

**ANNUAL STATEMENT**

**OF THE**

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of \_\_\_\_\_  
**STATE OF** \_\_\_\_\_

**TO THE**

**Insurance Department**

**OF THE**

**FOR THE YEAR ENDED**

**December 31, 2020**

LIFE AND ACCIDENT AND HEALTH     FRATERNAL BENEFIT SOCIETIES

**2020**

# ANNUAL STATEMENT

For the Year Ended December 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code \_\_\_\_\_ (Current Period) \_\_\_\_\_ (Prior Period)     
 NAIC Company Code \_\_\_\_\_     
 Employer's ID Number \_\_\_\_\_

Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_  
 Country of Domicile \_\_\_\_\_

Licensed as business type:     
 Life, Accident & Health           
 Fraternal Benefits Societies     

Incorporated/Organized \_\_\_\_\_     
 Commenced Business \_\_\_\_\_

Statutory Home Office \_\_\_\_\_,  
 (Street and Number)      (City or Town, State, Country and Zip Code)

Main Administrative Office \_\_\_\_\_,  
 (Street and Number)      (City or Town, State, Country and Zip Code)     
 (Area Code)      (Telephone Number)

Mail Address \_\_\_\_\_,  
 (Street and Number or P.O. Box)      (City or Town, State, Country and Zip Code)

Primary Location of Books and Records \_\_\_\_\_,  
 (Street and Number)      (City or Town, State, Country and Zip Code)     
 (Area Code)      (Telephone Number)

Internet Web Site Address \_\_\_\_\_

Statutory Statement Contact \_\_\_\_\_,  
 (Name)      (Area Code)      (Telephone Number)      (Extension)  
 \_\_\_\_\_,  
 (E-Mail Address)      (Fax Number)

## OFFICERS

	Name	Title
1.	_____	_____
2.	_____	_____
3.	_____	_____

## VICE-PRESIDENTS

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## DIRECTORS OR TRUSTEES

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of \_\_\_\_\_

County of \_\_\_\_\_ ss

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

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Printed Name)  
1.

\_\_\_\_\_  
(Title)

Subscribed and sworn to (or affirmed) before me this on this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by

\_\_\_\_\_

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Printed Name)  
2.

\_\_\_\_\_  
(Title)

- a. Is this an original filing?       Yes     No
- b. If no:    1. State the amendment number      \_\_\_\_\_
2. Date filed      \_\_\_\_\_
3. Number of pages attached      \_\_\_\_\_

## ASSETS

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

DETAILS OF WRITE-IN LINES				
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)				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

## LIABILITIES, SURPLUS AND OTHER FUNDS

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

DETAILS OF WRITE-IN LINES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page		
3199. Totals (Lines 3101 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)		

## SUMMARY OF OPERATIONS

	1	2
	Current Year	Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)		
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)		
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)		
5. Separate Accounts net gain from operations excluding unrealized gains or losses		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)		
7. Reserve adjustments on reinsurance ceded		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
8.2 Charges and fees for deposit-type contracts		
8.3 Aggregate write-ins for miscellaneous income		
9. Totals (Lines 1 to 8.3)		
10. Death benefits		
11. Matured endowments (excluding guaranteed annual pure endowments)		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)		
13. Disability benefits and benefits under accident and health contracts		
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts		
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies		
19. Increase in aggregate reserves for life and accident and health contracts		
20. Totals (Lines 10 to 19)		
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 6)		
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)		
25. Increase in loading on deferred and uncollected premiums		
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions		
28. Totals (Lines 20 to 27)		
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)		
30. Dividends to policyholders and refunds to members		
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)		
32. Federal and foreign income taxes incurred (excluding tax on capital gains)		
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)		
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR)		
35. Net income (Line 33 plus Line 34)		
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)		
37. Net income (Line 35)		
38. Change in net unrealized capital gains (losses) less capital gains tax of \$		
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax		
41. Change in nonadmitted assets		
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis, (increase) or decrease		
44. Change in asset valuation reserve		
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)		
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts statement		
48. Change in surplus notes		
49. Cumulative effect of changes in accounting principles		
50. Capital changes:		
50.1 Paid in		
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in		
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus		
54. Net change in capital and surplus for the year (Lines 37 through 53)		
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)		

DETAILS OF WRITE-IN LINES		
08.30		
08.30		
08.30		
08.39	Summary of write-ins for Line 08.3 from overflow page	
08.39	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)	
2701.		
2702.		
2703.		
2798.	Summary of write-ins for Line 27 from overflow page	
2799.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	
5301.		
5302.		
5303.		
5398.	Summary of write-ins for Line 53 from overflow page	
5399.	Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)	

## CASH FLOW

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance		
2. Net investment income		
3. Miscellaneous income		
4. Total (Lines 1 through 3)		
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		
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Lines 5 through 9)		
11. Net cash from operations (Line 4 minus Line 10)		
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
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)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
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)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
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)		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year		
19.2 End of year (Line 18 plus Line 19.1)		

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

20.0001		
20.0002		
20.0003		

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

	1	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
1. Premiums and annuity considerations for life and accident and health contracts		XXX	XXX			XXX	XXX		XXX
2. Considerations for supplementary contracts with life contingencies									
3. Net investment income									
4. Amortization of Interest Maintenance Reserve (IMR)									
5. Separate Accounts net gain from operations excluding unrealized gains or losses							XXX		
6. Commissions and expense allowances on reinsurance ceded							XXX		
7. Reserve adjustments on reinsurance ceded							XXX		
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts							XXX		
8.2 Charges and fees for deposit-type contracts						XXX	XXX		
8.3 Aggregate write-ins for miscellaneous income									
9. Totals (Lines 1 to 8.3)									
10. Death benefits						XXX	XXX		
11. Matured endowments (excluding guaranteed annual pure endowments)						XXX	XXX		
12. Annuity benefits		XXX	XXX			XXX	XXX		XXX
13. Disability benefits and benefits under accident and health contracts							XXX		
14. Coupons, guaranteed annual pure endowments and similar benefits							XXX		
15. Surrender benefits and withdrawals for life contracts						XXX	XXX		
16. Group conversions							XXX		
17. Interest and adjustments on contract or deposit-type contract funds							XXX		
18. Payments on supplementary contracts with life contingencies						XXX	XXX		
19. Increase in aggregate reserves for life and accident and health contracts							XXX		
20. Totals (Lines 10 to 19)							XXX		
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)									XXX
22. Commissions and expense allowances on reinsurance assumed							XXX		
23. General insurance expenses and fraternal expenses									
24. Insurance taxes, licenses and fees, excluding federal income taxes									
25. Increase in loading on deferred and uncollected premiums							XXX		
26. Net transfers to or (from) Separate Accounts net of reinsurance							XXX		
27. Aggregate write-ins for deductions									
28. Totals (Lines 20 to 27)									
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)									
30. Dividends to policyholders and refunds to members							XXX		
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)									
32. Federal income taxes incurred (excluding tax on capital gains)									
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)									
34. Policies/certificates in force end of year							XXX		
<b>DETAILS OF WRITE-IN LINES</b>									
08.301									
08.302									
08.303									
08.398 Summary of remaining write-ins for Line 08.3 from overflow page									
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)									
2701.									
2702.									
2703.									
2798. Summary of remaining write-ins for Line 27 from overflow page									
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)									

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)

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

6.1

DETAILS OF WRITE-IN LINES												
08.301												
08.302												
08.303												
08.398	Summary of remaining write-ins for Line 08.3 from overflow page											
08.399	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)											
2701.												
2702.												
2703.												
2798.	Summary of remaining write-ins for Line 27 from overflow page											
2799.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)											

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

### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - GROUP LIFE INSURANCE (c)

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

6.2

DETAILS OF WRITE-IN LINES									
08.301									
08.302									
08.303									
08.398	Summary of remaining write-ins for Line 08.3 from overflow page								
08.399	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)								
2701.									
2702.									
2703.									
2798.	Summary of remaining write-ins for Line 27 from overflow page								
2799.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)								

- (a) Includes the following amounts for FEGLI/SGLI: Line 1 Line 10 Line 16 Line 23 Line 24
- (b) Include premium amounts for preneed plans included in Line 1
- (c) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.
- (d) Individual and Group Credit Life are combined and included on page. (Indicated whether included with Individual or Group.)

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL ANNUITIES (a)

	1	Deferred				6	7
	Total	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees	5 Variable Annuities Without Guarantees	Life Contingent Payout Immediate and Annuitizations)	Other Annuities
1. Premiums for individual annuity contracts		XXX	XXX	XXX	XXX		XXX
2. Considerations for supplementary contracts with life contingencies							
3. Net investment income							
4. Amortization of Interest Maintenance Reserve (IMR)							
5. Separate Accounts net gain from operations excluding unrealized gains or losses							
6. Commissions and expense allowances on reinsurance ceded							
7. Reserve adjustments on reinsurance ceded							
8. Miscellaneous Income:							
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts							
8.2 Charges and fees for deposit-type contracts							
8.3 Aggregate write-ins for miscellaneous income							
9. Totals (Lines 1 to 8.3)							
10. Death benefits							
11. Matured endowments (excluding guaranteed annual pure endowments)							
12. Annuity benefits							
13. Disability benefits and benefits under accident and health contracts							
14. Coupons, guaranteed annual pure endowments and similar benefits							
15. Surrender benefits and withdrawals for life contracts							
16. Group conversions							
17. Interest and adjustments on contract or deposit-type contract funds							
18. Payments on supplementary contracts with life contingencies							
19. Increase in aggregate reserves for life and accident and health contracts							
20. Totals (Lines 10 to 19)							
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)							
22. Commissions and expense allowances on reinsurance assumed							
23. General insurance expenses							
24. Insurance taxes, licenses and fees, excluding federal income taxes							
25. Increase in loading on deferred and uncollected premiums							
26. Net transfers to or (from) Separate Accounts net of reinsurance							
27. Aggregate write-ins for deductions							
28. Totals (Lines 20 to 27)							
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)							
30. Dividends to policyholders and refunds to members							
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)							
32. Federal income taxes incurred (excluding tax on capital gains)							
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)							
34. Policies/certificates in force end of year							
<b>DETAILS OF WRITE-IN LINES</b>							
08.301							
08.302							
08.303							
08.398 Summary of remaining write-ins for Line 08.3 from overflow page							
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)							
2701.							
2702.							
2703.							
2798. Summary of remaining write-ins for Line 27 from overflow page							
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)							

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

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - GROUP ANNUITIES (a)

	1	Deferred			6 Life Contingent Payout Immediate and Annuityizations)	7 Other Annuities
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees		
1. Premiums for group annuity contracts						
2. Considerations for supplementary contracts with life contingencies						
3. Net investment income		XXX	XXX	XXX	XXX	XXX
4. Amortization of Interest Maintenance Reserve (IMR)						
5. Separate Accounts net gain from operations excluding unrealized gains or losses						
6. Commissions and expense allowances on reinsurance ceded						
7. Reserve adjustments on reinsurance ceded						
8. Miscellaneous Income:						
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts						
8.2 Charges and fees for deposit-type contracts						
8.3 Aggregate write-ins for miscellaneous income						
9. Totals (Lines 1 to 8.3)						
10. Death benefits						
11. Matured endowments (excluding guaranteed annual pure endowments)						
12. Annuity benefits						
13. Disability benefits and benefits under accident and health contracts						
14. Coupons, guaranteed annual pure endowments and similar benefits						
15. Surrender benefits and withdrawals for life contracts						
16. Group conversions						
17. Interest and adjustments on contract or deposit-type contract funds						
18. Payments on supplementary contracts with life contingencies						
19. Increase in aggregate reserves for life and accident and health contracts						
20. Totals (Lines 10 to 19)						
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)						
22. Commissions and expense allowances on reinsurance assumed						
23. General insurance expenses						
24. Insurance taxes, licenses and fees, excluding federal income taxes						
25. Increase in loading on deferred and uncollected premiums						
26. Net transfers to or (from) Separate Accounts net of reinsurance						
27. Aggregate write-ins for deductions						
28. Totals (Lines 20 to 27)						
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)						
30. Dividends to policyholders and refunds to members						
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)						
32. Federal income taxes incurred (excluding tax on capital gains)						
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)						
34. Policies/certificates in force end of year						
<b>DETAILS OF WRITE-IN LINES</b>						
08.301						
08.302						
08.303						
08.398 Summary of remaining write-ins for Line 08.3 from overflow page						
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)						
2701.						
2702.						
2703.						
2798. Summary of remaining write-ins for Line 27 from overflow page						
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)						

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

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - ACCIDENT AND HEALTH (a)

	1 Total	Comprehensive		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
		2 Individual	3 Group										
1. Premiums for accident and health contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Considerations for supplementary contracts with life contingencies													
3. Net investment income													
4. Amortization of Interest Maintenance Reserve (IMR)													
5. Separate Accounts net gain from operations excluding unrealized gains or losses													
6. Commissions and expense allowances on reinsurance ceded													
7. Reserve adjustments on reinsurance ceded													
8. Miscellaneous Income:													
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts													
8.2 Charges and fees for deposit-type contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.3 Aggregate write-ins for miscellaneous income													
9. Totals (Lines 1 to 8.3)													
10. Death benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Matured endowments (excluding guaranteed annual pure endowments)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts													
14. Coupons, guaranteed annual pure endowments and similar benefits													
15. Surrender benefits and withdrawals for life contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. Group conversions													
17. Interest and adjustments on contract or deposit-type contract funds													
18. Payments on supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Increase in aggregate reserves for life and accident and health contracts													
20. Totals (Lines 10 to 19)													
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)													
22. Commissions and expense allowances on reinsurance assumed													
23. General insurance expenses and fraternal expenses													
24. Insurance taxes, licenses and fees, excluding federal income taxes													
25. Increase in loading on deferred and uncollected premiums													
26. Net transfers to or (from) Separate Accounts net of reinsurance													
27. Aggregate write-ins for deductions													
28. Totals (Lines 20 to 27)													
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)													
30. Dividends to policyholders and refunds to members													
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)													
32. Federal income taxes incurred (excluding tax on capital gains)													
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)													
34. Policies/certificates in force end of year													

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DETAILS OF WRITE-IN LINES													
08.301													
08.302													
08.303													
08.398	Summary of remaining write-ins for Line 08.3 from overflow page												
08.399	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)												
2701.													
2702.													
2703.													
2798.	Summary of remaining write-ins for Line 27 from overflow page												
2799.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)												

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

### ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - INDIVIDUAL LIFE INSURANCE (a)

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

7.1

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

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

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - GROUP LIFE INSURANCE (a)**  
**(N/A Fraternal)**

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

7.2

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

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

## ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - INDIVIDUAL ANNUITIES (a)

	1	Deferred				6 Life Contingent Payout (Immediate and Annuitizations)	7  Other Annuities
		2	3	4	5		
	Total	Fixed Annuities	Indexed Annuities	Variable Annuities with Guarantees	Variable Annuities without Guarantees		
<b>Involving Life or Disability Contingencies (Reserves)</b>							
(Net of Reinsurance Ceded)							
1. Reserve December 31, prior year							
2. Tabular net premiums and considerations							
3. Present value of disability claims incurred	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Tabular interest							
5. Tabular less actual reserve released							
6. Increase in reserve on account of change in valuation basis							
7. Other increases (net)							
8. Totals (Lines 1 to 7)							
9. Tabular cost							
10. Reserves released by death	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net)							
12. Annuity, supplementary contract, and disability payments involving life contingencies							
13. Net transfers to or (from) Separate Accounts							
14. Total deductions (Lines 9 to 13)							
15. Reserve December 31, current year							
<b>Cash Surrender Value and Policy Loans</b>							
16. CSV Ending balance December 31, current year							
17. Amount Available for Policy Loans Based upon Line 16 CSV							

7.3

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

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - GROUP ANNUITIES (a)**  
**(N/A Fraternal)**

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

7.4

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

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income		
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)		

DETAILS OF WRITE-IN LINES		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 09 from overflow page		
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

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

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					

DETAILS OF WRITE-IN LINES					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 09 from overflow page					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)					

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

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

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

	1 Total	Insurance									11 Aggregate of All Other Lines of Business	12 Fraternal (Fraternal Benefit Societies Only)
		2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health				
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other		
<b>POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED (included in Part 1)</b>												
21. To pay renewal premiums .....												
22. All other .....												
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>												
23. First year (other than single):												
23.1 Reinsurance ceded .....												
23.2 Reinsurance assumed .....												
23.3 Net ceded less assumed .....												
24. Single:												
24.1 Reinsurance ceded .....												
24.2 Reinsurance assumed .....												
24.3 Net ceded less assumed .....												
25. Renewal:												
25.1 Reinsurance ceded .....												
25.2 Reinsurance assumed .....												
25.3 Net ceded less assumed .....												
26. Totals:												
26.1 Reinsurance ceded (Page 6, Line 6) .....												
26.2 Reinsurance assumed (Page 6, Line 22) .....												
26.3 Net ceded less assumed .....												
<b>COMMISSIONS INCURRED (direct business only)</b>												
27. First year (other than single) .....												
28. Single .....												
29. Renewal .....												
30. Deposit-type contract funds .....												
31. Totals (to agree with Page 6, Line 21)												

### EXHIBIT 2 – GENERAL EXPENSES

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

DETAILS OF WRITE-IN LINES							
09.301.							
09.302.							
09.303.							
09.398. Summary of remaining write-ins for Line 09.3 from overflow page							
09.399. Totals (Lines 09.301 through 09.303 plus 09.398) (Line 09.3 above)							

(a) Includes management fees of \$ \_\_\_\_\_ to affiliates and \$ \_\_\_\_\_ to non-affiliates.  
 (b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):  
 1. Charitable \$ \_\_\_\_\_ 2. Institutional \$ \_\_\_\_\_ 3. Recreational and Health \$ \_\_\_\_\_ 4. Educational \$ \_\_\_\_\_  
 5. Religious \$ \_\_\_\_\_ 6. Membership \$ \_\_\_\_\_ 7. Other \$ \_\_\_\_\_ 8. Total \$ \_\_\_\_\_

### EXHIBIT 3 – TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business			
1. Real estate taxes						
2. State insurance department licenses and fees						
3. State taxes on premiums						
4. Other state taxes, incl. \$ _____ for employee benefits						
5. U.S. Social Security taxes						
6. All other taxes						
7. Taxes, licenses and fees incurred						
8. Taxes, licenses and fees unpaid December 31, prior year						
9. Taxes, licenses and fees unpaid December 31, current year						
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)						

### EXHIBIT 4 – DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums		
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Lines 1 through 4		
6. Paid-in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options		
9. Total Lines 5 through 8		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend contracts not included in Line 13		
15. Total Lines 10 through 14		
16. Total from prior year		
17. Total dividends or refunds (Lines 9 + 15 - 16)		

DETAILS OF WRITE-IN LINES		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 08 from overflow page		
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 08 above)		



## EXHIBIT 5 – INTERROGATORIES

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

## EXHIBIT 5A – CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
0199999 Subtotal (Page 7, Line 6)	X X X	X X X	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
0299999 Subtotal	X X X	X X X	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
0399999 Subtotal	X X X	X X X	

### EXHIBIT 6 – AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	Comprehensive		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
		2 Individual	3 Group										
<b>ACTIVE LIFE RESERVE</b>													
1. Unearned premium reserves													
2. Additional contract reserves (a)													
3. Additional actuarial reserves - Asset/Liability analysis													
4. Reserve for future contingent benefits													
5. Reserve for rate credits													
6. Aggregate write-ins for reserves													
7. Totals (Gross)													
8. Reinsurance ceded													
9. Totals (Net)													
<b>CLAIM RESERVE</b>													
10. Present value of amounts not yet due on claims													
11. Additional actuarial reserves-Asset/Liability analysis													
12. Reserve for future contingent benefits													
13. Aggregate write-ins for reserves													
14. Totals (Gross)													
15. Reinsurance ceded													
16. Totals (Net)													
17. <b>TOTAL (Net)</b>													
18. <b>TABULAR FUND INTEREST</b>													

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DETAILS OF WRITE-IN LINES													
060													
060													
060													
069 Summary of remaining write-ins for Line 06 from overfl													
069 Totals (Lines 0601 through 0603 plus 0698) (Line 06 a													
130													
130													
130													
139 Summary of remaining write-ins for Line 13 from overfl													
139 Totals (Lines 1301 through 1303 plus 1398) (Line 13 a													

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business \_\_\_\_\_

(b) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

### EXHIBIT 7 – DEPOSIT TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....						
2. Deposits received during the year .....						
3. Investment earnings credited to the account .....						
4. Other net change in reserves .....						
5. Fees and other charges assessed .....						
6. Surrender charges .....						
7. Net surrender or withdrawal payments .....						
8. Other net transfers to or (from) Separate Accounts .....						
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8) .....						
10. Reinsurance balance at the beginning of the year .....						
11. Net change in reinsurance assumed .....						
12. Net change in reinsurance ceded .....						
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12) .....						
14. Net balance at the end of current year after reinsurance (Lines 9 + 13) .....						

## EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

### PART 1 – Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit Life (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct											
1.2 Reinsurance assumed											
1.3 Reinsurance ceded											
1.4 Net											
2. In course of settlement:											
2.1 Resisted											
2.11 Direct											
2.12 Reinsurance assumed											
2.13 Reinsurance ceded											
2.14 Net			(b)	(b)		(b)	(b)				
2.2 Other											
2.21 Direct											
2.22 Reinsurance assumed											
2.23 Reinsurance ceded											
2.24 Net			(b)	(b)		(b)	(b)		(b)	(b)	(b)
3. Incurred but unreported:											
3.1 Direct											
3.2 Reinsurance assumed											
3.3 Reinsurance ceded											
3.4 Net			(b)	(b)		(b)	(b)		(b)	(b)	(b)
4. TOTALS											
4.1 Direct											
4.2 Reinsurance assumed											
4.3 Reinsurance ceded											
4.4 Net		(a)	(a)				(a)				

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- (a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ ..... in Column 2, \$ ..... in Column 3 and \$ ..... in Column 7.
- (b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$ ....., Individual Annuities \$ ....., Credit Life (Group and Individual) \$ ....., and Group Life \$ ..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$ ....., Credit (Group and Individual) Accident and Health \$ ....., and Other Accident and Health \$ ..... are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

## EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

### PART 2 – Incurred During the Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit Life (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct											
1.2 Reinsurance assumed											
1.3 Reinsurance ceded											
1.4 Net	(d)										
2. Liability December 31, current year from Part 1:											
2.1 Direct											
2.2 Reinsurance assumed											
2.3 Reinsurance ceded											
2.4 Net											
3. Amounts recoverable from reinsurers December 31, current year											
4. Liability December 31, prior year:											
4.1 Direct											
4.2 Reinsurance assumed											
4.3 Reinsurance ceded											
4.4 Net											
5. Amounts recoverable from reinsurers December 31, prior year											
6. Incurred benefits:											
6.1 Direct											
6.2 Reinsurance assumed											
6.3 Reinsurance ceded											
6.4 Net											

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

## EXHIBIT OF NONADMITTED ASSETS

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

DETAILS OF WRITE-IN LINES			
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)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			

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## NOTES TO FINANCIAL STATEMENTS

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# GENERAL INTERROGATORIES

## PART 1 – COMMON INTERROGATORIES

### GENERAL

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

## GENERAL INTERROGATORIES

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ ]

6.2 If yes, give full information:

.....  
 .....  
 .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ ]

7.2 If yes,

- 7.21 State the percentage of foreign control. \_\_\_\_\_ %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....

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 [ ] No [ ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

.....  
 .....  
 .....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ ]

10.2 If response to 10.1 is yes, provide information related to this exemption:

.....  
 .....  
 .....

## GENERAL INTERROGATORIES

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ ]

10.4 If response to 10.3 is yes, provide information related to this exemption:

.....  
 .....  
 .....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain.

.....  
 .....  
 .....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

.....  
 .....  
 .....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ ]

12.11 Name of real estate holding company	
12.12 Number of parcels involved	
12.13 Total book/adjusted carrying value	\$

12.2 If yes, provide explanation:

.....  
 .....  
 .....

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

.....  
 .....  
 .....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules, and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

Yes [ ] No [ ]

14.11 If the response to 14.1 is no, please explain:

.....  
 .....  
 .....

## GENERAL INTERROGATORIES

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

.....  
 .....  
 .....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

.....  
 .....  
 .....

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

## BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ ] No [ ]

## FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$ _____
20.12 To stockholders not officers	\$ _____
20.13 Trustees, supreme or grand (Fraternal only)	\$ _____

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$ _____
20.22 To stockholders not officers	\$ _____
20.23 Trustees, supreme or grand (Fraternal only)	\$ _____

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	\$ _____
21.22 Borrowed from others	\$ _____
21.23 Leased from others	\$ _____
21.24 Other	\$ _____

## GENERAL INTERROGATORIES

- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ ]
- 22.2 If answer is yes:
- |  |  |          |
|--|--|----------|
|  | 22.21 Amount paid as losses or risk adjustment | \$ _____ |
|  | 22.22 Amount paid as expenses                  | \$ _____ |
|  | 22.23 Other amounts paid                       | \$ _____ |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ \_\_\_\_\_

## INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ ] No [ ]
- 24.02 If no, give full and complete information, relating thereto:
- .....
- .....
- .....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- .....
- .....
- .....
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk Based Capital Instructions. \$ \_\_\_\_\_
- 24.05 For the reporting entity's securities lending program report amount of collateral for other programs. \$ \_\_\_\_\_
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ ]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ ]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ ]
- 24.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- |  |  |          |
|--|--|----------|
| 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2                   |  | \$ _____ |
| 24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 |  | \$ _____ |
| 24.093 Total payable for securities lending reported on the liability page                                       |  | \$ _____ |
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ ] No [ ]

## GENERAL INTERROGATORIES

25.2 If yes, state the amount thereof at December 31 of the current year:

	25.21 Subject to repurchase agreements	\$ _____
	25.22 Subject to reverse repurchase agreements	\$ _____
	25.23 Subject to dollar repurchase agreements	\$ _____
	25.24 Subject to reverse dollar repurchase agreements	\$ _____
	25.25 Placed under option agreements	\$ _____
	25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ _____
	25.27 FHLB Capital Stock	\$ _____
	25.28 On deposit with states	\$ _____
	25.29 On deposit with other regulatory bodies	\$ _____
	25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ _____
	25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ _____
	25.32 Other	\$ _____

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.

**LINES 26.3 through 26.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

	26.41 Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
	26.42 Permitted accounting practice	Yes [ ] No [ ]
	26.43 Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ \_\_\_\_\_

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ ] No [ ]

## GENERAL INTERROGATORIES

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
.....	.....
.....	.....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ ]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....
.....	.....	.....	.....

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

1 Name Firm or Individual	2 Affiliation
.....	.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Name Firm or Individual	2 Central Registration Depository Number	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....

## GENERAL INTERROGATORIES

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	.....	.....	.....
30.2 Preferred stocks	.....	.....	.....
30.3 Totals	.....	.....	.....

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

.....  
 .....  
 .....

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....  
 .....  
 .....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [ ] No [ ]

32.2 If no, list exceptions:  
 .....  
 .....

33 By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [ ]

## GENERAL INTERROGATORIES

34 By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [ ] No [ ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ ]

36. By rolling/renewing short-term or cash-equivalent investments with continued reporting on Schedule DA, part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ ] No [ ] N/A [ ]

## OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any? \$ \_\_\_\_\_

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

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

38.1 Amount of payments for legal expenses, if any? \$ \_\_\_\_\_

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

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

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

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

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

## GENERAL INTERROGATORIES

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

Life Accident and Health Companies/ Fraternal Benefit Societies:

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ ]
- 1.2 If yes, indicate premium earned on U.S. business only. \$ \_\_\_\_\_
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ \_\_\_\_\_
- 1.31 Reason for excluding:  
.....  
.....  
.....

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ \_\_\_\_\_
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ \_\_\_\_\_

- 1.6 Individual policies:  
Most current three years:  
1.61 Total premium earned \$ \_\_\_\_\_  
1.62 Total incurred claims \$ \_\_\_\_\_  
1.63 Number of covered lives \_\_\_\_\_  
All years prior to most current three years:  
1.64 Total premium earned \$ \_\_\_\_\_  
1.65 Total incurred claims \$ \_\_\_\_\_  
1.66 Number of covered lives \_\_\_\_\_

- 1.7 Group policies:  
Most current three years:  
1.71 Total premium earned \$ \_\_\_\_\_  
1.72 Total incurred claims \$ \_\_\_\_\_  
1.73 Number of covered lives \_\_\_\_\_  
All years prior to most current three years:  
1.74 Total premium earned \$ \_\_\_\_\_  
1.75 Total incurred claims \$ \_\_\_\_\_  
1.76 Number of covered lives \_\_\_\_\_

2. Health Test:

	1 Current Year		2 Prior Year
2.1 Premium Numerator	\$ .....		\$ .....
2.2 Premium Denominator	\$ .....		\$ .....
2.3 Premium Ratio (2.1 / 2.2)	.....		.....
2.4 Reserve Numerator	\$ .....		\$ .....
2.5 Reserve Denominator	\$ .....		\$ .....
2.6 Reserve Ratio (2.4 / 2.5)	.....		.....

- 3.1 Does this reporting entity have Separate Accounts? Yes [ ] No [ ]
- 3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [ ] No [ ] N/A [ ]
- 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$ \_\_\_\_\_
- 3.4 State the authority under which Separate Accounts are maintained:  
.....  
.....  
.....

- 3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [ ] No [ ]
- 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [ ] No [ ]
- 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?" \$ \_\_\_\_\_

- 4. For reporting entities having sold annuities to another issuer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:  
4.1 Amount of loss reserves established by these annuities during the current year: \$ \_\_\_\_\_
- 4.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

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

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

## GENERAL INTERROGATORIES

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

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

7. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

7.1 Direct Premium Written \$ \_\_\_\_\_  
 7.2 Total Incurred Claims \$ \_\_\_\_\_  
 7.3 Number of Covered Lives \_\_\_\_\_

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

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [ ]

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

8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ ]

9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [ ] No [ ]

9.2 Net reimbursement of such expenses between reporting entities:  
 9.21 Paid \$ \_\_\_\_\_  
 9.22 Received \$ \_\_\_\_\_

10.1 Does the reporting entity write any guaranteed interest contracts? Yes [ ] No [ ]

10.2 If yes, what amount pertaining to these items is included in:  
 10.21 Page 3, Line 1 \$ \_\_\_\_\_  
 10.22 Page 4, Line 1 \$ \_\_\_\_\_

11. For stock reporting entities only:  
 11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$ \_\_\_\_\_

12. Total dividends paid stockholders since organization of the reporting entity:  
 12.11 Cash \$ \_\_\_\_\_  
 12.12 Stock \$ \_\_\_\_\_

13.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance. Yes [ ] No [ ]

13.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes [ ] No [ ]

13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
13.31 Earned premium	.....	.....	.....
13.32 Paid claims	.....	.....	.....
13.33 Claim liability and reserve (beginning of year)	.....	.....	.....
13.34 Claim liability and reserve (end of year)	.....	.....	.....
13.35 Incurred claims	.....	.....	.....

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

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

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

**Fraternal Benefit Societies Only**

14. Does the reporting entity write any guaranteed interest contracts? Yes [ ] No [ ]

15. How often are meetings of the subordinate branches required to be held?  
 .....  
 .....  
 .....

16. How are the subordinate branches represented in the supreme or governing body?

# GENERAL INTERROGATORIES

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

.....  
.....  
.....  
.....  
.....

17. What is the basis of representation in the governing body?

.....  
.....  
.....  
.....  
.....

18.1 How often are regular meetings of the governing body held?

.....  
.....  
.....

18.2 When was the last regular meeting of the governing body held?

\_\_\_\_\_

18.3 When and where will the next regular or special meeting of the governing body be held?

.....  
.....  
.....

18.4 How many members of the governing body attend the last regular meeting?

\_\_\_\_\_

18.5 How many of the same were delegates of the subordinate branches?

\_\_\_\_\_

19. How are the expenses of the governing body defrayed?

.....  
.....  
.....

20. When and by whom are the officers and directors elected?

.....  
.....  
.....

21. What are the qualifications for membership?

.....  
.....  
.....

22. What are the limiting ages for admission?

.....  
.....  
.....

23. What is the minimum and maximum insurance that may be issued on any one life?

.....  
.....  
.....

24. Is a medical examination required before issuing a benefit certificate to applicants?

Yes [ ] No [ ]

25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?

Yes [ ] No [ ]

26.1 Are notices of the payments required sent to the members?

Yes [ ] No [ ] N/A [ ]

26.2 If yes, do the notices state the purpose for which the money is to be used?

Yes [ ] No [ ]

27. What proportion of first and subsequent year's payments may be used for management expenses?

- 27.11 First Year
- 27.12 Subsequent Years

\_\_\_\_\_  
\_\_\_\_\_

28.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses?

Yes [ ] No [ ]

28.2 If so, what amount and for what purpose?

.....  
.....  
.....

## GENERAL INTERROGATORIES

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

29.1 Does the reporting entity pay an old age disability benefit? Yes [ ] No [ ]

29.2 If yes, what age does the benefit commence?  
 .....  
 .....  
 .....

30.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [ ] No [ ]

30.2 If yes, when?  
 .....  
 .....  
 .....

31. Have you filed with this Department all forms of benefit certificates issues, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [ ] No [ ]

32.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements. Yes [ ] No [ ] N/A [ ]

32.2 If so, was an additional reserve included in Exhibit 5? Yes [ ] No [ ]

32.3 If yes, explain:  
 .....  
 .....  
 .....

33.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [ ] No [ ]

33.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [ ] No [ ] N/A [ ]

34. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [ ] No [ ]

35.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [ ] No [ ]

35.2 If yes, what is the date of the original lien and the total outstanding balance of liens that remain in surplus?

1	2
Date	Outstanding Lien Amount
.....	\$ .....
.....	\$ .....
.....	\$ .....

**FIVE – YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

\$000 omitted for amounts of life insurance

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Life Insurance in Force</b>					
(Exhibit of Life Insurance)					
1. Ordinary-whole life and endowment (Line 34, Col. 4)					
2. Ordinary-term (Line 21, Col. 4, less Line 34, Col. 4)					
3. Credit life (Line 21, Col. 6)					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)					
5. Industrial (Line 21, Col. 2)					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)					
7. Total (Line 21, Col. 10)					
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated					X X X
<b>New Business Issued</b>					
(Exhibit of Life Insurance)					
8. Ordinary-whole life and endowment (Line 34, Col. 2)					
9. Ordinary-term (Line 2, Col. 4, less Line 34, Col. 2)					
10. Credit life (Line 2, Col. 6)					
11. Group (Line 2, Col. 9)					
12. Industrial (Line 2, Col. 2)					
13. Total (Line 2, Col. 10)					
<b>Premium Income - Lines of Business</b>					
(Exhibit 1 – Part 1)					
14. Industrial life (Line 20.4, Col. 2)					
15.1 Ordinary life insurance (Line 20.4, Col. 3)					
15.2 Ordinary individual annuities (Line 20.4, Col. 4)					
16. Credit life, (group and individual) (Line 20.4, Col. 5)					
17.1 Group life insurance (Line 20.4, Col. 6)					
17.2 Group annuities (Line 20.4, Col. 7)					
18.1 A & H-group (Line 20.4, Col. 8)					
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)					
18.3 A & H-other (Line 20.4, Col. 10)					
19. Aggregate of all other lines of business (Line 20.4, Col. 11)					
20. Total					
<b>Balance Sheet</b>					
(Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)					
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)					
23. Aggregate life reserves (Page 3, Line 1)					
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1					X X X
24. Aggregate A & H reserves (Page 3, Line 2)					
25. Deposit-type contract funds (Page 3, Line 3)					
26. Asset valuation reserve (Page 3, Line 24.01)					
27. Capital (Page 3, Lines 29 & 30)					
28. Surplus (Page 3, Line 37)					
<b>Cash Flow (Page 5)</b>					
29. Net cash from operations (Line 11)					
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital					
31. Authorized control level risk-based capital					
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3) (Line No./Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)					
33. Stocks (Lines 2.1 and 2.2)					
34. Mortgage loans on real estate (Lines 3.1 and 3.2)					
35. Real estate (Lines 4.1, 4.2 and 4.3)					
36. Cash, cash equivalents and short-term investments (Line 5)					
37. Contract loans (Line 6)					
38. Derivatives (Page 2, Line 7)					
39. Other invested assets (Line 8)					
40. Receivables for securities (Line 9)					
41. Securities lending reinvested collateral assets (Line 10)					
42. Aggregate write-ins for invested assets (Line 11)					
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

## FIVE – YEAR HISTORICAL DATA (Continued)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)					
48. Affiliated mortgage loans on real estate					
49. All other affiliated					
50. Total of above Lines 44 to 49					
51. Total investment in parent included in Lines 44 to 49 above					
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2)					
53. Total admitted assets (Page 2, Line 28, Col. 3)					
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income)					
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)					
57. Total of above Lines 54, 55 and 56					
<b>Benefits and Reserve Increase (Page 6)</b>					
58. Total contract/certificate benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col.1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 and 8)					
59. Total contract/certificate benefits-A & H (Lines 13 & 14, Col. 6)					
60. Increase in life reserves-other than group and annuities (Line 19, Cols. 2)					
61. Increase in A & H reserves (Line 19, Col. 6)					
62. Dividends to policyholders and refunds to members (Line 30, Col. 1)					
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00					
64. Lapse percent (ordinary only) [Exhibit of Life Insurance, Column 4, Lines 14 & 15] / ½ (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00					
65. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)					
66. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)					
67. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)					
<b>A &amp; H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims-group health (Sch. H, Part 3, Line 3.1, Col. 2)					
69. Prior years' claim liability and reserve-group health (Sch. H, Part 3, Line 3.2, Col. 2)					
70. Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2)					
71. Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2)					
<b>Net Gains From Operations After Dividends to Policyholders/Members' Refunds and Federal Income Taxes by Lines of Business (Page 6, Line 33)</b>					
72. Industrial life (Page 6.1, Col. 2)					
73. Ordinary-life (Page 6.1, Col. 1 less Cols. 2 and Col. 10)					
74. Ordinary-individual annuities (Page 6, Col. 4)					
75. Ordinary-supplementary contracts	X X X	X X X			
76. Credit life (Page 6.1, Col. 10 plus Page 6.2, Col. 7)					
77. Group life (Page 6.2, Col. 1 less Col. 7)					
78. Group annuities (Page 6, Col 5)					
79. A & H-group (Page 6.5, Col. 3)					
80. A & H-credit (Page 6.5, Col. 10)					
81. A & H-other (Page 6.5, Col. 1 less Cols. 3 and 10)					
82. Aggregate of all other lines of business (Page 6, Col. 8)					
83. Fraternal (Page 6, Col. 7)					
84. Total (Page 6, Col. 1)					

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

Yes [ ] No [ ]

.....

.....

.....

**DIRECT BUSINESS IN THE STATE OF:  
DURING THE YEAR 2020**

**LIFE INSURANCE**

NAIC Group Code

NAIC Company Code

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance										
2. Annuity considerations										
3. Deposit-type contract funds										
4. Other considerations										
5. Totals (Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year					No. of Policies					
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31, current year				(a)						

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

## EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance
	1	2	3	4	5	6	Number of		9	
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	Number of Individual Policies and Group Certificates	Amount of Insurance	7 Policies	8 Certificates	Amount of Insurance	
1. In force end of prior year										
2. Issued during year										
3. Reinsurance assumed										
4. Revived during year										
5. Increased during year (net)										
6. Subtotals, Lines 2 to 5										
7. Additions by dividends during year	X X X		X X X		X X X		X X X	X X X		
8. Aggregate write-ins for increases										
9. Totals (Lines 1 and 6 to 8)										
Deductions during year:										
10. Death							X X X			
11. Maturity							X X X			
12. Disability							X X X			
13. Expiry										
14. Surrender										
15. Lapse										
16. Conversion							X X X	X X X	X X X	
17. Decreased (net)										
18. Reinsurance										
19. Aggregate write-ins for decreases										
20. Totals (Lines 10 to 19)										
21. In force end of year (b) (Line 9 minus Line 20)										
22. Reinsurance ceded end of year	X X X		X X X		X X X		X X X	X X X		
23. Line 21 minus Line 22	X X X		X X X		X X X	(a)	X X X	X X X		
<b>DETAILS OF WRITE-IN LINES</b>										
0801.										
0802.										
0803.										
0898. Summary of remaining write-ins for Line 08 from overflow page										
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 08 above)										
1901.										
1902.										
1903.										
1998. Summary of remaining write-ins for Line 19 from overflow page										
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above)										

25

Life Accident and Health Companies Only:

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

Fraternal Benefit Societies Only:

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

Additional accidental death benefits included in life certificates were in amount \$ ..... Does the society collect any contributions from members for general expenses of the society under fully-paid up certificates? .....

If not, how are such expenses met? .....

**EXHIBIT OF LIFE INSURANCE**

(\$000 Omitted for Amounts of Life Insurance) (Continued)

**ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR**

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

**ADDITIONAL INFORMATION ON ORDINARY INSURANCE**

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

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

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

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

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

**ADDITIONAL ACCIDENTAL DEATH BENEFITS**

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

**BASIS OF CALCULATION OF ORDINARY TERM INSURANCE**

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

**POLICIES WITH DISABILITY PROVISIONS**

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

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

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

**SUPPLEMENTARY CONTRACTS**

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

**ANNUITIES**

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

**ACCIDENT AND HEALTH INSURANCE**

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

**DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS**

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

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

## FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

### Interest Maintenance Reserve

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

### Amortization

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2020 .....				
2. 2021 .....				
3. 2022 .....				
4. 2023 .....				
5. 2024 .....				
6. 2025 .....				
7. 2026 .....				
8. 2027 .....				
9. 2028 .....				
10. 2029 .....				
11. 2030 .....				
12. 2031 .....				
13. 2032 .....				
14. 2033 .....				
15. 2034 .....				
16. 2035 .....				
17. 2036 .....				
18. 2037 .....				
19. 2038 .....				
20. 2039 .....				
21. 2040 .....				
22. 2041 .....				
23. 2042 .....				
24. 2043 .....				
25. 2044 .....				
26. 2045 .....				
27. 2046 .....				
28. 2047 .....				
29. 2048 .....				
30. 2049 .....				
31. 2050 and Later .....				
32. Total (Lines 1 to 31)				

### ASSET VALUATION RESERVE

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

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

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>LONG-TERM BONDS</b>												
1		Exempt Obligations		X X X	X X X		0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1A		X X X	X X X		0.0005		0.0016		0.0033	
2.2	1	NAIC Designation Category 1B		X X X	X X X		0.0005		0.0016		0.0033	
2.3	1	NAIC Designation Category 1C		X X X	X X X		0.0005		0.0016		0.0033	
2.4	1	NAIC Designation Category 1D		X X X	X X X		0.0005		0.0016		0.0033	
2.5	1	NAIC Designation Category 1E		X X X	X X X		0.0005		0.0016		0.0033	
2.6	1	NAIC Designation Category 1F		X X X	X X X		0.0005		0.0016		0.0033	
2.7	1	NAIC Designation Category 1G		X X X	X X X		0.0005		0.0016		0.0033	
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7)		X X X	X X X		X X X		X X X		X X X	
3.1	2	NAIC Designation Category 2A		X X X	X X X		0.0021		0.0064		0.0106	
3.2	2	NAIC Designation Category 2B		X X X	X X X		0.0021		0.0064		0.0106	
3.3	2	NAIC Designation Category 2C		X X X	X X X		0.0021		0.0064		0.0106	
3.4		Subtotal NAIC 2 (3.1 + 3.2 + 3.3)		X X X	X X X		X X X		X X X		X X X	
4.1	3	NAIC Designation Category 3A		X X X	X X X		0.0099		0.0263		0.0376	
4.2	3	NAIC Designation Category 3B		X X X	X X X		0.0099		0.0263		0.0376	
4.3	3	NAIC Designation Category 3C		X X X	X X X		0.0099		0.0263		0.0376	
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3)		X X X	X X X		X X X		X X X		X X X	
5.1	4	NAIC Designation Category 4A		X X X	X X X		0.0245		0.0572		0.0817	
5.2	4	NAIC Designation Category 4B		X X X	X X X		0.0245		0.0572		0.0817	
5.3	4	NAIC Designation Category 4C		X X X	X X X		0.0245		0.0572		0.0817	
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3)		X X X	X X X		X X X		X X X		X X X	
6.1	5	NAIC Designation Category 5A		X X X	X X X		0.0630		0.1128		0.1180	
6.2	5	NAIC Designation Category 5B		X X X	X X X		0.0630		0.1128		0.1180	
6.3	5	NAIC Designation Category 5C		X X X	X X X		0.0630		0.1128		0.1180	
6.4		Subtotal NAIC 5 (6.1 + 6.2 + 6.3)		X X X	X X X		X X X		X X X		X X X	
7	6	NAIC 6		X X X	X X X		0.0000		0.2370		0.2370	
8		Total Unrated Multi-class Securities Acquired by Conversion		X X X	X X X		X X X		X X X		X X X	
9		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7+8)		X X X	X X X		X X X		X X X		X X X	
<b>PREFERRED STOCKS</b>												
10	1	Highest Quality		X X X	X X X		0.0005		0.0016		0.0033	
11	2	High Quality		X X X	X X X		0.0021		0.0064		0.0106	
12	3	Medium Quality		X X X	X X X		0.0099		0.0263		0.0376	
13	4	Low Quality		X X X	X X X		0.0245		0.0572		0.0817	
14	5	Lower Quality		X X X	X X X		0.0630		0.1128		0.1880	
15	6	In or Near Default		X X X	X X X		0.0000		0.2370		0.2370	
16		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16)		X X X	X X X		X X X		X X X		X X X	

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

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>SHORT-TERM BONDS</b>												
18		Exempt Obligations		X X X	X X X		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1A		X X X	X X X		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1B		X X X	X X X		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1C		X X X	X X X		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1D		X X X	X X X		0.0005		0.0016		0.0033	
19.5	1	NAIC Designation Category 1E		X X X	X X X		0.0005		0.0016		0.0033	
19.6	1	NAIC Designation Category 1F		X X X	X X X		0.0005		0.0016		0.0033	
19.7	1	NAIC Designation Category 1G		X X X	X X X		0.0005		0.0016		0.0033	
19.8		Subtotal NAIC 1 (19.1 + 19.2 + 19.3 + 19.4 + 19.5 + 19.6 + 19.7)		X X X	X X X		X X X		X X X		X X X	
20.1	2	NAIC Designation Category 2A		X X X	X X X		0.0021		0.0064		0.0106	
20.2	2	NAIC Designation Category 2B		X X X	X X X		0.0021		0.0064		0.0106	
20.3	2	NAIC Designation Category 2C		X X X	X X X		0.0021		0.0064		0.0106	
20.4		Subtotal NAIC 2 (20.1 + 20.2 + 20.3)		X X X	X X X		X X X		X X X		X X X	
21.1	3	NAIC Designation Category 3A		X X X	X X X		0.0099		0.0263		0.0376	
21.2	3	NAIC Designation Category 3B		X X X	X X X		0.0099		0.0263		0.0376	
21.3	3	NAIC Designation Category 3C		X X X	X X X		0.0099		0.0263		0.0376	
21.4		Subtotal NAIC 3 (21.1 + 21.2 + 21.3)		X X X	X X X		X X X		X X X		X X X	
22.1	4	NAIC Designation Category 4A		X X X	X X X		0.0245		0.0572		0.0817	
22.2	4	NAIC Designation Category 4B		X X X	X X X		0.0245		0.0572		0.0817	
22.3	4	NAIC Designation Category 4C		X X X	X X X		0.0245		0.0572		0.0817	
22.4		Subtotal NAIC 4 (22.1 + 22.2 + 22.3)		X X X	X X X		X X X		X X X		X X X	
23.1	5	NAIC Designation Category 5A		X X X	X X X		0.0630		0.1128		0.1180	
23.2	5	NAIC Designation Category 5B		X X X	X X X		0.0630		0.1128		0.1180	
23.3	5	NAIC Designation Category 5C		X X X	X X X		0.0630		0.1128		0.1180	
23.4		Subtotal NAIC 5 (23.1 + 23.2 + 23.3)		X X X	X X X		X X X		X X X		X X X	
24	6	NAIC 6		X X X	X X X		0.0000		0.2370		0.2370	
25		Total Short-term Bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24)		X X X	X X X		X X X		X X X		X X X	
<b>DERIVATIVE INSTRUMENTS</b>												
26		Exchange Traded		X X X	X X X		0.0005		0.0016		0.0033	
27	1	Highest Quality		X X X	X X X		0.0005		0.0016		0.0033	
28	2	High Quality		X X X	X X X		0.0021		0.0064		0.0106	
29	3	Medium Quality		X X X	X X X		0.0099		0.0263		0.0376	
30	4	Low Quality		X X X	X X X		0.0245		0.0572		0.0817	
31	5	Lower Quality		X X X	X X X		0.0630		0.1128		0.1880	
32	6	In or Near Default		X X X	X X X		0.0000		0.2370		0.2370	
33		Total Derivative Instruments		X X X	X X X		X X X		X X X		X X X	
34		TOTAL (Lines 9 + 17 + 25 + 33)		X X X	X X X		X X X		X X X		X X X	

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

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

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

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

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

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30	1	Highest Quality		X X X	X X X		0.0005		0.0016		0.0033	
31	2	High Quality		X X X	X X X		0.0021		0.0064		0.0106	
32	3	Medium Quality		X X X	X X X		0.0099		0.0263		0.0376	
33	4	Low Quality		X X X	X X X		0.0245		0.0572		0.0817	
34	5	Lower Quality		X X X	X X X		0.0630		0.1128		0.1880	
35	6	In or Near Default		X X X	X X X		0.0000		0.2370		0.2370	
36		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		X X X	X X X		X X X		X X X		X X X	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38		Mortgages - CM1 - Highest Quality			X X X		0.0011		0.0057		0.0074	
39		Mortgages - CM2 - High Quality			X X X		0.0040		0.0114		0.0149	
40		Mortgages - CM3 - Medium Quality			X X X		0.0069		0.0200		0.0257	
41		Mortgages - CM4 - Low Medium Quality			X X X		0.0120		0.0343		0.0428	
42		Mortgages - CM5 - Low Quality			X X X		0.0183		0.0486		0.0628	
43		Residential Mortgages - Insured or Guaranteed			X X X		0.0003		0.0007		0.0011	
44		Residential Mortgages - All Other		X X X	X X X		0.0015		0.0034		0.0046	
45		Commercial Mortgages - Insured or Guaranteed			X X X		0.0003		0.0007		0.0011	
Overdue, Not in Process Affiliated:												
46		Farm Mortgages			X X X		0.0480		0.0868		0.1371	
47		Residential Mortgages - Insured or Guaranteed			X X X		0.0006		0.0014		0.0023	
48		Residential Mortgages - All Other			X X X		0.0029		0.0066		0.0103	
49		Commercial Mortgages - Insured or Guaranteed			X X X		0.0006		0.0014		0.0023	
50		Commercial Mortgages - All Other			X X X		0.048		0.0868		0.1371	
In Process of Foreclosure Affiliated:												
51		Farm Mortgages			X X X		0.0000		0.1942		0.1942	
52		Residential Mortgages - Insured or Guaranteed			X X X		0.0000		0.0046		0.0046	
53		Residential Mortgages - All Other			X X X		0.0000		0.0149		0.0149	
54		Commercial Mortgages - Insured or Guaranteed			X X X		0.0000		0.0046		0.0046	
55		Commercial Mortgages - All Other			X X X		0.0000		0.1942		0.1942	
56		Total Affiliated (Sum of Lines 38 through 55)			X X X		X X X		X X X		X X X	
57		Unaffiliated - In Good Standing With Covenants			X X X		(c)		(c)		(c)	
58		Unaffiliated - In Good Standing Defeased With Government Securities			X X X		0.0011		0.0057		0.0074	
59		Unaffiliated - In Good Standing Primarily Senior			X X X		0.0040		0.0114		0.0149	
60		Unaffiliated - In Good Standing All Other			X X X		0.0069		0.0200		0.0257	
61		Unaffiliated - Overdue, Not in Process			X X X		0.0480		0.0868		0.1371	
62		Unaffiliated - In Process of Foreclosure			X X X		0.0000		0.1942		0.1942	
63		Total Unaffiliated (Sum of Lines 57 through 62)			X X X		X X X		X X X		X X X	
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)			X X X		X X X		X X X		X X X	

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

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

(a) Times the company's weighted average portfolio beta (Minimum .1245, Maximum .2431).

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

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





### SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts								
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount

**PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS**

1. Premiums written		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X
2. Premiums earned		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X
3. Incurred claims																		
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)																		
6. Increase in contract reserves																		
7. Commissions (a)																		
8. Other general insurance expenses																		
9. Taxes, licenses and fees																		
10. Total other expenses incurred																		
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds																		
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds																		

**DETAILS OF WRITE-IN LINES**

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)																		

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

### SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
<b>PART 2 - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums									
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year									
5. Total premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year									
3. Increase									
<b>PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Lines 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									
<b>PART 4 - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

39

(a) Includes \$ ..... premium deficiency reserve.

### SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred Claims .....				
2. Beginning Claim Reserves and Liabilities .....				
3. Ending Claim Reserves and Liabilities .....				
4. Claims Paid				
B. Assumed Reinsurance:				
5. Incurred Claims .....				
6. Beginning Claim Reserves and Liabilities .....				
7. Ending Claim Reserves and Liabilities .....				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims .....				
10. Beginning Claim Reserves and Liabilities .....				
11. Ending Claim Reserves and Liabilities .....				
12. Claims Paid				
D. Net:				
13. Incurred Claims .....				
14. Beginning Claim Reserves and Liabilities .....				
15. Ending Claim Reserves and Liabilities .....				
16. Claims Paid				
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses .....				
18. Beginning Reserves and Liabilities .....				
19. Ending Reserves and Liabilities .....				
20. Paid Claims and Cost Containment Expenses				







### SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
This area is intentionally left blank for data entry														
999999	Totals								XXX					

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	11 Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		





## SCHEDULE S – PART 6

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

	1	2	3	4	5
	2020	2019	2018	2017	2016
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts					
2. Commissions and reinsurance expense allowances					
3. Contract claims					
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts					
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts					
10. Liability for deposit-type contracts					
11. Contract claims unpaid					
12. Amounts recoverable on reinsurance					
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of Credit (L)					
25. Trust agreements (T)					
26. Other (O)					

## SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)			
2. Reinsurance (Line 16)			
3. Premiums and considerations (Line 15)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (balance)			
6. Total assets excluding Separate Accounts (Line 26)			
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)			
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2)			
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)			
12. Policyholder dividends/ member refunds/ reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)			
14. Other contract liabilities (Line 9)			
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)			
20. Total liabilities excluding Separate Accounts (Line 26)			
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)			
23. Capital & surplus (Line 38)		X X X	
24. Total liabilities, capital & surplus (Line 39)			
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves			
26. Claim reserves			
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets			
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables			
34. Premiums and considerations			
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets			
41. Total net credit for ceded reinsurance			

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

### Allocated by States and Territories

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

(a) Active Status Counts  
 L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG \_\_\_\_\_  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state \_\_\_\_\_  
 R - Registered - Non-domiciled RRGs \_\_\_\_\_  
 Q - Qualified - Qualified or accredited reinsurer \_\_\_\_\_  
 N - None of the above - Not allowed to write business in the state \_\_\_\_\_

(b) Explanation of basis of allocation by states, etc., of premi  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4. Cols. 8, 9 and 10, or with Schedule H, Part 1, Column 1, Line 1 indicate which: .....

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**  
**Allocated By States and Territories**

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

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

**PART 1 - ORGANIZATIONAL CHART**





## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

### Responses

- |  |       |
|--|-------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                    | ..... |
| 2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                            | ..... |
| 3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | ..... |
| 4. Will an actuarial opinion be filed by March 1?  | ..... |

### APRIL FILING

- |  |       |
|--|-------|
| 5. Will Management's Discussion and Analysis be filed by April 1?  | ..... |
| 6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)                                  | ..... |
| 7. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) | ..... |
| 8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?   | ..... |

### JUNE FILING

- |   |       |
|---|-------|
| 9. Will an audited financial report be filed by June 1?   | ..... |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | ..... |

### AUGUST FILING

- |   |       |
|---|-------|
| 11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | ..... |
|---|-------|

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific supplement. However, in the event that your company does not transact the code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

### MARCH FILING

### Responses

- |  |       |
|--|-------|
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)   | ..... |
| 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | ..... |
| 14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?   | ..... |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?            | ..... |
| 16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?  | ..... |
| 17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?  | ..... |
| 19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?                                 | ..... |
| 22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?             | ..... |
| 23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?         | ..... |
| 25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?  | ..... |
| 26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?                        | ..... |

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? .....
- 33. Will the Actuarial Certifications regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? .....
- 34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) .....
- 35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? .....
- 36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....
- 37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....
- 38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....
- 39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....
- 40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? .....

### APRIL FILING

- 41. Will the confidential Regulatory Assets Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? .....
- 42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....
- 43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .....
- 44. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....
- 45. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....
- 46. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....
- 47. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? .....
- 48. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....
- 49. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? .....
- 50. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? .....
- 51. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? .....
- 52. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? .....

### AUGUST FILING

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

**Explanation:**

**Bar Code:**

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**OVERFLOW PAGE FOR WRITE-INS**

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## SUMMARY INVESTMENT SCHEDULE

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

## SCHEDULE A - VERIFICATION BETWEEN YEARS

### Real Estate

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

## SCHEDULE B - VERIFICATION BETWEEN YEARS

### Mortgage Loans

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

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

### Other Long-Term Invested Assets

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

### Bonds and Stocks

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

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b> Governments (Including all obligations guaranteed by governments)	1. United States .....				
	2. Canada .....				
	3. Other Countries .....				
	4. Totals				
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals				
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans and Hybrid Securities (unaffiliated)	8. United States .....				
	9. Canada .....				
	10. Other Countries .....				
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	<b>13. Total Bonds</b>				
<b>PREFERRED STOCKS</b> Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries .....				
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	<b>19. Total Preferred Stocks</b>				
<b>COMMON STOCKS</b> Industrial and Miscellaneous (unaffiliated)	20. United States .....				
	21. Canada .....				
	22. Other Countries .....				
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	<b>25. Total Common Stocks</b>				
	26. Total Stocks				
	27. Total Bonds and Stocks				

### SCHEDULE D - PART 1A - SECTION 1

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

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NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1						XXX						
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 Totals						XXX						
<b>2. All Other Governments</b>												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
<b>3. U.S. States, Territories and Possessions, etc., Guaranteed</b>												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals						XXX						

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

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

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

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 8 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>11. Total Bonds Current Year</b>												
11.1 NAIC 1	(d)								XXX	XXX		
11.2 NAIC 2	(d)								XXX	XXX		
11.3 NAIC 3	(d)								XXX	XXX		
11.4 NAIC 4	(d)								XXX	XXX		
11.5 NAIC 5	(d)						(c)		XXX	XXX		
11.6 NAIC 6	(d)						(c)		XXX	XXX		
11.7 Totals							(b)		XXX	XXX		
11.8 Line 11.7 as a % of Col. 7								XXX	XXX	XXX		
<b>12. Total Bonds Prior Year</b>												
12.1 NAIC 1							XXX	XXX				
12.2 NAIC 2							XXX	XXX				
12.3 NAIC 3							XXX	XXX				
12.4 NAIC 4							XXX	XXX				
12.5 NAIC 5							XXX	XXX	(c)			
12.6 NAIC 6							XXX	XXX	(c)			
12.7 Totals							XXX	XXX	(b)			
12.8 Line 12.7 as a % of Col. 9							XXX	XXX		XXX		
<b>13. Total Publicly Traded Bonds</b>												
13.1 NAIC 1												XXX
13.2 NAIC 2												XXX
13.3 NAIC 3												XXX
13.4 NAIC 4												XXX
13.5 NAIC 5												XXX
13.6 NAIC 6												XXX
13.7 Totals												XXX
13.8 Line 13.7 as a % of Col. 7								XXX	XXX	XXX		XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11								XXX	XXX	XXX		XXX
<b>14. Total Privately Placed Bonds</b>												
14.1 NAIC 1											XXX	
14.2 NAIC 2											XXX	
14.3 NAIC 3											XXX	
14.4 NAIC 4											XXX	
14.5 NAIC 5											XXX	
14.6 NAIC 6											XXX	
14.7 Totals											XXX	
14.8 Line 14.7 as a % of Col. 7								XXX	XXX	XXX		XXX
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11								XXX	XXX	XXX		XXX

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(a) Includes \$ \_\_\_\_\_ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ \_\_\_\_\_ current year of bonds with Z designations, and \$ \_\_\_\_\_ prior year of bonds with Z designations and \$ \_\_\_\_\_ current year. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.

(c) Includes \$ \_\_\_\_\_ current year of bonds with 5GI designations, \$ \_\_\_\_\_ prior year of bonds with 5GI designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ \_\_\_\_\_ ; NAIC 2 \$ \_\_\_\_\_ ; NAIC 3 \$ \_\_\_\_\_ ; NAIC 4 \$ \_\_\_\_\_ ; NAIC 5 \$ \_\_\_\_\_ ; NAIC 6 \$ \_\_\_\_\_

## SCHEDULE D - PART 1A - SECTION 2

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.01 Issuer Obligations						XXX						
1.02 Residential Mortgage-Backed Securities						XXX						
1.03 Commercial Mortgage-Backed Securities						XXX						
1.04 Other Loan-Backed and Structured Securities						XXX						
1.05 Totals						XXX						
<b>2. All Other Governments</b>												
2.01 Issuer Obligations						XXX						
2.02 Residential Mortgage-Backed Securities						XXX						
2.03 Commercial Mortgage-Backed Securities						XXX						
2.04 Other Loan-Backed and Structured Securities						XXX						
2.05 Totals						XXX						
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.01 Issuer Obligations						XXX						
3.02 Residential Mortgage-Backed Securities						XXX						
3.03 Commercial Mortgage-Backed Securities						XXX						
3.04 Other Loan-Backed and Structured Securities						XXX						
3.05 Totals						XXX						
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.01 Issuer Obligations						XXX						
4.02 Residential Mortgage-Backed Securities						XXX						
4.03 Commercial Mortgage-Backed Securities						XXX						
4.04 Other Loan-Backed and Structured Securities						XXX						
4.05 Totals						XXX						
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.01 Issuer Obligations						XXX						
5.02 Residential Mortgage-Backed Securities						XXX						
5.03 Commercial Mortgage-Backed Securities						XXX						
5.04 Other Loan-Backed and Structured Securities						XXX						
5.05 Totals						XXX						
<b>6. Industrial and Miscellaneous</b>												
6.01 Issuer Obligations						XXX						
6.02 Residential Mortgage-Backed Securities						XXX						
6.03 Commercial Mortgage-Backed Securities						XXX						
6.04 Other Loan-Backed and Structured Securities						XXX						
6.05 Totals						XXX						
<b>7. Hybrid Securities</b>												
7.01 Issuer Obligations						XXX						
7.02 Residential Mortgage-Backed Securities						XXX						
7.03 Commercial Mortgage-Backed Securities						XXX						
7.04 Other Loan-Backed and Structured Securities						XXX						
7.05 Totals						XXX						
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.01 Issuer Obligations						XXX						
8.02 Residential Mortgage-Backed Securities						XXX						
8.03 Commercial Mortgage-Backed Securities						XXX						
8.04 Other Loan-Backed and Structured Securities						XXX						
8.05 Affiliated Bank Loans – Issued						XXX						
8.06 Affiliated Bank Loans – Acquired						XXX						
8.07 Totals						XXX						

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

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

	1	2	3	4	5	6	7	8	9	10	11	12
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 11.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
<b>9. SVO Identified Funds</b>												
9.01 Exchange Traded Funds Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.02 Bond Mutual Funds Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.03 Totals	X X X	X X X	X X X	X X X	X X X							
<b>10. Unaffiliated Bank Loans</b>												
10.01 Unaffiliated Bank Loans - Issued						X X X						
10.02 Unaffiliated Bank Loans - Acquired						X X X						
10.03 Totals						X X X						
<b>11. Total Bonds Current Year</b>												
11.01 Issuer Obligations						X X X			X X X	X X X		
11.02 Residential Mortgage-Backed Securities						X X X			X X X	X X X		
11.03 Commercial Mortgage-Backed Securities						X X X			X X X	X X X		
11.04 Other Loan-Backed and Structured Securities						X X X			X X X	X X X		
11.05 SVO - Identified Securities	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
11.06 Affiliated Bank Loans						X X X			X X X	X X X		
11.07 Unaffiliated Bank Loans						X X X			X X X	X X X		
11.08 Totals									X X X	X X X		
11.09 Line 11.08 as a % of Col. 7								X X X	X X X	X X X		
<b>12. Total Bonds Prior Year</b>												
12.01 Issuer Obligations						X X X	X X X	X X X				
12.02 Residential Mortgage-Backed Securities						X X X	X X X	X X X				
12.03 Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
12.04 Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
12.05 SVO - Identified Securities	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
12.06 Affiliated Bank Loans						X X X	X X X	X X X				
12.07 Unaffiliated Bank Loans						X X X	X X X	X X X				
12.08 Totals							X X X	X X X				
12.09 Line 12.08 as a % of Col. 9							X X X	X X X		X X X		
<b>13. Total Publicly Traded Bonds</b>												
13.01 Issuer Obligations						X X X						X X X
13.02 Residential Mortgage-Backed Securities						X X X						X X X
13.03 Commercial Mortgage-Backed Securities						X X X						X X X
13.04 Other Loan-Backed and Structured Securities						X X X						X X X
13.05 SVO - Identified Securities	X X X	X X X	X X X	X X X	X X X							X X X
13.06 Affiliated Bank Loans						X X X						X X X
13.07 Unaffiliated Bank Loans						X X X						X X X
13.08 Totals												X X X
13.09 Line 13.08 as a % of Col. 7								X X X	X X X	X X X		X X X
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11								X X X	X X X	X X X		X X X
<b>14. Total Privately Placed Bonds</b>												
14.01 Issuer Obligations						X X X					X X X	
14.02 Residential Mortgage-Backed Securities						X X X					X X X	
14.03 Commercial Mortgage-Backed Securities						X X X					X X X	
14.04 Other Loan-Backed and Structured Securities						X X X					X X X	
14.05 SVO - Identified Securities	X X X	X X X	X X X	X X X	X X X						X X X	
14.06 Affiliated Bank Loans						X X X					X X X	
14.07 Unaffiliated Bank Loans						X X X					X X X	
14.08 Totals											X X X	
14.09 Line 14.08 as a % of Col. 7								X X X	X X X	X X X	X X X	
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11								X X X	X X X	X X X	X X X	

## SCHEDULE DA - VERIFICATION BETWEEN YEARS

### Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-Term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....					
2. Cost of short-term investments acquired .....					
3. Accrual of discount .....					
4. Unrealized valuation increase (decrease) .....					
5. Total gain (loss) on disposals .....					
6. Deduct consideration received on disposals .....					
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)					

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

## SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

### Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 10, prior year)		
2.	Cost paid/(consideration received) on additions:		
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12		
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14		
3.	Unrealized Valuation increase/(decrease):		
3.1	Section 1, Column 17		
3.2	Section 2, Column 19		
4.	SSAP No. 108 adjustments		
5.	Total gain (loss) on termination recognized, Section 2, Column 22		
6.	Considerations received/(paid) on terminations, Section 2, Column 15		
7.	Amortization:		
7.1	Section 1, Column 19		
7.2	Section 2, Column 21		
8.	Adjustment to the book/adjusted carrying value of hedged item:		
8.1	Section 1, Column 20		
8.2	Section 2, Column 23		
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Section 1, Column 18		
9.2	Section 2, Column 20		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 - 6 + 7 + 8 + 9)		
11.	Deduct nonadmitted assets		
12.	Statement value at end of current period (Line 10 minus Line 11)		

## SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

### Future Contracts

1.	Book/adjusted carrying value, December 31 of prior year (Line 6, prior year)		
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change Column)		
3.1	Add:		
	Change in variation margin on open contracts - Highly effective hedges:		
3.11	Section 1, Column 15, current year minus		
3.12	Section 1, Column 15, prior year		
	Change in variation margin on open contracts - All other:		
3.13	Section 1, Column 18, current year minus		
3.14	Section 1, Column 18, prior year		
3.2	Add:		
	Change in adjustment to basis of hedged item:		
3.21	Section 1, Column 17, current year to date minus		
3.22	Section 1, Column 17, prior year		
	Change in amount recognized		
3.23	Section 1, Column 19, current year to date minus		
3.24	Section 1, Column 19, prior year plus		
3.25	SSAP No. 108 adjustments		
3.3	Subtotal (Line 3.1 minus Line 3.2)		
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15)		
4.2	Less:		
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)		
4.22	Amount recognized (Section 2, Column 16)		
4.23	SSAP No. 108 adjustments		
4.3	Subtotal (Line 4.1 minus Line 4.2)		
5.	Dispositions gains (losses) on contracts terminated in prior year:		
5.1	Total gain (loss) recognized for terminations in prior year		
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year		
6.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)		
7.	Deduct total nonadmitted amounts		
8.	Statement value at end of current period (Line 6 minus Line 7)		





## SCHEDULE DB VERIFICATION

### Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14 .....		
2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance .....		
3. Total (Line 1 plus Line 2) .....		
4. Part D, Section 1, Column 5 .....		
5. Part D, Section 1, Column 6 .....		
6. Total (Line 3 minus Line 4 minus Line 5) .....		

Fair Value Check

7. Part A, Section 1, Column 16 .....		
8. Part B, Section 1, Column 13 .....		
9. Total (Line 7 plus Line 8) .....		
10. Part D, Section 1, Column 8 .....		
11. Part D, Section 1, Column 9 .....		
12. Total (Line 9 minus Line 10 minus Line 11) .....		

Potential Exposure Check

13. Part A, Section 1, Column 21 .....		
14. Part B, Section 1, Column 20 .....		
15. Part D, Section 1, Column 11 .....		
16. Total (Line 13 plus Line 14 minus Line 15) .....		

## SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year .....				
2. Cost of cash equivalents acquired .....				
3. Accrual of discount .....				
4. Unrealized valuation increase (decrease) .....				
5. Total gain (loss) on disposals .....				
6. Deduct consideration received on disposals .....				
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)				

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













### SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1 CUSIP Identification	2 Name or Description	3 Code	4 Location		6 Name of Vendor or General Partner	7 NAIC Designation, NAIC Designation Modifier and SVO Administrativ Symbol	8 Date Originally Acquired	9 Type and Strategy	10 Actual Cost	11 Fair Value	12 Book/Adjusted Carrying Value Less Encumbrances	Change in Book/Adjusted Carrying Value					18 Investment Income	19 Commitment for Additional Investment	20 Percentage of Ownership								
			4 City	5 State								13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Depreciation) or (Amortization)/ Accretion	15 Current Year's Other-Than- Temporary Impairment Recognized	16 Capitalized Deferred Interest and Other	17 Total Foreign Exchange Change in B./A.C.V.											
5099999 Totals																											X X X

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
2A \$	2B \$	2C \$				
3A \$	3B \$	3C \$				
4A \$	4B \$	4C \$				
5A \$	5B \$	5C \$				
6 \$						





## SCHEDULE D - PART 1

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

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation, NAIC Designation Modifier and SVO Administrativ Symbol	7 Actual Cost	Fair Value		10 Par Value	11 Book / Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				Interest				Dates		
		3 Code	4 F o r e i g n	5 Bond CHAR			8 Rate Used To Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase / (Decrease)	13 Current Year's (Amortization) / Accretion	14 Current Year's Other -Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Stated Contractual Maturity Date
8399999 Total Bonds							XXX								XXX	XXX	XXX			XXX	XXX

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A \$

2A \$

3A \$

4A \$

5A \$

6 \$

1B \$

2B \$

3B \$

4B \$

5B \$

1C \$

2C \$

3C \$

4C \$

5C \$

1D \$

1E \$

1F \$

1G \$

E10

## SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value					20 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	21 Date Acquired
		3 Code	4 F o r e i g n					9 Rate per Share Used to Obtain Fair Value	10 Fair Value		12 Declared But Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase / (Decrease)	16 Current Year's (Amortization) / Accretion	17 Current Year's Other -Than- Temporary Impairment Recognized	18 Total Change in B./A.C.V. (15 + 16 - 17)	19 Total Foreign Exchange Change in B./A.C.V.		
8999999 Total Preferred Stocks								X X X											X X X	X X X

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

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

### SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Book/ Adjusted Carrying Value	Fair Value		9 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				17 Date Acquired	18 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
		3 Code	4 F o r e i g n			7 Rate per Share Used to Obtain Fair Value	8 Fair Value		10 Declared But Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase / (Decrease)	14 Current Year's Other -Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (13 - 14)	16 Total Foreign Exchange Change in B./A.C.V.			
9899999 Total Preferred and Common Stocks						X	X	X								X	X	X

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

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







### SCHEDULE D - PART 6 - SECTION 1

#### Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1  CUSIP Identification	2  Description Name of Subsidiary, Controlled or Affiliated Company	3  Foreign	4  NAIC Company Code	5  ID Number	6  NAIC Valuation Method	7  Book/ Adjusted Carrying Value	8  Total Amount of Goodwill Included in Book Adjusted Carrying Value	9  Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date	
									10  Number of Shares	11  % of Outstanding
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1999999 Totals										XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ .....
2. Total amount of intangible assets nonadmitted \$ .....

916

### SCHEDULE D - PART 6 - SECTION 2

1  CUSIP Identification	2  Name of Lower-Tier Company	3  Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4  Total Goodwill Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5  Number of Shares	6  % of Outstanding
.....	.....	.....	.....	.....	.....
0399999 Total				XXX	XXX

## SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Codes		4	5	6	7	Change in Book/Adjusted Carrying Value				12	13	Interest					20	
	2	3					8	9	10	11			14	15	16	17	18		19
Description	Code	F o r e i g n	Date Acquired	Name of Vendor	Maturity Date	Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other -Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	Non-Admitted Due And Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
9199999				TOTALS						X X X					X X X	X X X	X X X		

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
2A \$	2B \$	2C \$				
3A \$	3B \$	3C \$				
4A \$	4B \$	4C \$				
5A \$	5B \$	5C \$				
6 \$						

## SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A./C./V.	Current Year's (Amortization)/ Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (b)
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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(a)

Code	Description of Hedged Risk(s)
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(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
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### SCHEDULE DB - PART D - SECTION 1

#### Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value >0	6 Contracts With Book/ Adjusted Carrying Value <0	7 Exposure net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral		
.....											
1. Offset per SSAP No. 64											
2. Net after right of offset per SSAP No. 64											

E22





## SCHEDULE DL - PART 1

### SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year  
 (Securities lending collateral assets reported in aggregate on Line 10 of the Assets page  
 and not included on Schedule A, B, BA, D, DB and E)

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	5 Fair Value	6 Book / Adjusted Carrying Value	7 Maturity Dates
9999999 Totals						X X X
General Interrogatories:						
1. Total activity for the year		Fair Value \$		Booked/Adjusted Carrying Value \$		
2. Average balance for the year		Fair Value \$		Booked/Adjusted Carrying Value \$		

**Book/Adjusted Carrying Value by NAIC Designation Category Footnote:**

1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
2A \$	2B \$	2C \$				
3A \$	3B \$	3C \$				
4A \$	4B \$	4C \$				
5A \$	5B \$	5C \$				
6 \$						





## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
.....	.....	.....	.....	.....	.....	.....	.....	.....
8899999	Total Cash Equivalents							

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

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

### SCHEDULE E – PART 3 – SPECIAL DEPOSITS

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

DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	X X X	X X X				
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	X X X	X X X				

**SUPPLEMENTAL COMPENSATION EXHIBIT**  
**For The Year Ended December 31, 2020 (To Be Filed by March 1)**

**PART 1 – INTERROGATORIES**

1. Is the reporting insurer a member of a group of insurers or other holding company systems? Yes [ ] No [ ]  
 If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ]; or 2) allocation to each insurer: Yes [ ].
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [ ] No [ ]

**PART 2 — OFFICERS AND EMPLOYEES COMPENSATION**

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: Principal Executive Officer 1. ....	2020 2019 2018								
Current: Principal Financial Officer 2. ....	2020 2019 2018								
3. ....	2020 2019 2018								
4. ....	2020 2019 2018								
5. ....	2020 2019 2018								
6. ....	2020 2019 2018								
7. ....	2020 2019 2018								
8. ....	2020 2019 2018								
9. ....	2020 2019 2018								
10. ....	2020 2019 2018								

**PART 3 — DIRECTOR COMPENSATION**

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
1. ....						
2. ....						
3. ....						
4. ....						
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25. ....						



**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**

**SCHEDULE SIS**

**STOCKHOLDER INFORMATION SUPPLEMENT**

For The Year Ended December 31, 2020

(To Be Filed by March 1)

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

TO ANNUAL STATEMENT OF THE

---

COMPANY

## FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

Answer: \_\_\_\_\_

If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?

Answer: \_\_\_\_\_

If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?

Answer: \_\_\_\_\_

If the answer is "No" explain in detail below. Attach separate sheet if necessary.

(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A		Column B	
	Yes	No	Yes	No
<b>To be answered by Life, Accident and Health Companies:</b>				
a. Statement of Assets, Liabilities, Surplus and Other Funds .....				
b. Summary of Operations .....				
c. Surplus Account .....				
<b>To be answered by Property and Casualty Companies:</b>				
a. Statement of Assets, Liabilities, Surplus and Other Funds .....				
b. Statement of Income .....				
c. Capital and Surplus Account .....				
<b>To be answered by Title Insurance Companies:</b>				
a. Statement of Assets, Liabilities, Surplus and Other Funds .....				
b. Statement of Income - - Operations and Investment Exhibit .....				
c. Capital and Surplus Account .....				
<b>To be answered by Health Insurance Companies:</b>				
a. Statement of Assets, Liabilities, Capital and Surplus .....				
b. Statement of Revenue and Expenses .....				
c. Capital and Surplus Account .....				

## INFORMATION REGARDING MANAGEMENT AND DIRECTORS

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

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

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

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
- B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.

2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

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

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer: ..... If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer: ..... If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

## STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1	2	3	Number of Shares					8	9
			4	5	Disposed of During Current Year		8		
			Owned at End of Prior Year	Acquired During Current Year	6 Held Less Than 6 Months	7 Held 6 Months or More	Owned at End of Current Year		
.....	.....	.....	.....	.....	.....	.....	.....	.....	
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Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer: ..... If answer is "no" explain in detail on separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer .....

Has the state of domicile granted an exemption or disclaimer of control? Answer .....

If answer is "yes" explain:  
.....  
.....

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020  
(To Be Filed By March 1)

FOR THE STATE OF .....

NAIC Group Code .....  
Address (City, State and Zip Code) .....  
Person Completing This Exhibit .....  
Title .....

NAIC Company Code .....  
Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018, 2019, 2020				
										11	12		14	15	16		18
											Incurred Claims	13			Incurred Claims	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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## GENERAL INTERROGATORIES

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

# TRUSTEED SURPLUS STATEMENT

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT OF TRUSTEE – SCHEDULE B

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT OF TRUSTEE – SCHEDULE C

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT OF TRUSTEE – SCHEDULE D

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## TRUSTEED SURPLUS STATEMENT (Continued)

### ASSETS

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

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
1.01				
1.02				
1.03				
1.04				
1.05				
1.06				
1.07				
1.08				
1.09				
1.98	Accrued Investment Income		X X X	X X X
1.99	Totals			

#### SCHEDULE B – DEPOSITS WITH UNITED STATES TRUSTEE

Line Number	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investments			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		X X X	X X X
2.99	Totals			

#### SCHEDULE C – DEPOSITS WITH UNITED STATES TRUSTEE

Line Number	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investments			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		X X X	X X X
3.99	Totals			

#### SCHEDULE D – DEPOSITS WITH UNITED STATES TRUSTEE

Line Number	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investments			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		X X X	X X X
4.99	Totals			

## TRUSTEED SURPLUS STATEMENT

### LIABILITIES AND TRUSTEED SURPLUS

	1
	Current Year
	1
	Current Year
1. Total Liabilities .....	
ADDITIONS TO LIABILITIES:	
2. Aggregate write-ins for additions to liabilities .....	
3. Total (Lines 1 + 2) .....	
DEDUCTIONS FROM LIABILITIES:	
4. Amounts Recoverable From Reinsurers:	
4.1 Authorized Companies .....	
4.2 Unauthorized Companies .....	
4.3 Certified Companies .....	
4.4 Reciprocal jurisdiction companies .....	
5. Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule) .....	
5.2 Accrued interest on special state deposits .....	
6. Life insurance premiums and annuity considerations deferred and uncollected .....	
7. Accident and health premiums due and unpaid .....	
8. Contract loans and premium notes:	
8.1 Contract loans not exceeding reserves carried on such policies .....	
8.2 Premium notes .....	
8.3 Interest due and accrued on contract loans and premium notes .....	
9. Aggregate write-ins for other deductions from liabilities .....	
10. Total Deductions (Lines 4.1 through 9) .....	
11. Total Adjusted Liabilities (Line 3 minus Line 10) .....	
12. Trusteed Surplus .....	
13. Total .....	

DETAILS OF WRITE IN LINES	
0201. ....	
0202. ....	
0203. ....	
0298. Summary of remaining write-ins for Line 02 from overflow page .....	
0299. Totals (Lines 0201 through 0203 plus 0298) (Line 02 above) .....	
0901. ....	
0902. ....	
0903. ....	
0998. Summary of remaining write-ins for Line 09 from overflow page .....	
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above) .....	

**Interrogatories**

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

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**OVERFLOW PAGE FOR WRITE-INS**

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**Page TSS-3 - Continuation**  
**TRUSTEED SURPLUS STATEMENT**

## WORKERS' COMPENSATION CARVE - OUT SUPPLEMENT

For The Year Ended December 31, 2020

(To Be Filed by March 1)

Of The ..... Insurance Company  
 Address (City, State, Zip Code) .....  
 NAIC Group Code ..... NAIC Company Code ..... Employer's ID Number .....

### UNDERWRITING AND INVESTMENT EXHIBIT

#### PART 1 – PREMIUMS EARNED

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

#### PART 2 – PREMIUMS WRITTEN

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

#### PART 3 – LOSSES PAID AND INCURRED

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

#### PART 4 – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

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

WC-1



## WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT SCHEDULE P – PART 1

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Assumed	
	1 Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
				Assumed	Ceded	Assumed	Ceded	Assumed	Ceded			
1. Prior	X X X	X X X	X X X									X X X
2. 2011												
3. 2012												
4. 2013												
5. 2014												
6. 2015												
7. 2016												
8. 2017												
9. 2018												
10. 2019												
11. 2020												
12. Totals	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded			
1. Prior													
2. 2011													
3. 2012													
4. 2013													
5. 2014													
6. 2015													
7. 2016													
8. 2017													
9. 2018													
10. 2019													
11. 2020													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2011											
3. 2012											
4. 2013											
5. 2014											
6. 2015											
7. 2016											
8. 2017											
9. 2018											
10. 2019											
11. 2020											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

## WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT

### SCHEDULE P – PART 2

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	One Year	Two Year
1. Prior												
2. 2011												
3. 2012	X X X											
4. 2013	X X X	X X X										
5. 2014	X X X	X X X	X X X									
6. 2015	X X X	X X X	X X X	X X X								
7. 2016	X X X	X X X	X X X	X X X	X X X							
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			X X X
12. Totals												

### SCHEDULE P – PART 3

Years in Which Losses Were Incurred	CUMULATIVE PAID LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior												
2. 2011												
3. 2012	X X X											
4. 2013	X X X	X X X										
5. 2014	X X X	X X X	X X X									
6. 2015	X X X	X X X	X X X	X X X								
7. 2016	X X X	X X X	X X X	X X X	X X X							
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

## WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT

### SCHEDULE P – PART 4

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior										
2. 2011										
3. 2012	X X X									
4. 2013	X X X	X X X								
5. 2014	X X X	X X X	X X X							
6. 2015	X X X	X X X	X X X	X X X						
7. 2016	X X X	X X X	X X X	X X X	X X X					
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

### SCHEDULE P – PART 5

#### SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior										
2. 2011										
3. 2012	X X X									
4. 2013	X X X	X X X								
5. 2014	X X X	X X X	X X X							
6. 2015	X X X	X X X	X X X	X X X						
7. 2016	X X X	X X X	X X X	X X X	X X X					
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

#### SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior										
2. 2011										
3. 2012	X X X									
4. 2013	X X X	X X X								
5. 2014	X X X	X X X	X X X							
6. 2015	X X X	X X X	X X X	X X X						
7. 2016	X X X	X X X	X X X	X X X	X X X					
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

#### SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior										
2. 2011										
3. 2012	X X X									
4. 2013	X X X	X X X								
5. 2014	X X X	X X X	X X X							
6. 2015	X X X	X X X	X X X	X X X						
7. 2016	X X X	X X X	X X X	X X X	X X X					
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

# WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT

## SCHEDULE P – PART 6

### SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE ASSUMED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior											
2. 2011											
3. 2012	X X X										
4. 2013	X X X	X X X									
5. 2014	X X X	X X X	X X X								
6. 2015	X X X	X X X	X X X	X X X							
7. 2016	X X X	X X X	X X X	X X X	X X X						
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
12. Total	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
13. Earned Premiums (Sc P–Pt 1)											X X X

### SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE CEDED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior											
2. 2011											
3. 2012	X X X										
4. 2013	X X X	X X X									
5. 2014	X X X	X X X	X X X								
6. 2015	X X X	X X X	X X X	X X X							
7. 2016	X X X	X X X	X X X	X X X	X X X						
8. 2017	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
11. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
12. Total	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
13. Earned Premiums (Sc P–Pt 1)											X X X

## SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2020

(To Be Filed By March 1)

Of The ..... Insurance Company  
 Address (City, State, Zip Code) .....  
 NAIC Group Code ..... NAIC Company Code ..... Employer's ID Number .....

### SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses  
 (\$000 OMITTED)

#### Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2016	2 2017	3 2018	4 2019	5 2020 (a)
1. Prior					
2. 2016					
3. 2017	X X X				
4. 2018	X X X	X X X			
5. 2019	X X X	X X X	X X X		
6. 2020	X X X	X X X	X X X	X X X	

#### Section B - Other Accident and Health

1. Prior					
2. 2016					
3. 2017	X X X				
4. 2018	X X X	X X X			
5. 2019	X X X	X X X	X X X		
6. 2020	X X X	X X X	X X X	X X X	

#### Section C - Credit Accident and Health

1. Prior					
2. 2016					
3. 2017	X X X				
4. 2018	X X X	X X X			
5. 2019	X X X	X X X	X X X		
6. 2020	X X X	X X X	X X X	X X X	

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

**SCHEDULE O SUPPLEMENT (continued)**  
**SUPPLEMENTAL SCHEDULE O - PART 2**  
 Development of Incurred Losses  
 (\$000 OMITTED)

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	X X X				
4. 2018	X X X	X X X			
5. 2019	X X X	X X X	X X X		
6. 2020	X X X	X X X	X X X	X X X	

**Section B - Other Accident and Health**

1. Prior					
2. 2016					
3. 2017	X X X				
4. 2018	X X X	X X X			
5. 2019	X X X	X X X	X X X		
6. 2020	X X X	X X X	X X X	X X X	

**Section C - Credit Accident and Health**

1. Prior					
2. 2016					
3. 2017	X X X				
4. 2018	X X X	X X X			
5. 2019	X X X	X X X	X X X		
6. 2020	X X X	X X X	X X X	X X X	

**SCHEDULE O SUPPLEMENT (continued)**  
**SUPPLEMENTAL SCHEDULE O - PART 3**  
**Development of Incurred Losses**  
**(\$000 OMITTED)**

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. 2016				X X X	X X X
2. 2017	X X X				X X X
3. 2018	X X X	X X X			
4. 2019	X X X	X X X	X X X		
5. 2020	X X X	X X X	X X X	X X X	

**Section B - Other Accident and Health**

1. 2016				X X X	X X X
2. 2017	X X X				X X X
3. 2018	X X X	X X X			
4. 2019	X X X	X X X	X X X		
5. 2020	X X X	X X X	X X X	X X X	

**Section C - Credit Accident and Health**

1. 2016				X X X	X X X
2. 2017	X X X				X X X
3. 2018	X X X	X X X			
4. 2019	X X X	X X X	X X X		
5. 2020	X X X	X X X	X X X	X X X	

**SCHEDULE O SUPPLEMENT (continued)**  
**SUPPLEMENTAL SCHEDULE O - PART 4**  
 Development of Incurred Losses  
 (\$000 OMITTED)  
**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. 2016					
2. 2017	X X X				
3. 2018	X X X	X X X			
4. 2019	X X X	X X X	X X X		
5. 2020	X X X	X X X	X X X	X X X	

**Section B - Other Accident and Health**

1. 2016					
2. 2017	X X X				
3. 2018	X X X	X X X			
4. 2019	X X X	X X X	X X X		
5. 2020	X X X	X X X	X X X	X X X	

**Section C - Credit Accident and Health**

1. 2016					
2. 2017	X X X				
3. 2018	X X X	X X X			
4. 2019	X X X	X X X	X X X		
5. 2020	X X X	X X X	X X X	X X X	

**SUPPLEMENTAL SCHEDULE O - PART 5**  
 (\$000 OMITTED)

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

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life		
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health		
9. Credit accident and health		
10. Other accident and health		
11. Total		

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code .....

NAIC Company Code .....

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

**VM-20 RESERVES SUPPLEMENT – PART 1A**  
 Life Insurance Reserve Valued According to VM-20 by Product Type  
 For The Year Ended December 31, 2020  
 (To Be Filed by March 1)

NAIC Group Code .....

NAIC Company Code .....

	Prior Year	Current Year	
	1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1. Post-Reinsurance-Ceded Reserve			
1.1. Term Life Insurance			
1.2. Universal Life With Secondary Guarantee			
1.3. Non-Participating Whole Life			
1.4. Participating Whole Life			
1.5. Universal Life Without Secondary Guarantee			
1.6. Variable Universal Life			
1.7. Variable Life			
1.8. Indexed Life			
1.9. Aggregate Write-Ins for Other Products			
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)			
3. Pre-Reinsurance-Ceded Reserve			
3.1. Term Life Insurance			
3.2. Universal Life With Secondary Guarantee			
3.3. Non-Participating Whole Life			
3.4. Participating Whole Life			
3.5. Universal Life Without Secondary Guarantee			
3.6. Variable Universal Life			
3.7. Variable Life			
3.8. Indexed Life			
3.9. Aggregate Write-Ins for Other Products			
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)			X X X
5. Total Reserves Ceded (Line 4 minus Line 2)			X X X

Supp 456

DETAILS OF WRITE-IN LINES			
01.901			
01.902			
01.903			
01.998	Summary of remaining write-ins for Line 1.9 from overflow page		
01.999	Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)		
3.901.			
3.902.			
3.903.			
3.998.	Summary of remaining write-ins for Line 3.9 from overflow page		
3.999.	Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)		

**VM-20 RESERVES SUPPLEMENT – PART 1B**  
 Life Insurance Reserve Valued According to VM-20 by Product Type  
 For The Year Ended December 31, 2020  
 (To Be Filed by March 1)  
 (\$000 Omitted for Face Amounts)

Supp 456.1

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

## VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption

For The Year Ended December 31, 2020

(To Be Filed by March 1)

(\$000 Omitted Except for Number of Policies)

**Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)**

01.	Has the company filed and been granted a Life PBR exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes [ ] No [ ]
02. If the response to Question 1 is "Yes", then check the source of the granted "Life PBR exemption" definition? (Check either 2.1, 2.2 or 2.3)		
02.1.	NAIC Adopted VM [ ]	Yes [ ] No [ ]
02.2.	State Statute (SVL) [ ] Complete items "a" and "b", as appropriate.	Yes [ ] No [ ]
a.	a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes [ ] No [ ]
b.	b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	
.....		
.....		
.....		
02.3.	State Regulation [ ] Complete items "a" and "b", as appropriate.	Yes [ ] No [ ]
a.	a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes [ ] No [ ]
b.	b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	
.....		
.....		
.....		

# VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR

For The Year Ended December 31, 2020

(To Be Filed by March 1)

## Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

- |      |   |                |
|------|---|----------------|
| 1A   | Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?  | Yes [ ] No [ ] |
| 1B   | If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.   |                |
| 2A   | If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?   | Yes [ ] No [ ] |
| 2B   | If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks. |                |
| 02.3 | Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?   | Yes [ ] No [ ] |

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2020

(To Be Filed by April 1)

Of The ..... Insurance Company  
 Address (City, State, Zip Code) .....  
 NAIC Group Code ..... NAIC Company Code ..... Employer's ID Number .....

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$ .....
2. Ten largest exposures to a single issuer/borrower/investment.

	<u>1</u> Issuer	<u>2</u> Description of Exposure	<u>3</u> Amount	<u>4</u> Percentage of Total Admitted Assets
2.01	.....	.....	\$ .....	%
2.02	.....	.....	\$ .....	%
2.03	.....	.....	\$ .....	%
2.04	.....	.....	\$ .....	%
2.05	.....	.....	\$ .....	%
2.06	.....	.....	\$ .....	%
2.07	.....	.....	\$ .....	%
2.08	.....	.....	\$ .....	%
2.09	.....	.....	\$ .....	%
2.10	.....	.....	\$ .....	%

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	<u>1</u>	<u>2</u>	Preferred Stocks	<u>3</u>	<u>4</u>
3.01	NAIC 1	\$ .....	%	3.07	P/RP-1	\$ .....
3.02	NAIC 2	\$ .....	%	3.08	P/RP-2	\$ .....
3.03	NAIC 3	\$ .....	%	3.09	P/RP-3	\$ .....
3.04	NAIC 4	\$ .....	%	3.10	P/RP-4	\$ .....
3.05	NAIC 5	\$ .....	%	3.11	P/RP-5	\$ .....
3.06	NAIC 6	\$ .....	%	3.12	P/RP-6	\$ .....

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02 Total admitted assets held in foreign investments	\$ .....	%
4.03 Foreign-currency-denominated investments	\$ .....	%
4.04 Insurance liabilities denominated in that same foreign currency	\$ .....	%

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES - Continued

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
5.01 Countries designated NAIC 1	\$ .....	.....	%
5.02 Countries designated NAIC 2	\$ .....	.....	%
5.03 Countries designated NAIC 3 or below	\$ .....	.....	%

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
Countries designated NAIC 1:			
6.01 Country 1: .....	\$ .....	.....	%
6.02 Country 2: .....	\$ .....	.....	%
Countries designated NAIC 2:			
6.03 Country 1: .....	\$ .....	.....	%
6.04 Country 2: .....	\$ .....	.....	%
Countries designated NAIC 3 or below:			
6.05 Country 1: .....	\$ .....	.....	%
6.06 Country 2: .....	\$ .....	.....	%

7. Aggregate unhedged foreign currency exposure 1                      2  
 \$ ..... %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
8.01 Countries designated NAIC 1	\$ .....	.....	%
8.02 Countries designated NAIC 2	\$ .....	.....	%
8.03 Countries designated NAIC 3 or below	\$ .....	.....	%

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
Countries designated NAIC 1:			
9.01 Country 1: .....	\$ .....	.....	%
9.02 Country 2: .....	\$ .....	.....	%
Countries designated NAIC 2:			
9.03 Country 1: .....	\$ .....	.....	%
9.04 Country 2: .....	\$ .....	.....	%
Countries designated NAIC 3 or below:			
9.05 Country 1: .....	\$ .....	.....	%
9.06 Country 2: .....	\$ .....	.....	%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
	<u>Issuer</u>	<u>NAIC Designation</u>			
10.01 .....			\$ .....	.....	%
10.02 .....			\$ .....	.....	%
10.03 .....			\$ .....	.....	%
10.04 .....			\$ .....	.....	%
10.05 .....			\$ .....	.....	%
10.06 .....			\$ .....	.....	%
10.07 .....			\$ .....	.....	%
10.08 .....			\$ .....	.....	%
10.09 .....			\$ .....	.....	%
10.10 .....			\$ .....	.....	%

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES - Continued

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

	<u>1</u>	<u>2</u>	
11.02 Total admitted assets held in Canadian investments	\$ .....		%
11.03 Canadian-currency-denominated investments	\$ .....		%
11.04 Canadian-denominated insurance liabilities	\$ .....		%
11.05 Unhedged Canadian currency exposure	\$ .....		%

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	<u>1</u>	<u>2</u>	<u>3</u>	
12.02 Aggregate statement value of investments with contractual sales restrictions	\$ .....			%
Largest three investments with contractual sales restrictions:				
12.03 .....	\$ .....			%
12.04 .....	\$ .....			%
12.05 .....	\$ .....			%

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

	<u>1</u>	<u>2</u>	<u>3</u>	
	<u>Issuer</u>			
13.02 .....	\$ .....			%
13.03 .....	\$ .....			%
13.04 .....	\$ .....			%
13.05 .....	\$ .....			%
13.06 .....	\$ .....			%
13.07 .....	\$ .....			%
13.08 .....	\$ .....			%
13.09 .....	\$ .....			%
13.10 .....	\$ .....			%
13.11 .....	\$ .....			%

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES - Continued

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 14.01 above is yes, responses are not required for 14.02 through 14.05.

	<u>1</u>		<u>2</u>	<u>3</u>	
14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities	\$		\$		%

Largest three investments held in nonaffiliated, privately placed equities:

14.03	\$				%
14.04	\$				%
14.05	\$				%

Ten largest fund managers:

	<u>1</u>		<u>2</u>		<u>3</u>		<u>4</u>		
	Fund Manager		Total Invested		Diversified		Nondiversified		
14.06		\$		\$		\$		\$	%
14.07		\$		\$		\$		\$	%
14.08		\$		\$		\$		\$	%
14.09		\$		\$		\$		\$	%
14.10		\$		\$		\$		\$	%
14.11		\$		\$		\$		\$	%
14.12		\$		\$		\$		\$	%
14.13		\$		\$		\$		\$	%
14.14		\$		\$		\$		\$	%
14.15		\$		\$		\$		\$	%

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	<u>1</u>		<u>2</u>	<u>3</u>	
15.02 Aggregate statement value of investments held in general partnership interests	\$		\$		%

Largest three investments in general partnership interests:

15.03	\$				%
15.04	\$				%
15.05	\$				%

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	<u>1</u>		<u>2</u>	<u>3</u>	
	Type (Residential, Commercial, Agricultural)				
16.02		\$		\$	%
16.03		\$		\$	%
16.04		\$		\$	%
16.05		\$		\$	%
16.06		\$		\$	%
16.07		\$		\$	%
16.08		\$		\$	%
16.09		\$		\$	%
16.10		\$		\$	%
16.11		\$		\$	%

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES - Continued

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

	Loans	
16.12 Construction loans	\$ .....	%
16.13 Mortgage loans over 90 days past due	\$ .....	%
16.14 Mortgage loans in the process of foreclosure	\$ .....	%
16.15 Mortgage loans foreclosed	\$ .....	%
16.16 Restructured mortgage loans	\$ .....	%

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value	Residential		Commercial		Agricultural	
	1	2	3	4	5	6
17.01 above 95%	\$ .....	%	\$ .....	%	\$ .....	%
17.02 91% to 95%	\$ .....	%	\$ .....	%	\$ .....	%
17.03 81% to 90%	\$ .....	%	\$ .....	%	\$ .....	%
17.04 71% to 80%	\$ .....	%	\$ .....	%	\$ .....	%
17.05 below 70%	\$ .....	%	\$ .....	%	\$ .....	%

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	1	2	3
	Description		
18.02 .....	\$ .....	%	%
18.03 .....	\$ .....	%	%
18.04 .....	\$ .....	%	%
18.05 .....	\$ .....	%	%
18.06 .....	\$ .....	%	%

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02 Aggregate statement value of investments held in mezzanine real estate loans:	\$ .....	%	%

Largest three investments held in mezzanine real estate loans:

19.03 .....	\$ .....	%
19.04 .....	\$ .....	%
19.05 .....	\$ .....	%

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES - Continued

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

	<u>At Year-end</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
	<u>3</u>	<u>4</u>	<u>5</u>		
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	\$	%	\$	\$	\$
20.02 Repurchase agreements	\$	%	\$	\$	\$
20.03 Reverse repurchase agreements	\$	%	\$	\$	\$
20.04 Dollar repurchase agreements	\$	%	\$	\$	\$
20.05 Dollar reverse repurchase agreements	\$	%	\$	\$	\$

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

	<u>Owned</u>		<u>Written</u>	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	%	%	%	%
21.01 Hedging	\$	%	\$	%
21.02 Income generation	\$	%	\$	%
21.03 Other	\$	%	\$	%

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	<u>At Year-end</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
	<u>3</u>	<u>4</u>	<u>5</u>		
22.01 Hedging	\$	%	\$	\$	\$
22.02 Income generation	\$	%	\$	\$	\$
22.03 Replications	\$	%	\$	\$	\$
22.04 Other	\$	%	\$	\$	\$

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	<u>At Year-end</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
	<u>3</u>	<u>4</u>	<u>5</u>		
23.01 Hedging	\$	%	\$	\$	\$
23.02 Income generation	\$	%	\$	\$	\$
23.03 Replications	\$	%	\$	\$	\$
23.04 Other	\$	%	\$	\$	\$

# LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For Year Ended December 31, 2020  
(To Be Filed by April 1)

OF THE  
Direct Business in the State of

NAIC COMPANY CODE

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account				
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2				
3.99 Total (Lines 3.1 through 3.5)				
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)				
5. Total (Lines 1 + 2 + 3.99 + 4.99)				
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b>				
Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)				
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	X X X	X X X	X X X	
7.2 Unallocated funding obligations that fund any employee, union or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	X X X	X X X	X X X	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	X X X	X X X	X X X	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	X X X	X X X	X X X	
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for Other Deductions				
10. Total (Lines 6 + 7.4 + 8 + 9)				
<b>MODEL ACT BASE (Line 5 minus Line 10)</b>				
11. Current Year				
<b>DETAILS OF WRITE-INS</b>				
3.501				
3.502				
3.503				
3.598 Summary of remaining write-ins for Line 03.5 from overflow page				
3.599 Totals (Lines 3.501 through 3.503 plus 3.598) (Line 03.5 above)				
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 06 from overflow page				
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				

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**OVERFLOW PAGE FOR WRITE-INS**

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**LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION  
MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT**

For Year Ended December 31, 2020  
(To Be Filed by April 1)

OF THE .....  
Direct Business in the State of .....

NAIC COMPANY CODE .....

# ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For Year Ended December 31, 2020  
(To Be Filed by April 1)

OF THE \_\_\_\_\_ NAIC COMPANY CODE \_\_\_\_\_  
Direct Business in the State of \_\_\_\_\_

	1  Life Insurance Premium	2  Allocated Annuity and Other Allocated Fund Deposits	3  Accident & Health Premium	4  Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
<b>AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE</b>				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	X X X		X X X	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract	X X X	X X X	X X X	
3.2 All amounts	X X X	X X X	X X X	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract	X X X	X X X	X X X	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.	X X X	X X X	X X X	
4.3 Amounts in excess of \$5 million per contract	X X X	X X X	X X X	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	X X X	X X X	X X X	
4.5 Amounts up to \$7.5 million per contract (Minnesota only)	X X X	X X X	X X X	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract	X X X	X X X	X X X	
5.2 All amounts	X X X	X X X	X X X	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only)	X X X	X X X	X X X	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota only)	X X X	X X X	X X X	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract	X X X	X X X	X X X	
6.2 Amounts in excess of \$1 million per contract	X X X	X X X	X X X	
6.3 Total (Lines 6.1 + 6.2)	X X X	X X X	X X X	
6.4 Amounts in excess of \$2 million per contract (New Jersey Only)	X X X	X X X	X X X	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota only)	X X X	X X X	X X X	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract	X X X	X X X	X X X	
7.2 All amounts	X X X	X X X	X X X	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only)	X X X	X X X	X X X	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only)	X X X	X X X	X X X	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only)	X X X	X X X	X X X	
10. Aggregate write-ins for other deductions				
<b>BASE</b>				
11. Current Year (2020)				
<b>DETAILS OF WRITE-INS</b>				
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)				

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**OVERFLOW PAGE FOR WRITE-INS**

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**ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION  
MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT**

For Year Ended December 31, 2020

(To Be Filed by April 1)

OF THE .....  
Direct Business in the State of .....

NAIC COMPANY CODE .....

# LONG-TERM CARE EXPERIENCE REPORTING FORM 1

## ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY

### REPORTING YEAR 2020

(To Be Filed By April 1)

NAIC Group Code .....

NAIC Company Code .....

	1 Earned Premiums	2 Incurred Claims (a)	3 Number of Claims Opened	4 Number of Claims Closed	5 Number of Claims Remaining Open	6 Number of Terminations	7 Number of Policies In Force Year-End	8 Number of Lives In Force Year-End	9 Active Life Reserves	10 Claim Reserves	11 Other Reserves
<b>A Individual</b>											
<b>A Individual</b>											
<b>Direct</b>											
1. Current											
2. Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Assumed</b>											
3. Current											
<b>Ceded</b>											
4. Current											
<b>Net (Direct+Assumed-Ceded)</b>											
5. Current											
<b>Group</b>											
<b>Direct</b>											
6. Current											
7. Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Assumed</b>											
8. Current											
<b>Ceded</b>											
9. Current											
<b>Net (Direct+Assumed-Ceded)</b>											
10. Current											

(a) Indicate whether policies on claims that have triggered waiver of premium are considered paid-up or paid by waiver.

Paid by Waiver \_\_\_\_\_  
 Paid Up \_\_\_\_\_



## LONG-TERM CARE EXPERIENCE REPORTING FORM 2

### DIRECT INDIVIDUAL EXPERIENCE STAND-ALONE ONLY (\$000 OMITTED) (a)

REPORTING YEAR 2020  
(To Be Filed By April 1)

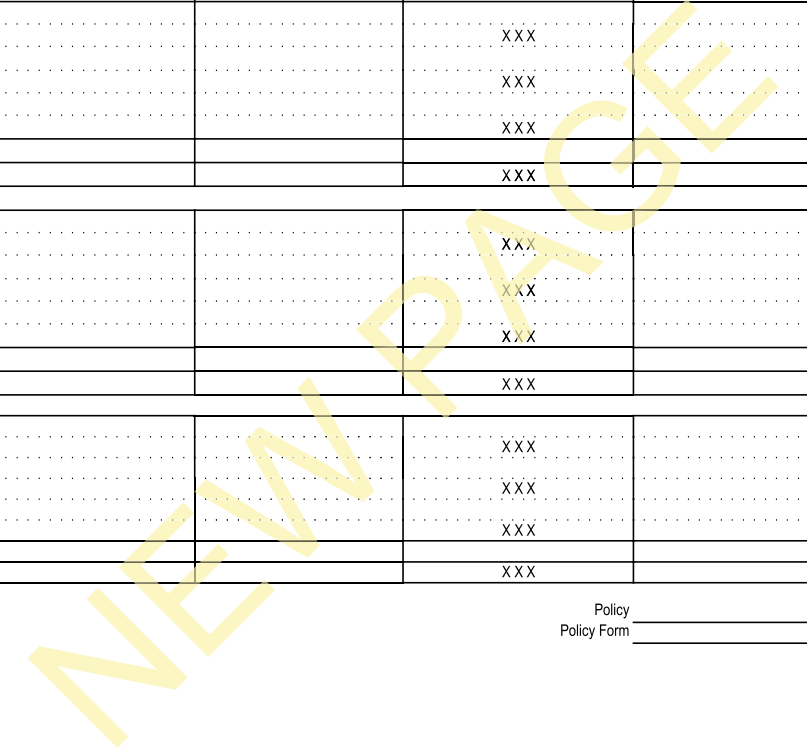
NAIC Group Code .....

NAIC Company Code .....

Reporting Year	1 Calendar Year of Peak Issues	2 Percent Male Lives Insured	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
<b>Primarily 2002 and Prior Year Issues</b>								
1. Current (Comprehensive)			XXX			XXX	XXX	
2. Total Inception-to-Date (Comprehensive)			XXX			XXX	XXX	
3. Current (Institutional Only)								
4. Total Inception-to-Date (Institutional Only)			XXX			XXX	XXX	
5. Current (Non-Institutional Only)								
6. Total Inception-to-Date (Non-Institutional Only)			XXX			XXX	XXX	
7. Current (Grand Total)								
8. Total Inception-to-Date (Grand Total)			XXX			XXX	XXX	
<b>Primarily 2003 to 2010 Issue Years</b>								
9. Current (Comprehensive)			XXX			XXX	XXX	
10. Total Inception-to-Date (Comprehensive)			XXX			XXX	XXX	
11. Current (Institutional Only)								
12. Total Inception-to-Date (Institutional Only)			XXX			XXX	XXX	
13. Current (Non-Institutional Only)								
14. Total Inception-to-Date (Non-Institutional Only)			XXX			XXX	XXX	
15. Current (Grand Total)								
16. Total Inception-to-Date (Grand Total)			XXX			XXX	XXX	
<b>Primarily 2011 and Later Issue Years</b>								
17. Current (Comprehensive)			XXX			XXX	XXX	
18. Total Inception-to-Date (Comprehensive)			XXX			XXX	XXX	
19. Current (Institutional Only)								
20. Total Inception-to-Date (Institutional Only)			XXX			XXX	XXX	
21. Current (Non-Institutional Only)								
22. Total Inception-to-Date (Non-Institutional Only)			XXX			XXX	XXX	
23. Current (Grand Total)								
24. Total Inception-to-Date (Grand Total)			XXX			XXX	XXX	

(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy form basis.

Policy \_\_\_\_\_  
Policy Form \_\_\_\_\_



# LONG-TERM CARE EXPERIENCE REPORTING FORM 3

## LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)(a)

REPORTING YEAR 2020

(To Be Filed By April 1)

NAIC Group Code

NAIC Company Code

Incurred Year	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020
<b>A. Individual</b>								
<b>PART 1 - Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 3 - Transferred Reserves</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 4 - Present Value of Incurred Claims</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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## LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (Continued)

### LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)(a)

Incurred Year	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020
<b>C. Summary</b>								
<b>PART 1 - Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 3 - Transferred Reserves</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 4 - Present Value of Incurred Claims</b>								
1. Prior								
2. 2013								
3. 2014	XXX							
4. 2015	XXX	XXX						
5. 2016	XXX	XXX	XXX					
6. 2017	XXX	XXX	XXX	XXX				
7. 2018	XXX	XXX	XXX	XXX	XXX			
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy form basis.

Historical \_\_\_\_\_  
Current \_\_\_\_\_

## LONG-TERM CARE EXPERIENCE REPORTING FORM 4

### DIRECT GROUP EXPERIENCE - STAND ALONE ONLY (\$000 OMITTED)

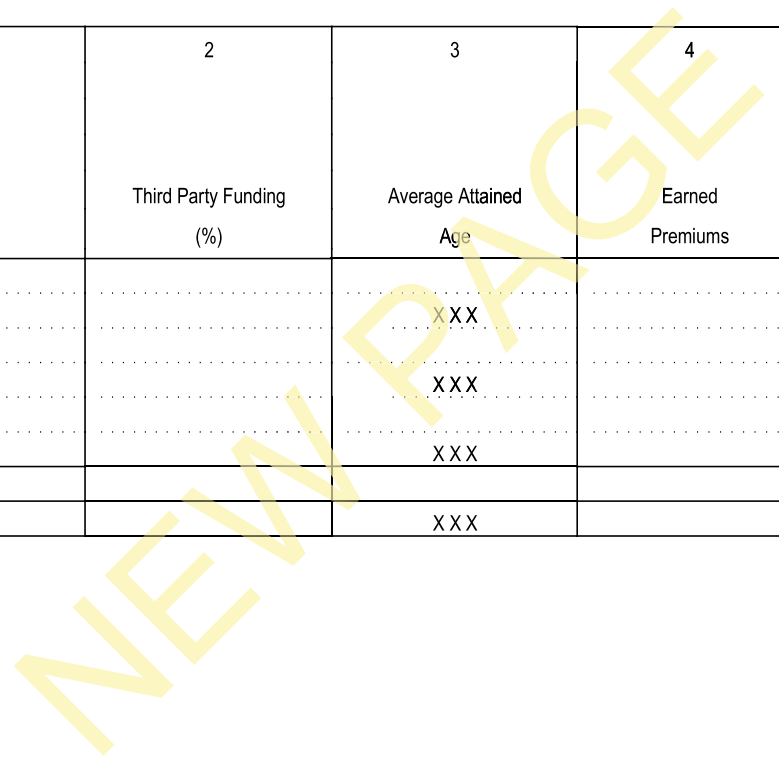
REPORTING YEAR 2020  
(To Be Filed By April 1)

NAIC Group Code .....

NAIC Company Code .....

Supp 304

	1	2	3	4	5	6	7	8
	Calendar Year of Peak Issues	Third Party Funding (%)	Average Attained Age	Earned Premiums	Incurred Claims	Number of Lives In Force Year End	Number of Terminations	Number of New Lives Insured
1. Current (Comprehensive)								
2. Total Inception-to-Date (Comprehensive)			X X X			X X X	X X X	
3. Current (Institutional Only)								
4. Total Inception-to-Date (Institutional Only)			X X X			X X X	X X X	
5. Current (Non-Institutional Only)								
6. Total Inception-to-Date (Non-Institutional Only)			X X X			X X X	X X X	
7. Current (Grand Total)								
8. Total Inception-to-Date (Grand Total)			X X X			X X X	X X X	



# LONG-TERM CARE EXPERIENCE REPORTING FORM 5

## EXPERIENCE IN THE STATE OF TOTAL REPORTING YEAR 2012

### STAND-ALONE AND HYBRID PRODUCTS -- DIRECT STATE REPORTING (\$000 OMITTED)

(TO BE FILED BY APRIL 1)

NAIC Group Code .....

NAIC Company Code .....

	1	2	3	4	5	6	7	8	9	10
	Number of New Lives Insured	Number of Lives in Force Year End	Earned Premiums	Incurred LTC Claims	Incurred Extended Benefits Claims	Number of Claims Remaining Open	Number of Claims Opened	Number of New Extended Benefits Claims	Accelerated Benefits Available	Extended Benefits Available
1. Current					X X X			X X X	X X X	X X X
2. Total Inception-to-Date		X X X			X X X	X X X		X X X	X X X	X X X
3. Current (Acceleration Only)					X X X			X X X		X X X
4. Total Inception-to-Date (Acceleration Only)		X X X			X X X	X X X		X X X	X X X	X X X
5. Current (Extended Benefits Policies)										
6. Total Inception-to-Date (Extended Benefits Policies)		X X X				X X X				X X X

NEW PAGE

# CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2020

(To Be Filed By April 1)

Of The ..... Insurance Company

Address (City, State and Zip Code) .....

NAIC Group Code ..... NAIC Company Code ..... Employer's ID Number .....

Direct Business in the State of .....

Does the company have credit insurance in this state? Yes ( ) No ( )



**PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE**

Single Premium — Closed-End

	1	2	3	4	5	6	7
	7 Day Retro	14 Day Retro	14 Day Non-Retro	30 Day Retro	30 Day Non-Retro	Other (a)	Total
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 – 1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5)							
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Unreported claim reserve, start of period							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1 – 2.2 + 2.3 – 2.4 + 2.5)							
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)							
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)							
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)							
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)							
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)							

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

.....

**PART 2B – CREDIT ACCIDENT AND HEALTH INSURANCE**

Monthly Outstanding Balance — Closed-End

	1	2	3	4	5	6	7
	7 Day Retro	14 Day Retro	14 Day Non-Retro	30 Day Retro	30 Day Non-Retro	Other (a)	Total
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 – 1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5)							
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Unreported claim reserve, start of period							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1 – 2.2 + 2.3 – 2.4 + 2.5)							
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)							
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)							
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)							
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)							
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)							

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

.....

**PART 2C – CREDIT ACCIDENT AND HEALTH INSURANCE**

Monthly Outstanding Balance – Open-End

	1	2	3	4	5	6	7
	7 Day Retro	14 Day Retro	14 Day Non-Retro	30 Day Retro	30 Day Non-Retro	Other (a)	Total
<b>1. Earned Premiums:</b>							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 – 1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5)							
1.7 Earned premiums at prima facie rates							
<b>2. Incurred Claims:</b>							
2.1 Claims paid							
2.2 Unreported claim reserve, start of period							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1 – 2.2 + 2.3 – 2.4 + 2.5)							
<b>3. Incurred Compensation:</b>							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)							
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)							
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)							
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.6 / 1.6)							
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)							

**PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE**

1	2
All Other (b)	Total - Parts 2A, 2B, 2C and 2D

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):  
 .....

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):  
 .....



**PART 4 – CREDIT PROPERTY INSURANCE**

	1 Creditor Placed Home-Hazard Single Interest	2 Creditor Placed Home-Hazard Dual Interest	3 Creditor Placed Wind Only Single Interest	4 Creditor Placed Wind Only Dual Interest	5 Creditor Placed Home Flood Only First Dollar	6 Creditor Placed Home Flood Only Excess	7 Creditor Placed Auto-Single Interest	8 Creditor Placed Auto- Dual Interest	9 Personal Property-Single Interest	10 Personal Property-Dual Interest	11 Other (a)
1. Earned Premiums:											
1.1 Gross written premiums											
1.2 Refunds on terminations											
1.3 Net written premiums (Lines 1.1 – 1.2)											
1.4 Premium reserves, start of period											
1.5 Premium reserves, end of period											
1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5)											
1.7 Earned premiums at prima facie rates											
2. Incurred Claims:											
2.1 Claims paid											
2.2 Total claim reserves, start of period											
2.3 Total claim reserves, end of period											
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)											
3. Incurred Compensation:											
3.1 Commissions and service fees incurred											
3.2 Other incurred compensation											
3.3 Total incurred compensation (Lines 3.1 + 3.2)											
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)											
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)											
4. Loss Percentage:											
4.1 Actual loss percentage (Lines 2.4 / 1.6)											
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)											
5. Incurred Loss Adjustment Expense:											
5.1 Defense and cost containment expenses incurred											
5.2 Adjusting and other expenses incurred											
6. Written Exposures											
7. Earned Exposures											

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 11):

.....

**PART 5 – OTHER CREDIT INSURANCE**

	1	2	3
	Credit Family Leave	Personal GAP	All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums .....			
1.2 Refunds on terminations .....			
1.3 Net written premiums (Lines 1.1 – 1.2) .....			
1.4 Premium reserves, start of period .....			
1.5 Premium reserves, end of period .....			
1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5) .....			
1.7 Earned premiums at prima facie rates .....			
2. Incurred Claims:			
2.1 Claims paid .....			
2.2 Total claim reserves, start of period .....			
2.3 Total claim reserves, end of period .....			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3) .....			
3. Incurred Compensation:			
3.1 Commissions and service fees incurred .....			
3.2 Other incurred compensation .....			
3.3 Total incurred compensation (Lines 3.1 + 3.2) .....			
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3) .....			
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6) .....			
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6) .....			
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7) .....			

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

.....

**PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES**

	1	2	3	4
	Creditor Placed Home	Creditor Placed Auto	Personal Property	Other (a)
1. Premiums:				
1.1 Direct written premiums .....				
1.2 Direct earned premiums .....				
2. Underwriting expenses incurred:				
2.1 Commissions and brokerage expenses incurred .....				
2.2 Taxes, licenses and fees incurred .....				
2.3 Other acquisitions, field supervision and collection expenses incurred .....				
2.4 General expenses incurred .....				

(a) Provide a description of "other" coverages (including their percent of Line 1.2, Column 4):

.....

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only

For The Year Ended December 31, 2020

(To Be Filed by April 1)

NAIC Group Code .....

NAIC Company Code .....

AHEX

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>							
<b>1. Comprehensive Major Medical</b>							
1.1 With Contract Reserves .....							
1.2 Without Contract Reserves .....							
1.3 Subtotal .....							
<b>2. Short-Term Medical</b>							
2.1 With Contract Reserves .....							
2.2 Without Contract Reserves .....							
2.3 Subtotal .....							
<b>3. Other Medical (Non-Comprehensive)</b>							
3.1 With Contract Reserves .....							
3.2 Without Contract Reserves .....							
3.3 Subtotal .....							
<b>4. Specified/Named Disease</b>							
4.1 With Contract Reserves .....							
4.2 Without Contract Reserves .....							
4.3 Subtotal .....							
<b>5. Limited Benefit</b>							
5.1 With Contract Reserves .....							
5.2 Without Contract Reserves .....							
5.3 Subtotal .....							
<b>6. Student</b>							
6.1 With Contract Reserves .....							
6.2 Without Contract Reserves .....							
6.3 Subtotal .....							
<b>7. Accident Only or AD&amp;D</b>							
7.1 With Contract Reserves .....							
7.2 Without Contract Reserves .....							
7.3 Subtotal .....							
<b>8. Disability Income – Short-Term</b>							
8.1 With Contract Reserves .....							
8.2 Without Contract Reserves .....							
8.3 Subtotal .....							

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS (Continued)</b>							
9. Disability Income – Long-Term							
9.1 With Contract Reserves							
9.2 Without Contract Reserves							
9.3 Subtotal							
10. Long-Term Care							
10.1 With Contract Reserves							
10.2 Without Contract Reserves							
10.3 Subtotal							
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves							
11.2 Without Contract Reserves							
11.3 Subtotal							
12. Dental							
12.1 With Contract Reserves							
12.2 Without Contract Reserves							
12.3 Subtotal							
13. State Children's Health Insurance Program							
13.1 With Contract Reserves							
13.2 Without Contract Reserves							
13.3 Subtotal							
14. Medicare							
14.1 With Contract Reserves							
14.2 Without Contract Reserves							
14.3 Subtotal							
15. Medicaid							
15.1 With Contract Reserves							
15.2 Without Contract Reserves							
15.3 Subtotal							
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves							
16.2 Without Contract Reserves							
16.3 Subtotal							
17. Other Individual Business							
17.1 With Contract Reserves							
17.2 Without Contract Reserves							
17.3 Subtotal							
18. Total Individual Business							
18.1 With Contract Reserves							
18.2 Without Contract Reserves							
19. Grand Total Individual							

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## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer							
1.2 Other Employer							
1.3 Single Employer Subtotal							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D							
10. Disability Income - Short-term							
11. Disability Income - Long-term							
12. Long-Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefits Plans							
15. Tricare							
16. Dental							
17. Medicare							
18. Medicare Part D - Stand Alone							
19. Other Group Care							
20. Grand Total Group Business							
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only	X X X	X X X	X X X	X X X			
4. Administrative Services Contracts	X X X	X X X	X X X	X X X			
5. Grand Total Other Business							
<b>D. TOTAL BUSINESS</b>							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

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## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

### PART 1 – INDIVIDUAL POLICIES SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. Total .....				

### PART 2 – GROUP POLICIES SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. Total .....				

### PART 3 – CREDIT POLICIES (Individual and Group) SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. Total .....				

### PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. Total .....				

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**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/committees\\_e\\_app\\_blanks.htm](http://www.naic.org/committees_e_app_blanks.htm))

REPORT FOR: 1. Corporation

2.

NAIC Group Code	BUSINESS IN THE STATE OF									(LOCATION)	NAIC Company Code				
	Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans			10	11	12	13	14	15
	1	2	3	4	5	6	7	8	9	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health Premiums Earned (From Part 2, Line 1.11)														XXX	
1.2 Federal High Risk Pools														XXX	
1.3 State High Risk Pools														XXX	
1.4 Premiums Earned Including State and Federal High Risk Programs (Lines 1.1 + 1.2 + 1.3)														XXX	
1.5 Federal Taxes and Federal Assessments															
1.6 State Insurance, Premium and Other Taxes (Similar Local Taxes of \$ 1.6a Community Benefit Expenditures (Informational Only)															
1.7 Regulatory Authority Licenses and Fees															
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)														XXX	
1.9 Net Assumed Less Ceded Reinsurance Premiums Earned														XXX	
1.10 Other Adjustments Due to MLR Calculations - Premiums														XXX	
1.11 Risk Revenue														XXX	
1.12 Net Adjusted Premiums Earned After Reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)														XXX	
2. Claims:															
2.1 Incurred Claims Excluding Prescription Drugs														XXX	
2.2 Prescription Drugs														XXX	
2.3 Pharmaceutical Rebates														XXX	
2.4 State Stop Loss, Market Stabilization and Claim/Census Based Assessments (Informational Only)														XXX	
3. Incurred Medical Incentive Pools and Bonuses														XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (For MLR Use Only)															
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)														XXX	
5.1 Net Assumed Less Ceded Reinsurance Claims Incurred														XXX	
5.2 Other Adjustments Due to MLR calculations - Claims														XXX	
5.3 Rebates Paid										XXX	XXX			XXX	
5.4 Estimated Rebates Unpaid Prior Year										XXX	XXX			XXX	
5.5 Estimated Rebates Unpaid Current Year										XXX	XXX			XXX	
5.6 Fee For Service and Co-Pay Revenue														XXX	
5.7 Net Incurred Claims After Reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)														XXX	
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve Health Outcomes															
6.2 Activities to Prevent Hospital Readmissions															
6.3 Improve Patient Safety and Reduce Medical Errors															
6.4 Wellness and Health Promotion Activities															
6.5 Health Information Technology Expenses Related to Health Improvement															
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)															
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8										XXX	XXX		XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost Containment Expenses Not Included in Quality of Care Expenses in Line 6.6															
8.2 All Other Claims Adjustment Expenses															
8.3 Total Claims Adjustment Expenses (Lines 8.1 + 8.2)															
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													XXX	XXX	XXX

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. Corporation

2.

NAIC Group Code	BUSINESS IN THE STATE OF									(LOCATION)	NAIC Company Code				
	Business Subject to MLR									DURING THE YEAR 2020					
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans			9	10	11	12	13	14
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14	
10. General and Administrative (G&A) Expenses:															
10.1 Direct Sales Salaries and Benefits															
10.2 Agents and Brokers Fees and Commissions															
10.3 Other Taxes (Excluding Taxes on Lines 1.5 Through 1.7 and Line 14 Below)															
10.4 Other General and Administrative Expenses															
10.4a Community Benefit Expenditures (Informational Only)															
10.5 Total General and Administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)															
11. Underwriting Gain / (Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)													XXX		
12. Income From Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net Investment and Other Gain / (Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14. Federal Income Taxes (Excluding Taxes on Line 1.5 Above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
15. Net Gain or (Loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
16. ICD-10 Implementation Expenses (Informational Only; Already Included in General Expenses and Line 6.5)															
16a ICD-10 Implementation Expenses (Informational Only; Already Included in Line 6.5)															
<b>OTHER INDICATORS:</b>															
1. Number of Certificates / Policies															
2. Number of Covered Lives															
3. Number of Groups	XXX			XXX											
4. Member Months															

Is run-off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included: Premiums \$ , Claims \$

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
<b>ACA Receipts and Payments</b>				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

# SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. Corporation \_\_\_\_\_

2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		BUSINESS IN THE STATE OF								DURING THE YEAR 2020		NAIC Company Code	
		Business Subject to MLR											
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group				Total (a)
1.	Health Premiums Earned:												
	1.1 Direct Premiums Written												
	1.2 Unearned Premium Prior Year												
	1.3 Unearned Premium Current Year												
	1.4 Change in Unearned Premium (Lines 1.2 - 1.3)												
	1.5 Paid Rate Credits												
	1.6 Reserve for Rate Credits Current Year												
	1.7 Reserve for Rate Credits Prior Year												
	1.8 Change in Reserve for Rate Credits (Lines 1.6 - 1.7)												
	1.9 Premium Balances Written Off												
	1.10 Group Conversion Charge												
	1.11 Total Direct Premiums Earned (Lines 1.1 + 1.4 - 1.9 + 1.10)												
	1.12 Assumed Premiums Earned from Non-Affiliates												
	1.13 Net Assumed Less Ceded Premiums Earned from Affiliates												
	1.14 Ceded Premiums Earned to Non-Affiliates												
	1.15 Other Adjustments Due to MLR Calculation - Premiums												
	1.16 Net Premiums Earned (Lines 1.11 - 1.5 - 1.8 + 1.13 - 1.14 + 1.15)												
2.	Direct Claims Incurred:												
	2.1 Paid Claims During the Year												
	2.2 Direct Claim Liability Current Year												
	2.3 Direct Claim Liability Prior Year												
	2.4 Direct Claim Reserves Current Year												
	2.5 Direct Claim Reserves Prior Year												
	2.6 Direct Contract Reserves Current Year												
	2.7 Direct Contract Reserves Prior Year												
	2.8 Paid Rate Credits												
	2.9 Reserve for Rate Credits Current Year												
	2.10 Reserve for Rate Credits Prior Year												
	2.11 Incurred Medical Incentive Pools and Bonuses (Lines 2.11a + 2.11b - 2.11c)												
	2.11a Paid Medical Incentive Pools and Bonuses Current Year												
	2.11b Accrued Medical Incentive Pools and Bonuses Current Year												
	2.11c Accrued Medical Incentive Pools and Bonuses Prior Year												
	2.12 Net Health Care Receivables (Lines 2.12a - 2.12b)												
	2.12a Health Care Receivables Current Year												
	2.12b Health Care Receivables Prior Year												
	2.13 Group Conversion Charge												
	2.14 Multi-Option Coverage Blended Rate Adjustment												
	2.15 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)												
	2.16 Assumed Incurred Claims from Non-Affiliates												
	2.17 Net Assumed Less Ceded Incurred Claims from Affiliates												
	2.18 Ceded Incurred Claims to Non-Affiliates												
	2.19 Other Adjustments Due to MLR Calculation - Claims												
	2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)												
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 Above (Informational Only)												

(a) Column 13, Line 1.1 includes direct written premium of \$ \_\_\_\_\_ for stand-alone dental and \$ \_\_\_\_\_ for stand alone vision policies.















**SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT (CONTINUED)**

**PART 3 - COLLATERAL FOR ALL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE TRANSACTIONS  
REPORTED ON PART 2A OR PART 2B**

Part 2 Cession ID: .....

Name of Company: .....

NAIC Company Code: ..... NAIC Group Code: .....

Effective Date of Prior Year Annual Statement Date: .....

Security Category Description	As of Effective Date or Prior Year's Annual Statement		As of Current Year's Annual Statement	
	1 Assets	2 Affiliate or Parental Guarantee (YES/NO)	3 Assets	4 Affiliate or Parental Guarantee (YES/NO)
<b>Primary Security</b>				
1. Cash		X X X		X X X
2. NAIC 1 SVO - Listed Securities		X X X		X X X
3. NAIC 2 SVO - Listed Securities		X X X		X X X
4. NAIC 3 SVO - Listed Securities		X X X		X X X
5. NAIC 4 SVO - Listed Securities		X X X		X X X
6. NAIC 5 SVO - Listed Securities		X X X		X X X
7. NAIC 6 SVO - Listed Securities		X X X		X X X
8. Commercial Loans		X X X		X X X
9. Policy Loans		X X X		X X X
10. Derivatives Acquired in the Normal Course		X X X		X X X
11. Subtotal Primary Security		X X X		X X X
<b>Other Security</b>				
12. Other Investments Admissible per the NAIC AP&P Manual		X X X		X X X
13. Evergreen, Unconditional LOCs		X X X		X X X
14. Other LOCs		X X X		X X X
15. Affiliate or Parental Guarantees		X X X		X X X
16. LOC like Assets		X X X		X X X
17. Excess of Loss Reinsurance		X X X		X X X
18. All Other Assets		X X X		X X X
19. Subtotal Other Security		X X X		X X X
20. Total		X X X		X X X

Indicate here the basis for the valuation used if the ceding company is unable to determine the statutory accounting value of any asset after making a diligent effort to do so:

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**SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT (CONTINUED)**

**PART 4 - NON-COLLATERAL ASSETS SUPPORTING RESERVES FOR ALL AFFILIATE TERM AND UNIVERSAL LIFE INSURANCE  
REINSURANCE TRANSACTIONS REPORTED ON PART 2A OR PART 2B**

Part 2 Cession ID: .....

Name of Company: .....

NAIC Company Code: ..... NAIC Group Code: .....

Effective Date of Prior Year Annual Statement Date: .....

Asset Category Description	As of Effective Date or Prior Year's Annual Statement		As of Current Year's Annual Statement	
	1 Non-Collateral Assets Supporting Reserves - Affiliate Transactions	2 Affiliate or Parental Guarantee (YES/NO)	3 Non-Collateral Assets Supporting Reserves - Affiliate Transactions	4 Affiliate or Parental Guarantee (YES/NO)
1. Cash		X X X		X X X
2. NAIC 1 SVO - Listed Securities		X X X		X X X
3. NAIC 2 SVO - Listed Securities		X X X		X X X
4. NAIC 3 SVO - Listed Securities		X X X		X X X
5. NAIC 4 SVO - Listed Securities		X X X		X X X
6. NAIC 5 SVO - Listed Securities		X X X		X X X
7. NAIC 6 SVO - Listed Securities		X X X		X X X
8. Commercial Loans		X X X		X X X
9. Policy Loans		X X X		X X X
10. Derivatives Acquired in the Normal Course		X X X		X X X
11. Other Investments Admissible per the NAIC AP&P Manual		X X X		X X X
12. Evergreen, Unconditional LOCs		X X X		X X X
13. Other LOCs		X X X		X X X
14. Affiliate or Parental Guarantees		X X X		X X X
15. LOC like Assets		X X X		X X X
16. Excess of Loss Reinsurance		X X X		X X X
17. All Other Assets		X X X		X X X
18. Total		X X X		X X X

Indicate here the basis for the valuation used if the ceding company is unable to determine the statutory accounting value of any asset after making a diligent effort to do so:

.....

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**SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT (CONTINUED)**

**PART 5 - SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT INTERROGATORIES**

**PART 3 - INTERROGATORIES**

1.1 Is any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit a letter of credit, synthetic letter of credit, contingent note, credit-linked note or other similar security that operates in a manner similar to a letter of credit?

Yes [ ] No [ ] N/A [ ]

1.2 If the response to 1.1 is yes:

1.21 Describe the amount and nature of the collateral:

.....  
.....  
.....  
.....

1.22 Describe all contingencies or conditions to performance:

.....  
.....  
.....  
.....

2.1 Is any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a financing provider?

Yes [ ] No [ ] N/A [ ]

2.2 If the response to 2.1 is yes:

2.21 Describe the amount and nature of the collateral that is pledged:

.....  
.....  
.....  
.....

2.22 Describe the duration and the terms of the pledge:

.....  
.....  
.....  
.....

3.1 Does any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit have a duration that is less than the duration of the underlying policy liabilities?

Yes [ ] No [ ] N/A [ ]

3.2 If the response to 3.1 is yes:

3.21 Describe the amount and nature of the collateral:

.....  
.....  
.....  
.....

3.22 Compare the duration of the collateral to the duration of the underlying policy liabilities:

.....  
.....  
.....  
.....

4.1 Is any asset identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit as being guaranteed by an affiliate or parent?

Yes [ ] No [ ] N/A [ ]

4.2 If the response to 4.1 is yes:

4.21 Provide the legal name of the guarantor:

.....  
.....  
.....  
.....

4.22 Describe the nature of the affiliate relationship between the reporting entity and the guarantor

.....  
.....  
.....  
.....

4.23 Specify the dollar amount of the guarantee:

4.24 Describe all contingencies or conditions to performance of the guarantee:

.....  
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**SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT (CONTINUED)**

**PART 5 - SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT INTERROGATORIES**

**PART 4 - INTERROGATORIES**

5.1 Is any asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit being guaranteed by an affiliate or parent? Yes [ ] No [ ] N/A [ ]

5.2 If the response to 5.1 is yes:

5.21 Provide the legal name of the guarantor:

.....  
.....  
.....  
.....

5.22 Describe the nature of the affiliate relationship between the reporting entity and the guarantor

.....  
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.....  
.....

5.23 Specify the dollar amount of the guarantee:

\_\_\_\_\_

5.24 Describe all contingencies or conditions to performance of the guarantee:

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.....

6.1 Is any asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a financing provider? Yes [ ] No [ ] N/A [ ]

6.2 If the response to 6.1 is yes:

6.21 Describe the asset that is pledged:

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.....  
.....

6.22 Specify the dollar amount of the pledge:

\_\_\_\_\_

6.23 Describe the duration and the terms of the pledge:

.....  
.....  
.....

## VARIABLE ANNUITIES SUPPLEMENT

For Year Ended December 31, 2020

(To be filed by April 1)

NAIC Group Code .....

NAIC Company Code .....

### PART 1 – INDIVIDUAL

Type		3 Number of Individual Contracts	Benefit Base		6 Net Amount at Risk For Guaranteed Death Benefit (Col 1)	7 Guaranteed Annual Income Amount For Guaranteed Living Benefit (GLB) (Col 2)	Account Value		10 Contract-Level Reserves Less Cash Surrender Value	Percentage of Guaranteed Benefits Reinsured	
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit		4 For Guaranteed Death Benefit (Col 1)	5 For Guaranteed Living Benefit (GLB) (Col 2)			8 General Account	9 Separate Account		11 Guaranteed Death Benefit	12 Guaranteed Living Benefit
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Subtotal										X X X	X X X
1. Aggregate cash surrender value											
2. Pre-reinsurance ceded aggregate reserve (Subtotal for Column 10 plus line 1)											
3. Reserve credit from affiliated captive reinsurance											
4. Reserve credit from other reinsurance											
5. Post-reinsurance ceded aggregate reserve											

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### PART 2 – GROUP CONTRACTS WITH INDIVIDUAL CERTIFICATES

Type		3 Number of Individual Contracts	Benefit Base		6 Net Amount at Risk For Guaranteed Death Benefit (Col 1)	7 Guaranteed Annual Income Amount For Guaranteed Living Benefit (GLB) (Col 2)	Account Value		10 Contract-Level Reserves Less Cash Surrender Value	Percentage of Guaranteed Benefits Reinsured	
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit		4 For Guaranteed Death Benefit (Col 1)	5 For Guaranteed Living Benefit (GLB) (Col 2)			8 General Account	9 Separate Account		11 Guaranteed Death Benefit	12 Guaranteed Living Benefit
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Subtotal										X X X	X X X
1. Aggregate cash surrender value											
2. Pre-reinsurance ceded aggregate reserve (Subtotal for Column 10 plus line 1)											
3. Reserve credit from affiliated captive reinsurance											
4. Reserve credit from other reinsurance											
5. Post-reinsurance ceded aggregate reserve											