



**DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS AND PROFESSIONAL REGISTRATION**

P.O. Box 690, Jefferson City, Mo. 65102-0690

ORDER

After full consideration and review of the report of the financial examination of Healthy Alliance Life Insurance Company for the period ended December 31, 2017 together with any written submissions or rebuttals and any relevant portions of the examiner's workpapers, I, Chlora Lindley-Myers, Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration pursuant to section 374.205.3(3)(a), RSMo, adopt such examination report. After my consideration and review of such report, workpapers, and written submissions or rebuttals, I hereby incorporate by reference and deem the following parts of such report to be my findings and conclusions to accompany this order pursuant to section 374.205.3(4), RSMo: summary of significant findings, company history, corporate records, management and control, territory and plan of operation, reinsurance, accounts and records, financial statements, examination changes, comments on financial statements, subsequent events, and summary of recommendations.

Based on such findings and conclusions, I hereby ORDER that the report of the financial examination of Healthy Alliance Life Insurance Company as of December 31, 2017 be and is hereby ADOPTED as filed and for Healthy Alliance Life Insurance Company to take the following action or actions, which I consider necessary to cure any violation of law, regulation or prior order of the Director revealed by such report: (1) account for its financial condition and affairs in a manner consistent with the Director's findings and conclusions.

So ordered, signed and official seal affixed this 17th day of July, 2019.

Chlora Lindley-Myers

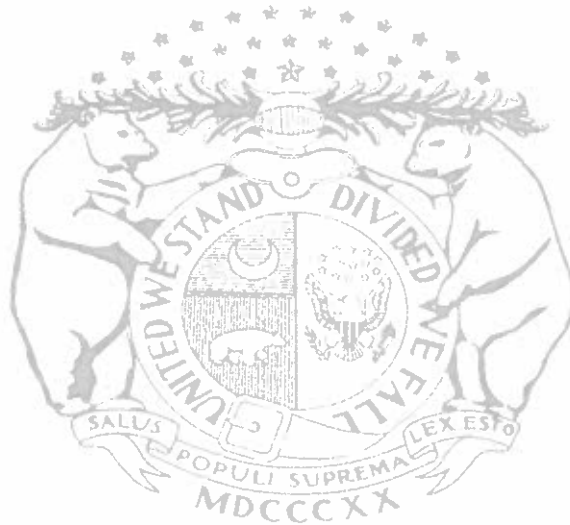
Chlora Lindley-Myers, Director
Department of Insurance, Financial Institutions
and Professional Registration



FILED
JUL 29 2019
DIRECTOR OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION

REPORT OF
FINANCIAL EXAMINATION
**HEALTHY ALLIANCE LIFE
INSURANCE COMPANY**

AS OF DECEMBER 31, 2017



STATE OF MISSOURI
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS
AND PROFESSIONAL REGISTRATION

JEFFERSON CITY, MISSOURI

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May 9, 2019
St. Louis, MO

Honorable Chlora Lindley-Myers, Director
Missouri Department of Insurance, Financial
Institutions and Professional Registration
301 West High Street, Room 510
Jefferson City, MO 65101

Director Lindley-Myers:

In accordance with your financial examination warrant, a comprehensive financial examination has been made of the records, affairs and financial condition of

HEALTHY ALLIANCE LIFE INSURANCE COMPANY

hereinafter also referred to as "HALIC" or the "Company." The Company's main office is located at 1831 Chestnut Street, St. Louis, MO 63103; phone number (314) 923-4444. Examination fieldwork began on March 5, 2018, and concluded on the above date.

SCOPE OF EXAMINATION

Period Covered

We have performed a multi-state examination of HALIC. The last examination of HALIC was completed as of December 31, 2013. This examination covers the period from January 1, 2014 through December 31, 2017. This examination also includes material transactions or events occurring subsequent to December 31, 2017.

Procedures

We conducted our examination in accordance with the National Association of Insurance Commissioners (NAIC) Financial Condition Examiners Handbook (Handbook), except where practices, procedures and applicable regulations of the Department of Insurance, Financial Institutions and Professional Registration (Department or DIFP) or statutes of the state of Missouri prevailed. The Handbook requires that we plan and perform the examination to evaluate the financial condition, assess corporate governance, identify current and prospective risks of the Company and evaluate system controls and procedures used to mitigate those risks. An examination also includes identifying and evaluating significant risks that could cause an insurer's surplus to be materially misstated both currently and prospectively.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This includes assessing significant estimates made by management and evaluating management's compliance with Statutory Accounting Principles. The examination does not attest to the fair presentation of the financial statements included herein. If, during the course of the examination an adjustment is identified, the impact of such adjustment will be documented

separately following the Company's financial statements. Key activities identified were Investments, Premiums and Underwriting, Claims and Reserves, Capital and Surplus, General Expenses, Taxes, Related Parties, Other Assets and Other Liabilities.

This examination was conducted as part of a coordinated examination of the Anthem, Inc. Group, which consists of 57 insurance companies domiciled in numerous states. The Indiana Department of Insurance is the lead state regulator for the group. The examination was also conducted concurrently with the examinations of the Company's Missouri domiciled affiliates, HealthLink HMO, Inc. and HMO Missouri, Inc.

This examination report includes significant findings of fact, as mentioned in Section 374.205 RSMo (Examination, director may conduct, when...) and general information about the insurer and its financial condition. There may be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), are not included within the examination report but were separately communicated to other regulators or the Company.

SUMMARY OF SIGNIFICANT FINDINGS

There were no significant findings resulting from the examination.

COMPANY HISTORY

General

The Company was formed in January 1992 as a subsidiary of Blue Cross and Blue Shield of Missouri (BCBSMO). On June 5, 1992, BCBSMO purchased American Transcontinental Life Insurance Company, an Arizona-domiciled life and health insurance company, which changed its name to Healthy Alliance Life Insurance Company. In November 1992, Healthy Alliance Life Insurance Company (MO) and Healthy Alliance Life Insurance Company (AZ) merged. The Missouri-domiciled entity remained as the surviving entity.

On August 1, 1994, the outstanding shares of Healthy Alliance Life Insurance Company were transferred to RightCHOICE Managed Care, Inc. (RightCHOICE), a newly-formed, publicly-traded subsidiary of BCBSMO.

On April 22, 1998, the Department and RightCHOICE agreed to dissolve BCBSMO. BCBSMO's RightCHOICE shares were transferred to the Missouri Foundation for Health, a non-profit health care foundation.

Under an agreement dated March 14, 2000, the Company assumed all in-force insurance contracts issued or underwritten by BCBSMO. The corresponding transfer of assets and liabilities occurred in November 2000.

On January 16, 2002, the Department approved the acquisition of RightCHOICE by WellPoint Health Networks, Inc. (WellPoint). On March 8, 2004, the Department approved the acquisition of WellPoint by Anthem, Inc. (Anthem), effective November 30, 2004.

Dividends

The following dividends were paid during the current examination period. The dividend paid in 2014 was deemed extraordinary and was approved by the Department. The remaining dividends were deemed ordinary with no approval required.

<u>Year</u>	<u>Amount</u>
2014	\$ 100,000,000
2015	110,700,000
2016	105,200,000
2017	<u>144,900,000</u>
Total	<u>\$ 460,800,000</u>

Acquisitions, Mergers and Major Corporate Events

On August 5, 2014, the Department approved the merger of the Company and RightCHOICE Insurance Company, an Illinois-domiciled stock life insurance company with no active business. Both companies were direct subsidiaries of RightCHOICE. The transaction was accounted for as a statutory merger with the Company remaining as the surviving entity. No material adjustments were made directly to surplus as a result of the merger.

In February 2015, Anthem announced that it had been targeted in a sophisticated cyber-attack. Attackers gained unauthorized access to certain of Anthem's information technology systems, obtaining personal information related to subscribers and employees. In December 2016, the NAIC concluded a multi-state targeted market conduct and financial examination regarding the cyber-attack. No fines or penalties were imposed as a result of the examination. Following the filing of actions in various federal and state courts, in June 2015 the Judicial Panel on Multidistrict Litigation entered an order transferring the consolidated matter to the U.S. District Court for the Northern District of California. In August 2017, the U.S. District Court for the Northern District of California issued an order of preliminary approval for a settlement agreed to by Anthem and the plaintiffs. The settlement included a total payment of \$115 million and certain non-monetary relief.

In July 2015, Anthem and Cigna Corporation (Cigna) announced that they had entered into a merger agreement under which Anthem would acquire all outstanding shares of Cigna. In July 2016, the U.S. Department of Justice, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia (District Court) seeking to block the merger. In April 2017, the U.S. Circuit Court of Appeals for the District of Columbia affirmed the ruling of the District Court blocking the merger. In May 2017, after the Delaware Court of Chancery denied Anthem's motion to enjoin Cigna from terminating the merger agreement, Anthem delivered notice to Cigna terminating the merger agreement.

CORPORATE RECORDS

The Articles of Incorporation and the Bylaws were reviewed. There were no changes to the Articles of Incorporation or the Bylaws during the current examination period.

The minutes of the meetings of the shareholder and the Board of Directors were reviewed. The minutes appeared to properly support the approval of major corporate transactions and events for the period under examination.

MANAGEMENT AND CONTROL

Board of Directors

Management of the Company is vested in a Board of Directors consisting of nine (9) members. The directors elected and serving at year-end 2017 were as follows.

<u>Name and Address</u>	<u>Affiliation</u>
Carter Allen Beck Manchester, NH	Senior Vice President and Counsel Anthem, Inc.
Catherine Irene Keleghan St. Louis, MO	Vice President and Counsel Anthem, Inc.
Ronald William Penczek Indianapolis, IN	Senior Vice President and Chief Accounting Officer Anthem, Inc.
Jennifer Lynn Forsythe St. Louis, MO	Assistant Secretary Healthy Alliance Life Insurance Company
Kathleen Susan Keifer Indianapolis, IN	Vice President, Assistant Secretary and Counsel Anthem, Inc.
Jay Harry Wagner Carmel, IN	Associate General Counsel Anthem, Inc.
Ruth Meyer Hollenback St. Louis, MO	Vice President Anthem, Inc.
Swati Sihag Mathai Greenwich, CT	Vice President Anthem, Inc.
Amadou Yattassaye St. Louis, MO	President Healthy Alliance Life Insurance Company

Officers

Officers of the Company elected and serving at year-end 2017 were as follows:

<u>Name</u>	<u>Office</u>
Amadou Yattassaye	President
Kathleen Susan Kiefer	Secretary
Vincent Edward Scher	Treasurer
Ronald William Penczek	Chief Financial Officer
Jennifer Lynn Forsythe	Assistant Secretary
Eric Kenneth Noble	Assistant Treasurer

Committees

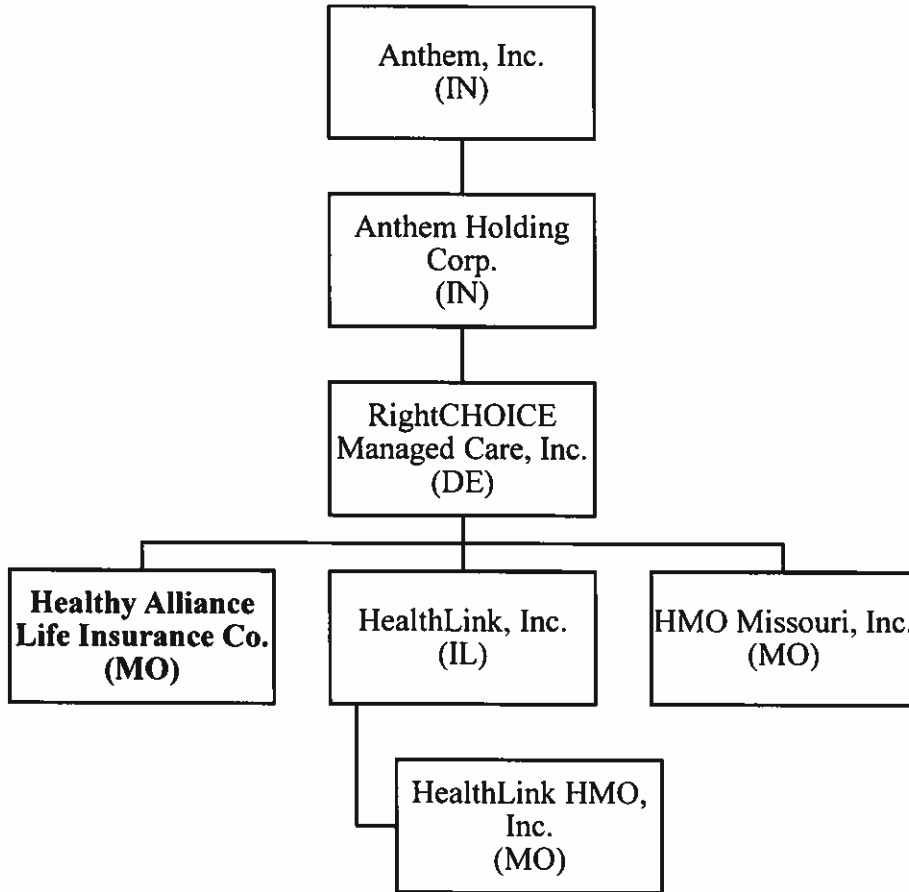
There are no committees of the Company’s Board of Directors. However, the parent, Anthem, Inc., has committees that review and approve transactions that are applicable to all insurers in the Anthem Inc. Group, including HALIC. The following committees of the Anthem, Inc. Board of Directors were active, as of December 31, 2017: Audit Committee, Compensation Committee, and Governance Committee.

Holding Company, Subsidiaries and Affiliates

The Company is a member of an insurance holding company system as defined by Section 382.010 RSMo (Definitions). The ultimate controlling entity in the insurance holding company system is Anthem, Inc., a publicly-held corporation headquartered in Indianapolis, Indiana. Anthem, Inc.’s common stock trades on the New York Stock Exchange. Per Anthem, Inc.’s 2018 proxy statement, no individual owned ten percent or more of its common stock.

Organizational Chart

The following is an abridged organizational chart depicting the insurance holding company system at year-end 2017. All subsidiaries are wholly-owned unless otherwise noted.



Affiliated Transactions

As of December 31, 2017, the Company was party to the following intercompany agreements.

Guarantee and Conversion Agreement

- Parties:** The Company and Anthem
- Effective:** November 30, 2004
- Terms:** Anthem guarantees the obligations of the Company. In the event that the Company ceases operations, Anthem or one of its licensed affiliates will provide coverage to the Company’s policyholders without consideration of health status. The Agreement remains in effect until terminated. The Department must be given thirty days prior written notice of termination. There were no fees associated with the Agreement during the current examination period.

Amended and Restated Master Administrative Services Agreement

Parties: Anthem and its subsidiaries including the Company, HMO Missouri, Inc. (HMO MO) and HealthLink HMO, Inc. (HealthLink)

Effective: January 1, 2003

Terms: RightCHOICE and its Missouri domestic insurance subsidiaries, including the Company, HMO MO and HealthLink receive and provide administrative services to each other, as well as to Anthem and its subsidiaries. Employees of Anthem and its subsidiaries provide administrative services on behalf of the Company. Service fees are based on direct cost, if determinable. If direct cost is not determinable, an appropriate allocation methodology is used.

Stop-Loss Coverage Agreement

Parties: The Company and HMO MO

Effective: April 11, 2002

Terms: The Company will provide stop loss coverage to certain administrative services-only clients of HMO MO as required under the administrative services agreements between HMO MO and plan sponsors. Rates for the stop-loss coverage are based on the underwriting principles used by Healthy Alliance in setting premiums for similar products.

Out of Network Agreement

Parties: The Company and HMO MO

Effective: January 15, 1997

Terms: The Company agrees to provide out of network coverage to enrollees of HMO MO choosing an out of network or point-of-service option. HMO MO is to pay the Company a per member per month (PMPM) amount determined quarterly on the basis of underwriting and actuarial standards and guidelines utilized by the parties. The PMPM amount is multiplied by the total number of enrolled members on the fifteenth day of the month for which payment is being made to determine the amount payable to Healthy Alliance.

Consolidated Federal Income Tax Agreement

Parties: Anthem and its subsidiaries, including the Company, HealthLink and HMO MO

Effective: December 31, 2005

Terms: This agreement established a method for allocating the consolidated tax liability of the affiliated group among its members, for reimbursing the parent for payment, for compensating any party for use of its tax losses or tax credits, and to provide for the allocation and payment of any refund arising from a carryback of losses or tax credit for subsequent years. Such payments of reimbursement or compensation shall be no earlier than ten days before, and no later than thirty days after, the dates on which such payments would be due to the federal government if separate returns had been filed. The agreement was in effect for tax year 2005 and for each subsequent year until terminated. The Company incurred \$106.9 million in federal income tax expense in 2017.

Cash Concentration Agreement

Parties: Anthem and its subsidiaries, including the Company, HealthLink and HMO MO

Effective: October 1, 2009

Terms: The Agreement establishes the designation of a Cash Manager defined as “Anthem or any Affiliate handling the receipt or disbursement of funds on behalf of one or more Affiliates.” The Cash Manager accepts the receipt of premiums, administrative expense reimbursements and other revenue and makes benefit, payroll, general administrative expense reimbursements and other accounts payable payments on behalf of Affiliates. Intercompany payables and receivables are established to record the transaction. Cash Managers are reimbursed for the direct and indirect costs, including overhead, associated with the Agreement.

TERRITORY AND PLAN OF OPERATIONS

The Company is licensed in Missouri under Section 376 RSMo (Life, Health and Accident Insurance Laws) and is also licensed in the state of Kansas. Virtually all of the Company’s business is written in Missouri, concentrated in the St. Louis area market. HALIC is the largest health insurer in the state of Missouri.

Products underwritten by the Company are marketed as Alliance Blue Cross Blue Shield. These products include: preferred provider organization (PPO) products branded as Alliance, AllianceCHOICE and HealthNet Blue; managed indemnity and short-term medical products; and Medicare Supplement products. HALIC also provides stop-loss coverage for self-insured groups.

As a Blue Cross Blue Shield licensee, the Company participates in the Federal Employees’ Program (FEP) and the BlueCard program. FEP is a nationwide contract with the Federal Office of Personnel Management to provide health benefits to federal employees and their dependents. The BlueCard program allows members travelling or residing in another Blue Cross Blue Shield Plan’s service area to access needed health care services through local Blue Cross Blue Shield Plan providers.

REINSURANCE

General

The Company uses reinsurance to facilitate the administration of a statewide insurance program. Premiums reported during the current examination period were as follows. All amounts are reported in thousands (\$000).

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Direct Premiums Written	\$ 1,860,840	\$ 1,808,155	\$ 1,950,997	\$ 2,645,405
Reinsurance Ceded	<u>(1,788)</u>	<u>(1,268)</u>	<u>(1,166)</u>	<u>(36)</u>
Net Premiums Written	<u>\$ 1,859,052</u>	<u>\$ 1,806,887</u>	<u>\$ 1,949,831</u>	<u>\$ 2,645,369</u>

Ceded

Under an agreement that became effective July 1, 2003, the Company cedes its liability for the Missouri Educator Health Program (MEHP) business written in western Missouri to Blue Cross and Blue Shield of Kansas City (BCBSKC). MEHP was formerly known as the Missouri State Teachers' Association (MSTA). The Company administers the business and remits to BCBSKC premiums collected net of commissions, claims, medical expenses and administrative fees.

ACCOUNTS AND RECORDS

Independent Accountant

For the period under examination, the Company’s financial statements were audited by the certified public accounting firm Ernst & Young LLP. The 2017 audit workpapers were reviewed and used in the course of the examination as deemed appropriate.

Actuarial Opinion

On May 31 2016, an Anthem employee, Keith McDaniel, FSA, MAAA, was appointed to review and certify the claims-related reserves and other actuarial items. Mr. McDaniel found the claims-related reserves and other actuarial items to be adequately stated.

FINANCIAL STATEMENTS

The following financial statements are based on the statutory financial statements filed by the Company with the Department and present the financial condition of the Company for the period ending December 31, 2017. The accompanying comments on financial statements reflect any examination adjustments to the amounts reported in the financial statements and should be considered an integral part of the Annual Statement.

There may have been additional differences found in the course of this examination, which are not shown in the “Comments on Financial Statements.” These differences were determined to be immaterial in relation to the financial statements, and therefore were only communicated to the Company and noted in the workpapers for each individual Annual Statement item.

ASSETS
As of December 31, 2017

	Assets	Nonadmitted Assets	Net Admitted Assets
Bonds	\$ 554,584,946	\$ -	\$ 554,584,946
Preferred stocks	1,672,525	-	1,672,525
Cash and cash equivalents	35,944,861	-	35,944,861
Other invested assets	76,326,541	-	76,326,541
Investment income due and accrued	3,691,325	-	3,691,325
Uncollected premiums	99,591,601	2,033,586	97,558,015
Deferred premiums	50,974,168	-	50,974,168
Accrued retrospective premiums	2,298,668	-	2,298,668
Amounts recoverable from reinsurers	2,229,738	-	2,229,738
Amounts receivable relating to uninsured plans	71,845,755	2,265,260	69,580,495
Current federal income tax recoverable	1,475,179	-	1,475,179
Net deferred tax asset	15,265,076	2,835,442	12,429,634
Guaranty funds receivable or on deposit	2,556,870	-	2,556,870
Furniture and equipment	7,356,917	7,356,917	
Health care receivable	18,262,181	6,996,128	11,266,053
FEP assets held by agent	83,979,505	-	83,979,505
Investment in corporate owned life insurance	77,439,378	-	77,439,378
Other miscellaneous receivables	2,831,146	798,732	2,032,414
Premium tax receivable	1,015,335	-	1,015,335
Prepaid expenses	129,637	129,637	-
Total Assets	<u>\$ 1,109,471,352</u>	<u>\$ 22,415,702</u>	<u>\$ 1,087,055,650</u>

LIABILITIES, CAPITAL AND SURPLUS
As of December 31, 2017

Claims unpaid	\$ 230,801,650
Accrued medical incentive pool and bonus amounts	6,846,500
Unpaid claims adjustment expenses	7,177,247
Aggregate health policy reserves	186,987,248
Aggregate life policy reserves	49,368
Aggregate health claim reserves	390,545
Premiums received in advance	29,965,034
General expenses due or accrued	15,009,240
Amounts withheld or retained for the account of others	842,229
Remittances and items not allocated	52,399,653
Amounts due to parent, subsidiaries and affiliates	4,481,888
Derivatives	4,716,616
Liability for amounts held under uninsured plans	17,974,187
Cost sharing reduction liability	16,929,093
BlueCard liability	6,597,273
Funds awaiting escheatment	5,792,653
Miscellaneous liability	4,701,868
Other premium liability	4,346,250
Performance guaranty liability	961,110
FEP contract redetermination liability	398,875
Deposit-type contracts payable	290,214
Total Liabilities	\$ 597,658,741
Estimated ACA health insurer fee	47,364,943
Common capital stock	2,500,000
Gross paid in and contributed surplus	97,706,951
Unassigned funds (surplus)	341,825,015
Total Capital and Surplus	\$ 489,396,909
Total Liabilities, Capital and Surplus	<u>\$ 1,087,055,650</u>

STATEMENT OF REVENUES AND EXPENSES
For the year ending December 31, 2017

Member months	9,874,042
Net premium income	\$ 2,645,368,837
Change in unearned premium reserves and reserve for rate credits	<u>(78,429,797)</u>
Total revenues	\$ 2,566,939,040
Hospital/medical benefits	1,202,449,986
Other professional services	119,953,717
Outside referrals	61,449,479
Emergency room and out-of-area	244,260,499
Prescription drugs	408,028,771
Incentive pool, withhold adjustments and bonus amounts	11,661,653
Net reinsurance recoveries	<u>(1,272,348)</u>
Total hospital and medical	\$ 2,046,531,757
Non-health claims (net)	2,673
Claims adjustment expenses	63,478,044
General administrative expenses	175,491,468
Increase in reserves for life and accident and health contracts	<u>(2,020,280)</u>
Total underwriting deductions	\$ 2,283,483,662
Net underwriting gain	283,455,378
Net investment income earned	16,748,878
Net realized capital gains	<u>866,907</u>
Net investment gains	\$ 17,615,785
Net loss from agents' or premium balances charged off	(37,860)
Other income	162,033
Net income (pre-tax)	301,195,336
Federal and foreign income taxes incurred	<u>106,896,583</u>
Net income	<u>\$ 194,298,753</u>

RECONCILIATION OF SURPLUS
As of December 31, 2017

	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
Capital and surplus, prior year	\$ 420,420,252	\$ 379,631,135	\$ 397,825,012	\$ 380,787,612
Net income	194,298,753	142,769,870	106,284,210	109,808,486
Change in net unrealized capital gains	6,058,437	3,650,316	3,013,495	1,600,313
Change in net deferred income tax	(21,171,867)	172,168	7,415,873	(857,889)
Change in nonadmitted assets	34,691,335	(603,237)	(24,207,455)	16,975,165
Change in surplus notes	-	-	-	(11,000,000)
Paid in surplus	-	-	-	500,000
Dividends to stockholders	(144,900,000)	(105,200,000)	(110,700,000)	(100,000,000)
Change in asset valuation reserve	-	-	-	11,325
Net change in capital and surplus	<u>68,976,658</u>	<u>40,789,117</u>	<u>(18,193,877)</u>	<u>17,037,400</u>
Capital and surplus, current year	<u>\$ 489,396,910</u>	<u>\$ 420,420,252</u>	<u>\$ 379,631,135</u>	<u>\$ 397,825,012</u>

EXAMINATION CHANGES

There were no examination changes resulting from the examination.

COMMENTS ON FINANCIAL STATEMENTS

There were no comments on financial statements resulting from the examination.

SUBSEQUENT EVENTS

The Company's Board of Directors declared an ordinary dividend of \$193.4 million on September 26, 2018. The Company paid the dividend to its parent on October 9, 2018.

The Company's Board of Directors declared an extraordinary dividend of \$150 million on October 18, 2018. The Department approved the extraordinary dividend on November 20, 2018. The Company paid the dividend to its parent on November 27, 2018.

SUMMARY OF RECOMMENDATIONS

There were no recommendations resulting from the examination.

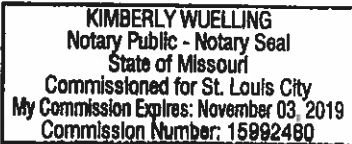
ACKNOWLEDGMENT

The assistance and cooperation extended by the officers and staff of Healthy Alliance Life Insurance Company during the course of this examination is hereby acknowledged and appreciated. In addition to the undersigned, Andy Balas, CFE, AES, CPA; Doug Daniels, CFE, CPA; Ken Tang, CFE; and, Amy Snyder, CFE, CPA, MA, CGMA; examiners for the Department, participated in this examination.

VERIFICATION

State of Missouri)
)
County of St. Louis)

I, Thomas J. Cunningham, on my oath swear that to the best of my knowledge and belief the above examination report is true and accurate and is comprised of only facts appearing upon the books, records or other documents of the Company, its agents or other persons examined or as ascertained from the testimony of its officers or agents or other persons examined concerning its affairs and such conclusions and recommendations as the examiners find reasonably warranted from the facts.



Thomas J. Cunningham
Thomas J. Cunningham, CFE, CPA
Examiner-In-Charge
Missouri Department of Insurance, Financial
Institutions and Professional Registration

Sworn to and subscribed before me this 24th day of June

My commission expires:
11-03-2019

Kimberly Wuelling
Notary Public

SUPERVISION

The examination process has been monitored and supervised by the undersigned. The examination report and supporting workpapers have been reviewed and approved. Compliance with NAIC procedures and guidelines as contained in the Financial Condition Examiners Handbook has been confirmed.



Michael Shadowens, CFE
Assistant Chief Financial Examiner, St. Louis
Missouri Department of Insurance, Financial
Institutions and Professional Registration