166
Otatamanta	(Name)			(Area Code) (Telephone Number)
Statement.q	uestions@talcottresolution.com (E-mail Address)	, , , , , , , , , , , , , , , , , , ,	***************************************	860-624-0444 (FAX Number)
			_	·
Interim Co-President, Chief Legal Officer and Chief Compliance Officer Interim Co-President and Chief Financial Officer			VP and Controller	Michael Robert Hazel Jeremy Matthew Billiel
Zengdi Zhuang, AVP and A		OTHER stopher Benedict Cramer, Secretary		
Peter Francis Sar	nizzaro	DIRECTORS OR TO Matthew James	RUSTEES Poznar	Robert Raymond Siracusa
State of County of	Connecticut S	SS:		
all of the herein described assets a statement, together with related ext condition and affairs of the said rep- in accordance with the NAIC Annua rules or regulations require differer respectively. Furthermore, the scop	were the absolute property of the sibits, schedules and explanations in the printing entity as of the reporting perial Statement Instructions and Accordances in reporting not related to be of this attestation by the descri	said reporting entity, free therein contained, annex od stated above, and of interest and production and practices and production and production and production and the enclosed statement. Michael R. Ha Vice President and O	and clear from any liens of ad or referred to, is a full and to its income and deductions the procedures manual except to the procedures, according to the related corresponding. The electronic filing may be a controller a. Is this an original filing? b. If no, 1. State the amendmen	,

NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2023

August 31, 2023

ASSETS

			Current Statement Date	<u></u>	4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	December 31 Prior Year Net Admitted Assets
1	Bonds	11,242,472			
	Stocks:				
۷.	2.1 Preferred stocks				
3.	Mortgage loans on real estate:				
-	3.1 First liens				
4.	Real estate:				
-	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 (\$94,231), cash equivalents				
٥.	(\$				
	investments (\$	1 041 686		1,041,686	889,530
6	Contract loans (including \$ premium notes)				
o. 7.	Derivatives premium notes)				
7. 8.	Other invested assets				
8. 9.	Receivables for securities				
9. 10.	Securities lending reinvested collateral assets				
	Aggregate write-ins for invested assets				
11. 12.	Aggregate write-ins for invested assets Subtotals, cash and invested assets (Lines 1 to 11)			12,284,158	
	Title plants less \$ charged off (for Title insurers	12,207, 100		12,207, 100	12,200,000
10.	only)				
1/1	Investment income due and accrued			165,589	
	Premiums and considerations:	100,000		100,000	141, 100
10.					
	15.1 Uncollected premiums and agents' balances in the course of collection15.2 Deferred premiums, agents' balances and installments booked but	[
	deferred and not yet due (including \$				
	earned but unbilled premiums)	[
	contracts subject to redetermination (\$				
16.	Reinsurance:				
10.	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				
	Current federal and foreign income tax recoverable and interest thereon				
	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				
21.	(\$			ļ	
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$				
25.	Aggregate write-ins for other than invested assets			60,238	
	Total assets excluding Separate Accounts, Segregated Accounts and	00,200			
20.	Protected Cell Accounts (Lines 12 to 25)	12,509,985		12,509,985	12,383,714
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	12,509,985		12,509,985	12,383,714
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
	Disbursements and Items not allocated	60 238		60,238	
2502.					
2503.					
	Summary of remaining write-ins for Line 25 from overflow page				
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	60.238		60,238	

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Statement Date	December 31 Prior Year
1.	Aggregate reserve for life contracts \$		
	(including \$ 0 Modco Reserve)		
2. 3.	Aggregate reserve for accident and health contracts (including \$		
4.	Contract claims:		
	4.1 Life		
5.	4.2 Accident and health		
0.	and unpaid		
6.	Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
	6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$		
	6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$		
7.	6.3 Coupons and similar benefits (including \$		
8.	Premiums and annuity considerations for life and accident and health contracts received in advance less		
_	\$0 discount; including \$0 accident and health premiums		
9.	Contract liabilities not included elsewhere: 9.1 Surrender values on canceled contracts		
	9.2 Provision for experience rating refunds, including the liability of \$0 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 \$		
	9.4 Interest Maintenance Reserve		
10.	Commissions to agents due or accrued-life and annuity contracts \$		
11	\$		
11. 12.	General expenses due or accrued		615
13.	Transfers to Separate Accounts due or accrued (net) (including \$		
	allowances recognized in reserves, net of reinsured allowances)		
14. 15.1	Taxes, licenses and fees due or accrued, excluding federal income taxes		
	Net deferred tax liability		
16.	Unearned investment income		
17.	Amounts withheld or retained by reporting entity as agent or trustee		
18. 19.	Remittances and items not allocated		
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. 23.	Borrowed money \$		
24.	Miscellaneous liabilities:		
	24.01 Asset valuation reserve		
	24.02 Reinsurance in unauthorized and certified (\$		
	24.04 Payable to parent, subsidiaries and affiliates	33,251	1,735
	24.05 Drafts outstanding		
	24.06 Liability for amounts held under uninsured plans 24.07 Funds held under coinsurance		
	24.08 Derivatives		
	24.09 Payable for securities		
	24.10 Payable for securities lendingand interest thereon \$		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding Separate Accounts business (Lines 1 to 25)	54,966	59,897
27.	From Separate Accounts Statement		
28. 29.	Total liabilities (Lines 26 and 27) Common capital stock	54,966 2,500,000	59,897 2,500,000
30.	Preferred capital stock		2,000,000
31.	Aggregate write-ins for other than special surplus funds		
32. 33.	Surplus notes Gross paid in and contributed surplus		8 220 700
34.	Aggregate write-ins for special surplus funds		
35.	Unassigned funds (surplus)	1,734,319	1,603,117
36.	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 29 \$		
37.	Surplus (Total Lines 31+32+33+34+35-36) (including \$	9,955,019	9,823,817
38.	Totals of Lines 29, 30 and 37	12,455,019	12,323,817
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) DETAILS OF WRITE-INS	12,509,985	12,383,714
2501.	DETAILS OF WATE-ING		
2502.			
2503. 2598.	Summany of remaining write ins for Line 25 from overflow page		
2598. 2599.	Summary of remaining write-ins for Line 25 from overflow page		
3101.	Totals (Elliob 2001 tillodgi 2000 plate 2000)(Ellio 20 above)		
3102.			
3103. 3198.	Summary of remaining write-ins for Line 31 from overflow page		
3190. 3199.	Totals (Lines 3101 through 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 through 3403 plus 3498)(Line 34 above)	The state of the s	

SUMMARY OF OPERATIONS

		1 Current Year	2 Prior Year	3 Prior Year Ended
1.	Premiums and annuity considerations for life and accident and health contracts	To Date	To Date	December 31
2.	Considerations for supplementary contracts with life contingencies.			
3.	Net investment income		145,627	194,240
4. 5.	Amortization of Interest Maintenance Reserve (IMR)			
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	9
9. 10.	Totals (Lines 1 to 8.3) Death benefits	186,683	145,636	194,249
11.				
12.	Annuity benefits			
13.	Disability benefits and benefits under accident and health contracts			
14. 15.	Coupons, guaranteed annual pure endowments and similar benefits			
16.	Group conversions			
17.	Interest and adjustments on contract or deposit-type contract funds			
18. 19.	Payments on supplementary contracts with life contingencies 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			
22.	business only)			
23.	General insurance expenses and fraternal expenses		1,292	1,292
24.	Insurance taxes, licenses and fees, excluding federal income taxes	19,390	37,708	54, 195
25.	Increase in loading on deferred and uncollected premiums			
26. 27.	Net transfers to or (from) Separate Accounts net of reinsurance			
28.	Totals (Lines 20 to 27)	20,448	39,000	55,487
29.	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus			
30.	Line 28)	166,235	106,636	138,762
30.	Net gain from operations after dividends to policyholders, refunds to members and before federal			
	income taxes (Line 29 minus Line 30)		106,636	138,762
32. 33.	Federal and foreign income taxes incurred (excluding tax on capital gains)	33,925	22,040	28,477
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)	132,310	84,596	110,285
34.	Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital			
	gains tax of \$	(127)		
35.	Net income (Line 33 plus Line 34)	132,183	84,596	110,285
	CAPITAL AND SURPLUS ACCOUNT	,	,	,
36.	Capital and surplus, December 31, prior year	12,323,817	12,214,756	12,214,756
37. 38.			84,596	110,285
39.	Change in net unrealized capital gains (tosses) less capital gains tax of \$ Change in net unrealized foreign exchange capital gain (loss)			
40.	Change in net deferred income tax	(981)	(914)	(1,224)
41.	S .			
42. 43.	Change in liability for reinsurance in unauthorized and certified companies			
44.	Change in asset valuation reserve			
45.	Change in treasury stock			
46. 47.	Surplus (contributed to) withdrawn from Separate Accounts during period			
48.	Change in surplus notes			
49.	Cumulative effect of changes in accounting principles			
50.	Capital changes:			
	50.1 Paid in			
	50.3 Transferred to surplus			
51.	Surplus adjustment:			
	51.1 Paid in			
	51.3 Transferred from capital			
	51.4 Change in surplus as a result of reinsurance			
52. 53.	Dividends to stockholders			
53. 54.	Net change in capital and surplus for the year (Lines 37 through 53)	131,202	83,682	109,061
55.	Capital and surplus, as of statement date (Lines 36 + 54)	12,455,019	12,298,438	12,323,817
	DETAILS OF WRITE-INS			
1	Miscellaneous income		9	9
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page			
	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)		9	9
1				
1				
2798.	Summary of remaining write-ins for Line 27 from overflow page			
	Totals (Lines 2701 through 2703 plus 2798)(Line 27 above)			
5303.				
5398.	Summary of remaining write-ins for Line 53 from overflow page			
5399.	Totals (Lines 5301 through 5303 plus 5398)(Line 53 above)			

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance			
2.	Net investment income	183,669	195,059	193,724
3.	Miscellaneous income		9	9
4.	Total (Lines 1 to 3)	183,669	195,068	193,733
5.	Benefit and loss related payments			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	18,874	37,835	56,102
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	24,001	26,568	26,568
10.	Total (Lines 5 through 9)	42,875	64,403	82,670
11.	Net cash from operations (Line 4 minus Line 10)	140,794	130,665	111,063
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	5,710,513		
	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			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,710,513		
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	5,623,179	5,649,510	5,649,510
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)	5,623,179	5,649,510	5,649,510
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	87,334	(5,649,510)	(5,649,510)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	(75,972)	7,094	43,748
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(75,972)	7,094	43,748
	p.25 = 1.5 (5.6)	(10,012)	7,004	70,170
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	152 , 156	(5,511,751)	(5,494,699
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	889,530	6,384,229	6,384,229
	19.2 End of period (Line 18 plus Line 19.1)	1,041,686	872,478	889,530

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

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1.	Industrial life			
2.	Ordinary life insurance			
3.	Ordinary individual annuities			
4.	Credit life (group and individual)			
5.	Group life insurance			
6.	Group annuities			
7.	A & H - group			
8.	A & H - credit (group and individual)			
9.	A & H - other			
10.	Aggregate of all other lines of business			
11.	Subtotal (Lines 1 through 10)			
12.	Fraternal (Fraternal Benefit Societies Only)			
13.	Subtotal (Lines 11 through 12)			
14.	Deposit-type contracts			
15.	Total (Lines 13 and 14)			
	DETAILS OF WRITE-INS			
1001.				
1002.				
1003.				
1098.	Summary of remaining write-ins for Line 10 from overflow page			
1099.	Totals (Lines 1001 through 1003 plus 1098)(Line 10 above)			

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory-basis financial statements of Talcott Resolution International Life Reassurance Corporation (the "Company" or "TIL") have been prepared in conformity with statutory accounting practices prescribed or permitted by the State of Connecticut Insurance Department ("the Department"). The Department recognizes only statutory accounting practices prescribed or permitted by the State of Connecticut for determining and reporting the financial condition and results of operations of an insurance company and for determining solvency under the State of Connecticut Insurance Law. The National Association of Insurance Commissioners' Accounting Practices and Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed practices by the State of Connecticut.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed by the Department is shown below:

	SSAP#	F/S Page	F/S Line #	2022	2021
Net income					
1. TIL state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 132,183	\$ 110,285
2. State prescribed practices that are an (increase)/decrease from NAIC SAP				_	_
3. State permitted practices that are an (increase)/decrease from NAIC SAP				_	_
4. Net SAP (1-2-3=4)	XXX	XXX	XXX	\$ 132,183	\$ 110,285
Surplus					
5. TIL state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 12,455,019	\$ 12,323,817
6. State prescribed practices that are an (increase)/decrease from NAIC SAP				_	_
7. State permitted practices that are an (increase)/decrease from NAIC SAP				_	_
8. NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 12,455,019	\$ 12,323,817

C. Accounting Policy

- 2. The Company had no SVO identified investments in exchange traded funds or bond mutual funds that qualifies for bond accounting treatment.
- 6. The Company has no investments in loan-backed bond and structured securities.

D. Going Concern

The Company is not aware of any conditions or events which raise substantial doubts concerning the Company's ability to continue as a going concern.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

D. Loan-Backed Securities

The Company has no investments in loan-backed bonds and structured securities as of September 30, 2022.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

3. Collateral Received

b. The Company did not accept collateral that is permitted by contract or custom to sell or repledge as of September 30, 2022.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company had no repurchase agreements transactions accounted for as secured borrowing transactions.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company had no reverse repurchase agreements transactions accounted for as secured borrowing transactions.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company had no repurchase agreements transactions accounted for as a sale transaction.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

 $\label{thm:company} \ \text{The Company had no reverse repurchase agreements transactions accounted for as a sale transaction.}$

M. Working Capital Finance Investments

The Company had no working capital finance investments,

N. Offsetting and Netting of Assets and Liabilities

The Company had no offsetting and netting of assets and liabilities.

R. Share of Cash Pool by Asset type

The Company did not participate in a short term investment pool as of September 30, 2022.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

Effective August 29, 2022, Talcott Resolution Life Insurance Company ("TL") entered into an intercompany liquidity agreement between several Talcott entities; including TR Re, Ltd. ("TR Re"), Talcott Life Re, Ltd ("TLR") and Talcott Life & Annuity Re, Ltd. ("TLAR"). TL may lend a total of \$500M in aggregate to these affiliates. TL may also borrow a total of \$1.5B consisting of \$500M from each of the aforementioned entities. Under the agreement, TLR, TLAR and TR Re cannot extend loans between one another. The language within the agreement is consistent with the prior liquidity agreements entered into in March 2022 and June 2022.

Effective August 29, 2022, Talcott Resolution Life and Annuity Insurance Company ("TLA") entered into an intercompany liquidity agreement between several Talcott entities; including TR Re, Ltd. ("TR Re"), Talcott Life Re, Ltd ("TLR") and Talcott Life & Annuity Re, Ltd. ("TLAR"). TLA may lend a total of \$200M in aggregate to these affiliates. TLA may also borrow a total of \$600M consisting of \$200M from each of the aforementioned entities. Under the agreement, TLR, TLAR and TR Re cannot extend loans between one another. The language within the agreement is consistent with the prior liquidity agreements entered into in March 2022 and June 2022.

Effective December 28, 2021, TL and certain of its affiliates, including but not limited to insurance companies (the "Talcott Companies"), entered into an Investment Management Agreement with Sixth Street Insurance Solutions, L.P. to provide investment management services with respect to certain assets.

Note 11 - Debt

B. The Company has no Federal Home Loan Bank agreements.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plans

The Company has no direct plans.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Liabilities, Contingencies, and Assessments

F. All Other Contingencies

The Company is or may become involved in various legal actions, some of which assert claims for substantial amounts. Management expects that the ultimate liability, if any, with respect to such lawsuits, after consideration of provisions made for estimated losses and costs of defense, will not be material to the financial condition of the Company.

For additional information, please refer to the current and periodic reports filed by Talcott Resolution Life Insurance Company with the United States Securities and Exchange Commission.

Note 15 - Leases

No significant change.

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- B. The Company had no transfer or servicing of financial assets.
- C. The Company had no wash sales.

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

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - Fair Value Measurements

A. Fair Value Measurements

The Company's financial instruments held at fair value were not material.

Valuation Inputs for Investments

The Company's investment manager for the Company's general account (a registered investment adviser under the Investment Advisers Act of 1940), with oversight by the Company's Investment Management Department and its Finance and Investment Committee ("FIC"), a committee co-chaired by the Chief Investment Officer and the Chief Risk Officer of the Company, estimates the fair value for financial assets held in the Company's general account based on the framework established in the fair value accounting guidance. The Company reviews its investment manager's pricing policy on a periodic basis, with any changes to be approved by the FIC. The Company reserves the right to take exception to its investment manager's pricing of a particular asset and, with FIC's approval, to adjust the price received from its investment manager for that particular asset. The following section categorizes the inputs in the valuation techniques used to measure fair value into three broad Levels (Level 1, 2, or 3):

For Level 1 investments, valuations are based on quoted prices for identical assets in active markets that the Company has the ability to access at the measurement date.

For the Company's Level 2 and 3 bond securities, typical inputs used by pricing techniques include, but are not limited to, benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and/or estimated cash flows, prepayment speeds, and default rates.

A description of additional inputs used in the Company's Level 2 and Level 3 measurements is included in the following discussion:

Level 2 The fair values of most of the Company's Level 2 investments are determined by management after considering prices received from third-party pricing services. These investments primarily include bonds.

Level 3 The Company had no securities classified as Level 3 in 2022 and 2021.

B. Other Fair Value Disclosures

Not applicable.

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

The tables below reflect the fair values and admitted values of all admitted assets that are financial instruments.

(Amounts in thousands)			September 30, 2022											
Type of Financial Instrument	Ag	gregate Fair Value	,	Admitted Value		(Level 1)		(Level 2)		(Level 3)	Ne	et Asset Value (NAV)	Not Prac	
Assets														
Bonds – unaffiliated	\$	10,631	\$	11,242	\$		\$	10,631	\$		\$	_	\$	_
Cash, cash equivalents, and short- term investments		1,042		1,042		1,042		_		_		_		_
Total assets	\$	11,673	\$	12,284	\$	1,042	\$	10,631	\$	1	\$	_	\$	_

(Amounts in thousands)			December 31, 2021										
Type of Financial Instrument	Ag	gregate Fair Value		nitted alue		(Level 1)		(Level 2)		(Level 3)	Net Asset Valu (NAV)	ie	Not Practicable (Carrying Value)
Assets													
Bonds – unaffiliated	\$	12,808	\$	11,371	\$	_	\$	12,808	\$	_	\$ -	_	\$ _
Cash, cash equivalents, and short- term investments		890		890		890		_		_	-	_	_
Total assets	\$	13,698	\$	12,261	\$	890	\$	12,808	\$	_	\$ -	-[\$ —

The valuation methodologies used to determine the fair values of bonds are described in the above Fair Value Measurements section of this note.

The amortized cost of cash, cash equivalents and short-term investments approximates fair value.

 $\textbf{D}. \hspace{0.5cm} \textbf{At September 30, 2022, the Company had no investments where it was not practicable to estimate fair value.} \\$

Note 21 - Other Items

C. Other Disclosures

No significant change.

Note 22 - Events Subsequent

The Company had no material subsequent events through the filing date of November 10, 2022.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

E. Risk-Sharing Provisions of the Affordable Care Act ("ACA")

The Company had no accident and health insurance premiums that are subject to the Affordable Care Act risk-sharing provisions.

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

The Company had no change to incurred losses or loss adjustment expenses.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change. Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Reserves for Life Contracts and Deposit-Type Contracts

No significant change.

Note 32 - Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

Note 33 - Analysis of Life Actuarial Reserves by Withdrawal Characteristics

No significant change.

Note 34 - Premium and Annuity Considerations Deferred and Uncollected

No significant change.

Note 35 - Separate Accounts

No significant change.

Note 36 - Loss/Claim Adjustment Expenses

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

12 If yes, has the report been filled with the domiciliary state? 13 If yes, has the report been filled with the domiciliary state? 14 If yes, date of changer 15 If yes, date of changer 15 If yes, date of changer 16 If yes, complete Schedulor V, Parts 1 and 1A. 16 If yes, complete Schedulor V, Parts 1 and 1A. 16 If yes, complete Schedulor V, Parts 1 and 1A. 16 If the response to 3.2 is yes, provide to a management of particular since the prior quarter end? 17 If yes, complete Schedulor V, Parts 1 and 1A. 18 If the response to 3.2 is yes, provide or a member of a publicly traded group? 18 If yes provide the name of the critical parts of the complete or consisting of two or more affiliated persons, one or more of which is an insurance. 18 If the response to 3.2 is yes, provide to a member of a publicly traded group? 19 If yes, complete Schedulor V, Parts 1 and 1A. 19 If yes, provide the name of the critical index Key) code issued by the SEC for the entitylgroup. 10 If yes, provide the name of the critical parts of the period covered by this statement? 10 If yes, provide the name of the critical parts of the period covered by this statement? 10 If yes, provide the name of the critical parts of the period covered by the state abbreviation) for any entity that has ceased to cost as a result of the major or consolidation during the period covered by this statement? 17 If yes, state and provide the provide parts of the period covered by the state of bornicile. 18 If the reporting entity is subject to a management agreement, including third party administrator(s), managing general agents), altorreports on the apparent of principals involved? 18 If yes, stories the date of the examination of the reporting entity was made or is being made. 19 If yes, state and of date that the latest financial examination report been accounted for in a subsequent financial 20 If yes a greater of parts of the date of the examination behavior of the parts of the public from either the state of domicile or the reportin	1.1	Did the reporting entity experience any material transactions requiring the filing of Di Domicile, as required by the Model Act?			Yes []	No [X]
reporting entity? If yes, date of change: If yes, complete Schedule Y, Parts 1 and 1A. Yes [] Ne [If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide the Cik (Central Index Key) code issued by the SEC for the entity/group. Yes [] Ne [If yes, sprovide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has cessed to exist as a result of the merger or consolidation. 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 cessed to exist as a result of the merger or consolidation. If yes, administration of the response of the entity, NAIC Company Code issued by the SEC for the entity/group. If yes, administration of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has cessed to exist as a result of the merger or consolidation. If yes, administration of the entity, NAIC Company Code issued by the SEC for the entity/group. If yes, administration are present, have there been any significant changes regarding the terms of the agreement agreement, have there been any significant changes regarding the terms of the agreement agreement, have there been any significant changes regarding the terms of the agreement agreement	1.2	If yes, has the report been filed with the domiciliary state?			Yes []	No []
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? 1. If yes, complete Schedule Y, Parts 1 and 1A. 2. Have there been any substantial changes in the organizational chart since the prior quarter end? 3. If the response to 3.2 is yes, provide a brief description of those changes. 3. Is the reporting entity publicly traded or a member of a publicly traded group? 4. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 4. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 4. 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. 4. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 4. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 4. If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 4. If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 4. If the reporting entity is subject	2.1	Has any change been made during the year of this statement in the charter, by-laws reporting entity?	, articles of incorporation, or deed of	settlement of the	Yes []	No [X]
is an insurer? Yes [X] No [If yes, convided a brief description of those changes. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [If the response to 3.2 is yes, provide the brief description of those changes. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 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. Name of Entity NAIC Campany Code NAIC Campany Code State of Domicile If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agentits), attorney. In fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/I If yes, attach an explanation. State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This date hould be the date of the examined balance sheet and not the date the report was completed or released. State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date or completion of orthe date to report was completed from either the state of domicile or the reporting entity. This is the release date or completion of orthe examination report been accounted for in a subsequent financial statement fills with Department per part of the examination report been complied with? Yes [] No [] N/I If yes, gibble did with Department per part of the period of the examination report be	2.2	If yes, date of change:				
If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entitygroup. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entitygroup. 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 coased to exist as a result of the merger or consolidation. Name of Entity NAIC Company Code State of Domicile If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or smilar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022 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 is should be the date of the examined balance sheet and not the date the report was completed or released. State as of vhat date the latest financial examination report became available 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). By what department or departments? State of Connecticut Insurance Department State of Connecticut Insurance Department Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial Financial Statement and substrained and the reporting period? Yes [] No [] N/I If yes, give full information: If yes, give full inform	3.1	is an insurer?			Yes [X]	No []
State as of what date the latest financial examination of the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney infact, or similar agreement, have there been any significant changes regarding the terms of the agreement party to the terms of the examination of the examination report became available for melter states of domicile or the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney infact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/i flyes, state an explanation. 1. State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022 1. State the as of date that the latest financial examination report became available form 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. 12/31/2017 1. State as of what date the latest financial examination report became available form 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). 12/31/2017 1. What the properting entity is the release date or completion date of the examination report been accounted for in a subsequent financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement and distinctions within the latest financial examination report been accounted for in a subsequent financial examination. 12 Notes and 12 Note	3.2	Have there been any substantial changes in the organizational chart since the prior	quarter end?		Yes []	No [X]
If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	3.3	If the response to 3.2 is yes, provide a brief description of those changes.				
4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	3.4					No [X]
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	3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the	SEC for the entity/group.			
1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity NAIC Company Code State of Domicile 1 Name of Entity Name	4.1	Has the reporting entity been a party to a merger or consolidation during the period	covered by this statement?		Yes []	No [X]
Name of Entity NAIC Company Code State of Domicile If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attomey- in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?	4.2		ise two letter state abbreviation) for a	ny entity that has		
5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?Yes [] No [X] N// 1/2022		·				
in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?						
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. 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). 6.4 By what department or departments? State of Connecticut Insurance Department 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? 6.6 Have all of the recommendations within the latest financial examination report been complied with? 7.1 Has this 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? 1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 1. Is the company affiliated with one or more banks, thrifts or securities firms? 1. Is the company affiliated with one or more banks, thrifts or securities firms? 1. Is the company affiliated with one or more banks, thrifts or securities firms? 1. Is the company affiliated 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.	5.	in-fact, or similar agreement, have there been any significant changes regarding the	dministrator(s), managing general agusterms of the agreement or principals	ent(s), attorney- involved? Yes [] No [X]	N/A [
date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017 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). 05/10/2019 6.4 By what department or departments? State of Connecticut Insurance Department 6.5 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// 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N// 7.1 Has this 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 [7.2 If yes, give full information: 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No [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.	6.1	State as of what date the latest financial examination of the reporting entity was made	de or is being made.	<u>-</u>	12/31/2	2022
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). 84. By what department or departments? State of Connecticut Insurance Department 85. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? 86. Have all of the recommendations within the latest financial examination report been complied with? 87. Has this 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? 87. If yes, give full information: 88. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 88. Is the company affiliated with one or more banks, thrifts or securities firms? 88. Is the company affiliated with one or more banks, thrifts or securities firms? 88. 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.	6.2				12/31/2	2017
State of Connecticut Insurance Department Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? No [] No [] N/A 1. Have all of the recommendations within the latest financial examination report been complied with? 1. Has this 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? 1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 1. Is the company affiliated with one or more banks, thrifts or securities firms? 1. Is the company affiliated with one or more banks, thrifts or securities firms? 1. Is the company affiliated with one or more banks, thrifts or securities firms? 1. Is the company affiliated significant of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	6.3	the reporting entity. This is the release date or completion date of the examination re	eport and not the date of the examina	ition (balance sheet	05/10/2	2019
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 1. Has this 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 [] N/A 1. If yes, give full information: 1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 1. If response to 8.1 is yes, please identify the name of the bank holding company. Yes [] No []	6.4					
7.1 Has this 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?	6.5	Have all financial statement adjustments within the latest financial examination repo] No []	N/A [X
revoked by any governmental entity during the reporting period? Yes [] No [7.2 If yes, give full information: 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No [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.	6.6	Have all of the recommendations within the latest financial examination report been	complied with?	Yes [X] No []	N/A [
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	7.1				Yes []	No [X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?	7.2	If yes, give full information:				
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?	8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Re	eserve Board?		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.	8.2	If response to 8.1 is yes, please identify the name of the bank holding company.				
regulatory services agency [i.e. the Federal Reserve Board (FRB), the Öffice 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.	8.3	Is the company affiliated with one or more banks, thrifts or securities firms?			Yes [X] I	No []
1 2 3 4 5 6 Affiliate Name Location (City, State) FRB OCC FDIC SEC Talcott Resolution Distribution Company Inc. Windsor CT NO NO NO NO YES	8.4	regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the	Comptroller of the Currency (OCC), to	he Federal Deposit		
Affiliate Name Location (City, State) FRB OCC FDIC SEC Talcott Resolution Distribution Company Inc. Windsor CT		1	2			
		Affiliate Name Talcott Resolution Distribution Company Inc. Windsor CT	Location (City, State)			

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Talcott Resolution Distribution Company Inc.	Windsor CT	NO	NO	NO	YES
' '					

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?		Ye	es [X] No	[]
	relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting	na entity:				
	(c) Compliance with applicable governmental laws, rules and regulations;	·9 ·····y,				
	(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.					
9.11	If the response to 9.1 is No, please explain:					
9.2	Has the code of ethics for senior managers been amended?		ү	es [X] No	[]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).					
	The Code of Ethics was last updated on July 15, 2022 for technical, administrative and other non-substantive change					
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?		Ye	es [] No	[X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).					
	FINANCIAL					
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Y	es [] No	[X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:		\$			
	INVESTMENT					
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or other use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:			es [] No	[X]
12.	Amount of roal cotate and martagage hold in other invested assets in Schodule PA:		e e			
13.	Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments:					
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?					
14.2		1	. 10	75 [2	[\]
		Prior Year-End		Cur	rent Q	uarter
		Book/Adjusted			ok/Adju	
	Bonds	Carrying Value			rrying \	
14.21	Bonds					
	Preferred Stock St					
	Common Stock \$					
	Short-Term Investments					
	Mortgage Loans on Real Estate \$					
	All Other State Investment in Persont Subsidiaries and Affiliates (Subtetal Lines 14.21 to 14.26)					
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)					
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		γ,	es [] No	[X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes	[]	No [] N	I/A [X]
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date					
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2					
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Pa	arts 1 and 2	\$			
	16.3 Total payable for securities lending reported on the liability page.					

GENERAL INTERROGATORIES

officus Out	stodial agreement witsourcing of Critical	y deposit boxes, wer vith a qualified bank Functions, Custodia	e all stocks, bonds and other soor trust company in accordance or Safekeeping Agreements quirements of the NAIC Finance	ce with Section 1, of the NAIC Finan	III - General Examin	nation Conside niners Handbo	rations, F. ok?	Yes	[X]	No [
		1	P ()		0 11 1	2				
JPI	Morgan Chase Bank	Name of Custod N.A.	ian(s)	4 Chase Metro 1	Custodia Tech Center 16th Fl	an Address oor Brooklyn	NY 11245			
	For all agreements that do not comply with the requirements of the NAIC Financial Con location and a complete explanation:				on Examiners Hand	book, provide	the name,			
1000	cation and a complete explanation:									
	Name(s)	Location(s)		Complet	e Explanation(s)			
	•	changes, including nation relating thereto:	ame changes, in the custodiar	n(s) identified in 17	'.1 during the curren	nt quarter?		Yes	[]	No [X
	1 Old Custo		2 New Custodian		3 Change	Pe	4 eason			
	Old Custo		New Custodian							
ma	ike investment deci	sions on behalf of th	stment advisors, investment n e reporting entity. For assets t ent accounts"; "handle secu	that are managed i urities"]						
		1 Name of Firm o		2 Affiliatio						
17.			n the table for Question 17.5,	•		th the reporting	g entity (i.e.			
	· ·	, ,	ore than 10% of the reporting	•				Yes	[X]	No [
17.	:5098 For firms/indi total assets u	viduals unaffiliated v nder management a	with the reporting entity (i.e. dealiggregate to more than 50% of	signated with a "U' f the reporting entit	") listed in the table tv's invested assets	for Question 1	7.5, does the	Yes	[X]	No I
					.,					NO [
	r those firms or individe below.	viduals listed in the t	able for 17.5 with an affiliation	n code of "A" (affilia	•	ated), provide t				100 [
tab	ble below.	viduals listed in the t	able for 17.5 with an affiliation	n code of "A" (affilia	•	ated), provide t			5 Invest Manag	ment ement
Ce	ole below. 1 entral Registration lepository Number	•	2 Name of Firm or Individual		ated) or "U" (unaffilia	r (LEI)	he information f 4 Registered Wi	or the	5 Invest Manag Agree (IMA)	ment ement ment Filed
Ce De 106	entral Registration lepository Number 16699	Nartford Investmen	2	L	ated) or "U" (unaffilia	r (LEI)	he information f	or the	5 Invest Manag Agree	ment ement ment Filed
Ce De 106 317	entral Registration lepository Number 16699	Hartford Investmen Sixth Street Insur	2 Name of Firm or Individual t Management Company	FE 54	ated) or "U" (unaffilia 3 .egal Entity Identifie 0BULMG7PY8G4MG7C65 9300XV81PTBGKNG044	r (LEI) SEC	he information f	or the	Invest Manag Agree (IMA)	ment ement ment Filed
Ce Do 100 317	entral Registration lepository Number 6699 7703 ve all the filing requ lo, list exceptions: self-designating 5G a. Documentation security is not a b. Issuer or obligo c. The insurer has	Hartford Investmen Sixth Street Insur- irements of the Purp of Street Insur- irements of the Purp necessary to permit available. r is current on all cost an actual expectation	2 Name of Firm or Individual t Management Companyance Solutions, LP	I of the NAIC Investigation of the NAIC Inve	ated) or "U" (unaffilia 3 agai Entity Identifie 0BULMG7PY8G4MG7C65 9300XV81PTBGKNG044 atment Analysis Office or each self-designate at or an NAIC CRP and principal.	r (LEI) SEC	Registered Win	th Yes	Invest Manage Agree (IMA) DS DS	ment ement ment Filed
Ce Do 100 317 Hav If no By:	entral Registration lepository Number 6699	Hartford Investmen Sixth Street Insur- irements of the Purp of the	Name of Firm or Individual t Management Company ance Solutions, LP poses and Procedures Manual porting entity is certifying the foll a full credit analysis of the se intracted interest and principal on of ultimate payment of all coll as securities?	I of the NAIC Investigation of the NAIC Inve	ated) or "U" (unaffilia 3 agal Entity Identifie 0BULMG7PY8G4MG7C65 9300XV81PTBGKNG044 attment Analysis Office or each self-designate at or an NAIC CRP and principal. of each self-designate at or an include for the security in its legal capacity state insurance regi	r (LEI) SEC	Registered Windows	th Yes	Invest Manag Agree (IMA) DS DS	ment ement ment Filed
Control of the second s	entral Registration lepository Number 6699	Hartford Investmen Sixth Street Insur- irements of the Purp Insurements of the Purp Insurements of the Purp Insurements of the Purp Insurements of the Purp Insurement Insuremen	Name of Firm or Individual t Management Company ance Solutions, LP poses and Procedures Manual orting entity is certifying the foll a full credit analysis of the se intracted interest and principal on of ultimate payment of all coll securities? porting entity is certifying the foll January 1, 2018. I commensurate with the NAIC from the credit rating assigned by the insurer and available for	I of the NAIC Investigation of the NAIC Inve	ated) or "U" (unaffilia 3 agai Entity Identifie 0BULMG7PY8G4MG7C65 9300XV81PTBGKNG044 attment Analysis Office or each self-designate and principal. of each self-designate and principal. of each self-designate and principal.	r (LEI) SEC	Registered Windows	th Yes	Invest Manag Agree (IMA) DS DS	ment Filed
Ce Do 100 317	entral Registration lepository Number 6699	Hart ford Investmen Sixth Street Insur- irements of the Purp Inceessary to permit available. In is current on all cost an actual expectation of the spurchased prior to stitly is holding capital anation was derived to the set of the	Name of Firm or Individual t Management Company ance Solutions, LP coses and Procedures Manual porting entity is certifying the foll t a full credit analysis of the se intracted interest and principal on of ultimate payment of all cost securities? porting entity is certifying the foll January 1, 2018. I commensurate with the NAIC from the credit rating assigned by the insurer and available for to share this credit rating of th .GI securities?	I of the NAIC Investigation of the NAIC Investigation of the NAIC Investigation of the payments. C Designation report by an NAIC CRP for examination by the PL security with the properties of the payments of the payments. C Designation report of the payments of the pay	ated) or "U" (unaffilia 3 agal Entity Identifie 0BULMG7PY8G4MG7C65 9300XV81PTBGKNG044 attment Analysis Office or each self-designate or an NAIC CRP and principal. of each self-designate or an office of the security in its legal capacity state insurance regit the SVO. ying the following elected for the security and the security state in the security of the security in its legal of the s	r (LEI) SEC	Registered Wine Registered Wine Registered Wine Registered Wine Registered Wine Registered Wine Registered Registered Wine Registered Registere	th Yes	Invest Managray Agree (IMA) DS DS [X]	ment rement reme

GENERAL INTERROGATORIES

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

fe and	d Accident Health Companies/Fraternal Benefit Societies: Report the statement value of mortgage loans at the end of this reporting period for the following categories:		1 .
	1.1 Long-Term Mortgages In Good Standing		Amount
	1.11 Farm Mortgages	\$	
	1.12 Residential Mortgages	.\$	
	1.13 Commercial Mortgages	\$	
	1.14 Total Mortgages in Good Standing	\$	
	1.2 Long-Term Mortgages In Good Standing with Restructured Terms		
	1.21 Total Mortgages in Good Standing with Restructured Terms.	\$	
	1.3 Long-Term Mortgage Loans Upon which Interest is Overdue more than Three Months		
	1.31 Farm Mortgages	\$	
	1.32 Residential Mortgages	\$	
	1.33 Commercial Mortgages	\$	
	1.34 Total Mortgages with Interest Overdue more than Three Months	.\$	
	1.4 Long-Term Mortgage Loans in Process of Foreclosure		
	1.41 Farm Mortgages		
	1.42 Residential Mortgages	\$	
	1.43 Commercial Mortgages	\$	
	1.44 Total Mortgages in Process of Foreclosure	\$	
1.5	Total Mortgage Loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$	
1.6	Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter		
	1.61 Farm Mortgages	\$	
	1.62 Residential Mortgages	\$	
	1.63 Commercial Mortgages	\$	
	1.64 Total Mortgages Foreclosed and Transferred to Real Estate	\$	
2.	Operating Percentages:		
	2.1 A&H loss percent		9
	2.2 A&H cost containment percent		9
	2.3 A&H expense percent excluding cost containment expenses		9
3.1	Do you act as a custodian for health savings accounts?		Yes [] No [X]
3.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$	
3.3	Do you act as an administrator for health savings accounts?		Yes [] No [X]
3.4	If yes, please provide the balance of the funds administered as of the reporting date		
4.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes [X] No []
4.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of		
-4	domicile of the reporting entity?		Yes [] No []
5.1	al Benefit Societies Only: In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurances for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done?	Yes [] No [] N/A []
5.2	If no, explain:		
6.1	Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?		Yes [] No []
6.2	If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?		
	Date Outstanding Lien Amount		

Date	Outstanding Lien Amount

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to	Data

	Showing All New Reinsurance Treaties - Current Year to Date								
1	2	3 4	5	6	7	8	9	10 Effective	
NAIC Company	ID	Effective	Domicilian	Type of Reinsurance	Type of Business		Certified Reinsurer Rating	Date of Certified Reinsurer	
Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Rating	
	······								
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SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories

		Active	2	3 Appuits	Accident and Health Insurance Premiums, Including Policy,	Other	Total	Donosit To
1.	States, Etc.	Status (a)	Life Insurance Premiums	Annuity Considerations	Membership and Other Fees		Columns 2 Through 5	Deposit-Typ Contracts
2.	Alaska AL	N L						
3.	ArizonaAZ	N						
4.	Arkansas AR	<u>Ļ</u>						
5.	California	L						
6. 7.	Colorado	N						
8.	Connecticut							
9.	District of Columbia	L						
10.	FloridaFL	N						
11.	Georgia GA	NN						
12.	Hawaii HI	N						
13.	IdahoID	N						
14.	IllinoisIL	<u>F</u>						
15.	Indiana IN	L						
16. 17.	lowa IA Kansas KS	L						
17.		LN						
19.	Kentucky KY Louisiana LA	NN						
20.	Maine ME	NN						
21.	Maryland MD	NN.	<u> </u>					
22.	Massachusetts MA	L						
23.	Michigan MI	L						
24.	Minnesota MN	N						
25.	Mississippi MS	L	ļ	ļ				
26.	Missouri MO	N		ļ				
27.	Montana MT	N						
28. 29.	Nebraska	N	·····	·····				
29. 30.	New HampshireNH	LN						
31.	New JerseyNJ	N L						
32.	New Mexico NM	N						
33.	New York NY	N.						
34.	North CarolinaNC	NN						
35.	North DakotaND	N						
36.	Ohio OH	L						
37.	Oklahoma OK	N						
38.	Oregon OR	N						
39.	Pennsylvania PA	N						
40. 41.	Rhode Island RI	N						
41. 42.	South Carolina	NNNNNN						
43.	Tennessee	N						
44.	TexasTX	NI						
45.	Utah UT	l I						
46.	Vermont VT	N.						
47.	VirginiaVA	N						
48.	Washington WA	L						
49.	West Virginia WV	N						
50.	Wisconsin WI	N						
51.	Wyoming	N						
52. 53.	American Samoa	N						
53. 54.	Guam GU Puerto Rico PR	NNNNN						
54. 55.	U.S. Virgin IslandsVI	NNNNN						
56.	Northern Mariana Islands MP	NN.	1					
57.	Canada CAN	N.						
58.	Aggregate Other Aliens OT	XXX						
59.	Subtotal	XXX						
90.	Reporting entity contributions for employee benefits							
91.	plans Dividends or refunds applied to purchase paid-up	XXX	····	····				
J 1.	additions and annuities	XXX						
92.	Dividends or refunds applied to shorten endowment							
03	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						
96.	Plus Reinsurance Assumed	XXX						
97	Totals (All Business)	XXX						
98.	Less Reinsurance Ceded	XXX						
99.	Totals (All Business) less Reinsurance Ceded	XXX						
004	DETAILS OF WRITE-INS	1001						
001. 002.		XXX	<u> </u>	t				
002.		XXX	l	t		 		·····
	Summary of remaining write-ins for Line 58 from	XXX	<u> </u>	t	····	 	·····	<u> </u>
	overflow page	XXX					ļ	
999.	Totals (Lines 58001 through 58003 plus							
104	58998)(Line 58 above)	XXX						
101.		XXX	<u> </u>	 				
102.		XXX	ł	 	 	 	 	
103. 198.	Summary of remaining write-ins for Line 94 from	XXX	<u> </u>	<u> </u>	}	 	 	<u> </u>
·30.	overflow page	XXX						************
199.	Totals (Lines 9401 through 9403 plus 9498)(Line							
	94 above)	XXX						
	e Status Counts:							

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

Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	NAIC Company Code	ID Number	Directly Controlled By	Ownership Percentag
Alan Waxman (member of TAO Insurance Holdings, LLC)					
Sixth Street Advisers, LLC	DE		45-2553330	Ultimate Indirect control by Alan Waxman	i i
Sixth Street TAO Management, LLC	DE		90-1019036	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2
Sixth Street Insurance GP Holdco, LLC	DE				f
Sixth Street Insurance Solutions, L.P.	DE		87-0910021		
Cadence ALM GP Holdco, LLC	DE		87-0910936	Ultimate Indirect control by Alan Waxman	
Cadence ALM US, L.P.	DE		86-2807598		8
Cadence Services US, LLC	DE		86-2807499	6.	
Anthony Michael Muscolino (managing member of TAO Insurance Holdings, LLC)	() () () () () () () ()		3		
TAO Insurance Holdings, LLC ²	DE		86-1594781		
TAO Sutton Holdings, LLC ²³	CYM		98-1578722	TAO Insurance Holdings, LLC	100%
Talcott Financial Group Investments, LLC	BMU			TAO Sutton Holdings, LLC	100%
Talcott Financial Group, Ltd.	BMU			Talcott Financial Group Investments, LLC.	100%
Talcott Re FinCo, Ltd.	BMU			Talcott Financial Group, Ltd.	100%
Talcott Re Holdings, Ltd.	BMU			Talcott Re FinCo, Ltd.	100%
Talcott Life Re, Ltd.	BMU		98-1625692	Talcott Re Holdings, Ltd.	100%
Talcott Life & Annuity Re, Ltd.	CYM			Talcott Re Holdings, Ltd.	100%
Sutton Cayman Holdings, Ltd.	CYM	1		Talcott Re Holdings, Ltd.	100%
Talcott Financial Group GP, LLC	DE		86-1856539	Talcott Financial Group, Ltd.	100%
Talcott Holdings, L.P.	DE		82-3930622	Talcott Financial Group GP, LLC	100%
Talcott Acquisition, Inc.	DE		82-3950446	Talcott Holdings, L.P.	100%
Talcott Resolution Life, Inc.	DE		06-1470915	Talcott Acquisition, Inc.	100%
Talcott Administration Services Company, LLC	DE		45-4036343	Talcott Resolution Life, Inc.	100%
LIAS Administration Fee Issuer LLC	DE		3	Talcott Administration Services Company, LLC	100%
TR Re Ltd.	BMU			Talcott Resolution Life, Inc.	100%
Talcott Resolution Life Insurance Company	CT	88072	06-0974148	TR Re, Ltd.	100%
Talcott Resolution Life and Annuity Insurance Company	CT	71153	39-1052598	Talcott Resolution Life Insurance Company	100%
Talcott Resolution Distribution Company, Inc.	CT		06-1408044	Talcott Resolution Life and Annuity Insurance Company	100%
Talcott Resolution Comprehensive Employee Benefit Service Company	CT	0.000001	06-1120503	Talcott Resolution Life and Annuity Insurance Company	100%
American Maturity Life Insurance Company	CT		06-1422508	Talcott Resolution Life Insurance Company	100%
Talcott Resolution International Life Reassurance Corporation	CT	93505	06-1207332	Talcott Resolution Life Insurance Company	100%
21 Church Street R, LLC	DE		83-2918805	Talcott Resolution Life Insurance Company	100%

¹ Pursuant to the operating agreement of TAO Insurance Holdings, LLC, Alan Waxman, as a member of TAO Insurance Holdings, LLC, has the authority to appoint the managing member of TAO Insurance Holdings, LLC and has appointed A. Michael Muscolino.

² TAO Insurance Holdings, LLC is the managing member of TAO Sutton Parent, LLC, which in turn is a non-voting member of TAO Sutton Holdings, LLC. Sixth Street TAO Partners (A), L.P., Sixth Street TAO Partners (B), L.P., Sixth Street TAO Partners (C), L.P., Sixth Street TAO Partners (D), L.P., Sixth Street TAO Partners (E), L.P., Sixth Street TAO Partners (F), L.P., Sixth Stree

³ In addition to Sixth Street TAO, certain investers ("Co-Investors") invested in the Domestic Insurers outside of Sixth Street TAO. All Co-Investors are passive investors and do not own any voting securities of the Domestic Insurers or of any of the other entities in this organizational chart and do not have the ability to appoint directors of Sutton Investments, LLC or the Domestic Insurers.

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
											Type	If			
											of Control	Control		ļ ļ	
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
				KSSD	CIK	international)			,					(/	
4926	Talcott Holdings Grp	00000	86-1856539				Talcott Financial Group GP, LLC	DE	UIP	Talcott Financial Group, Ltd.	Ownership	100.000	A. Michael Muscolino/Alan Waxman A. Michael Muscolino/Alan Waxman	NO NO	
	Talcott Holdings Grp	00000	82-3930622 82-3950446				Talcott Holdings, LP	DE		Talcott Financial Group GP, LLC	Ownership	100.000	A. Michael Muscolino/Alan Waxman	NO NO	
	Talcott Holdings Grp	00000	06-1470915		0001032204		Talcott Resolution, Inc.	DE		Talcott Holdings, LP	Ownership	100.000	A. Michael Muscolino/Alan Waxman	NO	
	Talcott Holdings Grp	88072	06-0974148		0001032204		Talcott Resolution Life, Inc.	DE		Talcott Acquisition, Inc.	Ownership	100.000	A. Michael Muscolino/Alan Waxman	NO NO	
	Talcott Holdings Grp		06-0974146		0000045947		American Maturity Life Insurance Company	CT		Talcott Resolution Life Insurance Company	Ownership	100.000	A. Michael Muscolino/Alan Waxman	NO	
4920	raicott nordings dip	01213	00-1422006				Talcott Resolution International Life		IA	Tarcott Resolution Life Insurance Company .	owner srrp	100.000	A. Wichael Muscollho/Alan Waxman		
4926	Talcott Holdings Grp	93505	06-1207332				Reassurance Corporation	CT	RE.	Talcott Resolution Life Insurance Company	Ownership	100.000	A. Michael Muscolino/Alan Waxman	NO	
	Talcott Holdings Grp	00000	83-2918805				21 Church Street R. LLC	DF		Talcott Resolution Life Insurance Company	Ownership	100.000	A. Michael Muscolino/Alan Waxman	NO	
	Tarcott Horarings dip	90000	00 23 10003				Talcott Resolution Life and Annuity Insurance			Tarout headration fire mananee company .	Owner strip	100.000	A. WICHACI WASCOTTIO/ATAIT WAXIIAIT		
4926	Talcott Holdings Grp	71153	39-1052598				Company	CT	IΔ	Talcott Resolution Life Insurance Company	Ownership	100.000	A. Michael Muscolino/Alan Waxman	NO	
020	Tarout nordings dip	1100	00 1002000				Talcott Resolution Comprehensive Employee			Talcott Resolution Life and Annuity	owner drip		7. WIGHE WAS CONTROL WAS MADE TO THE STATE OF THE STATE O		
4926	Talcott Holdings Grp	00000	06-1120503				Benefit Service Company	CT	NIA	Insurance Company	Ownership.	100.000	A. Michael Muscolino/Alan Waxman	YES	
020	Taract range are						Donor Control Company			Talcott Resolution Life and Annuity			The state of the s		
4926	Talcott Holdings Grp	00000	06-1408044		0000940622		Talcott Resolution Distribution Company	CT	NIA	Insurance Company	Ownership	100.000	A. Michael Muscolino/Alan Waxman	YES	
														.	

		1			1									1	1

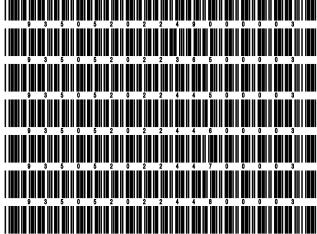
Asterisk	Explanation	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4.	domicile and electronically with the NAIC?	NO
5.	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?	NO
6.	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?	NO
7.	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?	NO
8.	Will the Life PBR Statement of Exemption be filed with the state of domicile by July 1st and electronically with the NAIC with the second quarterly filing per the Valuation Manual (by August 15)? (2nd Quarter Only) The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
	AUGUST FILING	
9.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
	Explanation:	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
	Bar Code:	
1.	Trusteed Surplus Statement [Document Identifier 490]	
2.	Medicare Part D Coverage Supplement [Document Identifier 365]	0 0 3

- Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
- Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447] 5.
- Reasonableness and Consistency of Assumptions Certification required by 6. Actuarial Guideline XXXVI [Document Identifier 448]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]



NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impailment reducitied		
8.	Deduct current year's depreciation		
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)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	wortgage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
			December 31
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		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in lest parameter and symitmen lessees		
9.	Total foreign exchange change in book value/recorded investment excurse accrued atterest		
10.	Deduct current year's other than temporary impairment recognized		
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 Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	y	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
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)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	11,371,435	5,770,240
2.	Cost of bonds and stocks acquired	5,623,179	5,649,510
3.	Accrual of discount	4,688	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(157)	
6.	Deduct consideration for bonds and stocks disposed of	5,710,513	
7.	Deduct amortization of premium	46 , 160	54,141
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	11,242,471	11,371,435
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	11,242,471	11,371,435

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation.

Duning	the Current Quarter fo							
	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying Value	Book/Adjusted	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
	Beginning	During	Dispositions During	During During	End of	Carrying Value End of	End of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
×								
BONDS								
4 NAIO 4 (-)	5,742,915	5,498,066		1.490	11,349,220	5,742,915	11,242,472	11,371,435
1. NAIC 1 (a)		5,490,000		1,490	11,349,220		11,242,472	11,3/1,433
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	5,742,915	5,498,066		1,490	11,349,220	5,742,915	11,242,472	11,371,435
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	5,742,915	5,498,066		1,490	11,349,220	5,742,915	11,242,472	11,371,435

١	D 1 /A	J		. 6 (1)	and the determinant of the control o		The state of the state of the NIAIO state of	
ı	BOOK/A	diusted Carryino	g value column for the end	ot the current reporting t	period includes the following	g amount of short-term and cash e	duivalent bonds by NAIC desi	.anation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

-		Snort-	i erm in	ivestments	S			
		1		2		3	4	5 Paid for
	 Bo Ca	/Adju ing ue		P		Actual Cost	Interest Collected Year-to-Date	Accrued Interest Year-to-Date
770999999 Totals				××				

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of short-term investments acquired		5,698,673
3.	Accrual of discount		1,327
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		5,700,000
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)		
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open NONE

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

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(Odon Equivalents)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	756,223	6,068,260
2.	Cost of cash equivalents acquired	191,322	187,692
3.	Accrual of discount		361
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	90	5,500,090
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)	947,455	756,223
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	947,455	756,223

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **N O N E**

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 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**

SCHEDULE D - PART 3

	Show All L	Long-Term Bonds and Stock Acquired During the Current Quarter				
3	4	5	6	7	8	9
		ļ ,				
		ļ ,				
		ļ ,				
		ļ ,				

CUSIP	Description	Familia	Date	Name of Vander	Number of Shares of	Astual Cost	Para Volta	Paid for Accrued Interest and	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative
Identification 91282C-EX-5	Description TREASURY NOTE	Foreign	Acquired 07/07/2022	Name of Vendor	Stock	Actual Cost 5,498,066	Par Value 5,500,000	Dividends 3.587	Symbol
* · = · = · · · · · · · · · · · · · · ·	ubtotal - Bonds - U.S. Governments			OTHER WORLD WITHOUT CO. THE		5,498,066	5,500,000	3.587	XXX
2509999997. To	otal - Bonds - Part 3					5,498,066	5,500,000	3,587	XXX
	otal - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999. To						5,498,066	5,500,000	3,587	XXX
	otal - Preferred Stocks - Part 3						XXX		XXX
	otal - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
	otal - Preferred Stocks						XXX		XXX
	otal - Common Stocks - Part 3					1001	XXX	1001	XXX
	otal - Common Stocks - Part 5					XXX	XXX	XXX	XXX
	otal - Common Stocks otal - Preferred and Common Stocks						XXX XXX		XXX
5999999999. 10	otal - Preferred and Common Stocks	1		<u> </u>			^^^		^^^
			· · · · · · · · · · · · · · · · · · ·						
6009999999 - T	Totals					5.498.066	XXX	3,587	XXX
0009999999	บเตอ					3,490,000	/V/\	3,301	

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

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

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances Book Balance at End of Each Month During Current Quarter Amount of Amount of Interest Received During Current Interest Accrued at Current Rate of Statement Date Depository Quarter Code Interest First Month Second Month Third Month Bank of America .. New York, NY ..0.000 .38,690 .38,690 .38,690 .XXX JP Morgan Chase Bank N.A JP Morgan Chase Bank N.A 0199998. Deposits in ... New York, NY ..0.000 .56,896 55,540 55,540 XXX. ..0.000 .93,717 (89)XXX exceed the allowable limit in any one depository (See instructions) - Open Depositories XXX XXX XXX 0199999. Totals - Open Depositories XXX XXX 189,303 94,141 94,231 XXX 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories XXX XXX XXX 0299999. Totals - Suspended Depositories XXX XXX XXX 94,231 189,303 94,141 0399999. Total Cash on Deposit XXX XXX XXX 0499999. Cash in Company's Office XXX XXX XXX XXX XXX

XXX XXX

0599999. Total - Cash

189,303

94,141

94,231 XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

	Show Investm	ients Ov	vned End of Current	t Quarter				
1	2	3	4	5	6	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0109999999.7	otal - U.S. Government Bonds							
0309999999. 7	otal - All Other Government Bonds							
0509999999. 7	otal - U.S. States, Territories and Possessions Bonds							
	otal - U.S. Political Subdivisions Bonds							
0909999999. 7	otal - U.S. Special Revenues Bonds							
1109999999.7	otal - Industrial and Miscellaneous (Unaffiliated) Bonds							
	otal - Hybrid Securities							
1509999999.7	otal - Parent, Subsidiaries and Affiliates Bonds							
	Subtotal - Unaffiliated Bank Loans							
	otal - Issuer Obligations							
2429999999. 7	otal - Residential Mortgage-Backed Securities							
2439999999. 7	otal - Commercial Mortgage-Backed Securities							
	otal - Other Loan-Backed and Structured Securities							
	otal - SVO Identified Funds							
	otal - Affiliated Bank Loans							
	otal - Unaffiliated Bank Loans							
2509999999. 7								
	JPM US GOVT MM - CP		08/31/2022	0.000		947,456		3,800
	subtotal - All Other Money Market Mutual Funds					947,456		3,800
					·····			
					·····			
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860999999	Total Cash Equivalents					947,456		3,800